[redacted]

Workplace Drug Testing

FORMAL SUBMISSION TO THE INQUIRY

Wednesday, 24 January 2024

Authors:

Patrick Cook: Chair, Workplace Drug Testing Australasia Ltd
Steve Korkoneas: Secretary, Workplace Drug Testing Australasia Ltd
Scott Osborne: Treasurer, Workplace Drug Testing Australasia Ltd

Submission on behalf of Workplace Drug Testing Australasia Ltd (Workplace Drug Testing Association)

Executive Summary

Workplace Drug and Alcohol Testing is an important part of any organisation's safety systems. In any organisation, the presence of substances that can impact on the safety of workers and the general public is an ever-present risk.

An Alcohol and other Drug (AOD) Management Program that incorporates testing as one aspect of the program, is an important tool in reducing the incidence of injuries and safety incidents more generally. AOD Testing should not be limited but should incorporate testing for all staff including high risk/safety sensitive workers and those who make decisions that can affect the safety of others.

Medicinal Cannabis has somewhat increased the complexity of managing the safety of workers but has not changed the fundamentals of a mutual obligation for safety. Privacy and guarding against discrimination are of course significant considerations, but do not detract from the obligation of any employer to protect the safety of all who are involved in workplaces.

Whilst the existing legislative and regulatory framework appears adequate, every workplace should be encouraged to consider the risks associated with drugs and alcohol including prescription and over the counter medications in the workplace.

Discrimination considerations should not impact on the decision to test in the workplace but should clearly be a consideration in relation to the management of the privacy of individuals in the workplace, their treatment by others in the workplace and ultimately the outcome of any voluntary disclosures or disclosures relating to drug testing processes.

Workplace Drug Testing Australasia Ltd

Workplace Drug Testing Australasia Ltd trading as Workplace Drug Testing Association (WDTA) is a peak body committed to professional standards of workplace drugs of abuse testing in Australasia. We are committed to advancing the field of workplace drugs of abuse testing through education and advocacy. We seek to set and uphold the highest standards of integrity, accuracy and fairness in workplace drug testing in Australasia.

WDTA represents testing businesses, product suppliers and consultants who work in the Workplace Drug and Alcohol Testing space.

Our Board includes highly experienced professionals in Workplace Drug Testing including toxicologists, policy experts and other subject matter experts. The authors of this submission are Directors of the Association.

Patrick Cook is Chair and Director. Patrick has been in workplace drug testing since 1996. He was instrumental in introducing drug screening into Australia. He has served on the Standards Australia Technical Committee for the detection & quantification of drugs in both urine & oral fluid. Over this time, he has provided technical advice, policy advice and education to industry. Patrick holds an Applied Science degree, Graduate Diploma in Marketing and is a Fellow of the Australian Institute of Company Directors.

Steve Korkoneas is Secretary and Director and is a Consultant Forensic Toxicologist with Alcolizer. Steve Korkoneas Professional qualifications are:

- Bachelor of Science - Monash University (Clayton) Chemistry/Pharmacology (1988).
- Graduate Diploma in Analytical Chemistry – RMIT (City Campus) (1999).
- Grade IV Certificate in Applied Science (Forensic Science) – Swinburne University of Technology TAFE division (Hawthorn Campus) (2002).
- Certificate IV in TAE 40110 Training and Assessment, Aspin Training, (Hawthorn Office) (June 2011)
- Completed unit TAELLN411 Australian Forensic Services June 2015 to comply with TAE 40116 certification
- Member of the Royal Australian Chemical Institute (RACI) (1990-2018).
- The Australian and New Zealand Forensic Science Society Member (ANZFSS) (1995-present).
- Committee Member of the Australian and New Zealand Forensic Science Society (ANZFSS) (2004-2007), (2022-present)
- Member of The International Association of Forensic Toxicologists (TIAFT) (2002-present).
- Chairperson of the Working Drug Group RCPA-QAP. (2004- 2005).
- Member of Forensic and Clinical Toxicology Association (FACTA) (2010-present)
- Sub-committee member on the FACTA Workplace Drug Testing (2019-present)
- Associate member of the Australian Medical Review Officers Association and Faculty board member (AMROA) (2013-present)
- Certified Workplace Drug & Alcohol Collector (2006-present)
- Member Workplace Drug Testing Association (WDTA) (2018-present)
- Secretary of Workplace Drug Testing Association (WDTA) (2022-present)
- Elected representative of the WDTA on the CH-039 Joint Technical Committee Analysis of Body Fluids and Wastes (2019-present)

Scott Osborne is Treasurer and Director. He holds an Executive MBA and has provided business consultancy services for over 25 years in particular in the areas of policy and procedure development. His expertise includes compliance advice to business with regard to Quality, Safety and Environment Systems and with a sole focus in the last 10 years on Drug and Alcohol Management as part of safety systems. He also presents regularly at industry briefings on various policy and implementation subjects including with regard to Medicinal Cannabis policy responses.

The Existing Legislative and Regulatory Framework for Testing

The principal element of the existing framework for safety throughout Australia is the doctrine of mutual obligation. In its simplest terms, workers must take reasonable care for their own health and safety as well as the health and safety of others who may be affected by their actions and decisions. This includes an obligation to follow reasonable health and safety directions from their employer such as to participate in activities such as medical assessments and drug and alcohol testing. Employers have an obligation to provide a safe workplace.

There are legislative or regulatory requirements in certain industries where this obligation specifically refers to drug and alcohol testing. These requirements in general extend only to a general requirement to have a drug and alcohol management program in place. In some states, a more significant set of requirements in relation to this general requirement for specific industries (eg Rail) has been adopted. This has not occurred in Victoria.

Existing Guidelines for Workplace Drug Screening

The two principal guidelines for workplace drug screening are AS/NZS 4760:2019 Procedure for specimen collection and the detection and quantification of drugs in oral fluid and AS/NZS 4308:2023 Procedures for specimen collection and the detection and quantification of drugs in urine.

In AS/NZS 4760, Appendix A establishes the guidelines for screening oral fluid specimens, whilst Section 2 establishes the guidelines for collecting oral fluid specimens for transportation to an analytical laboratory. Section 5 deals with analysis processes for those samples once they reach the laboratory, including compliant reporting of results to the worker and other parties.

In AS/NZS 4308, Section 2 deals with collection, storage, handling and despatch of samples to an analytical laboratory, Section 3 deals with screening those samples prior to despatch and Section 6 deals with analysis of the samples in an accredited confirmatory laboratory including reporting of results.

WDTA representatives sat on both technical committees that developed these Standards along with a wide array of representatives from the scientific community, testing industry specialists, union representatives, business representatives and others.

The frameworks for testing and confirmation of samples from workers are well established and scientifically robust. They include:

- mechanisms for verifying the performance of the devices used in testing,
- processes for ensuring in an ongoing fashion the robustness of testing methodology,
- processes for the clear, unequivocal identification of test subjects,
- robust processes for clear and unambiguous informed consent,
- processes for ensuring the integrity of the samples collected,
- processes for interim reporting of screening results,
- processes for chain of custody between field collection and receipt at the analytical laboratory,
- analytical processes for the laboratory analysing the results,
- processes for identifying and reconciling results followed by reporting, and
- clear processes for appeals of results.

All of these processes are overseen in a very robust auditing and accreditation regime by the National Association of Testing Authorities (NATA).

Our membership engages with NATA for accreditation as testing organisations and for verification and validation of testing devices.

The Rationale for AOD Testing in Workplaces

Safety not Legality

In general, AOD testing in Australia is not focussed on the legality of the substance being used by the test subject. Best practice for industry is in ensuring that the person who has a substance in their system is made safe until the substance has been eliminated from their bodies. The only potential focus in regard to the law is the possible reputational harm associated with an individual's *illicit* drug use becoming public knowledge. Workplace AOD testing is not and has never been about detecting "impairment" rather, it serves as a risk mitigation tool providing an objective measure to reinforce an employer's AOD testing policy and procedure.

The emphasis of most Drug and Alcohol Management Programs in Australia is on ensuring a safe workplace. As an Association, we believe that this should be the only significant focus in any such program.

Efficacy of Testing in Reducing Workplace Injury

The Australian Institute for Health and Welfare (Illicit Drug Use, 2023) notes that an estimated 9 million people aged 14 and over in Australia have illicitly used a drug at some point in their lifetime (including the non-medical use of pharmaceuticals). This represents 43% of the population. 16.4% of the population used an illicit drug in the last 12 months. This represents an increase in use rates of 3% of the population since 2007.

Alcohol and Drug Foundation ((Alcohol and Drug Foundation, 2023) quoting (Pidd, Roche, & Buisman-Pijlman, 2011)) asserts that one in 20 Australian workers have admitted to working under the influence of alcohol at some point in their career and one in 50 have used other drugs in the workplace.

Ozminkowski et al (Ozminkowski, et al., 2003) demonstrated a clear and statistically significant link between frequent drug testing, the presence of drugs and medical expenses associated with injuries from workplace incidents.

Miller et al (Miller, Zaloshnja, & Spicer, 2007) showed that for every $1 spent on investment in drug and alcohol prevention in the workplace, $26 was saved on expenditure on workplace injury costs. Clearly, therefore preventing drugs and alcohol in the workplace also prevents or reduces workplace injuries.

Testing as a method of deterring the incidence of drugs and alcohol in the workplace is therefore a significant contributor to the safety of workplaces.

Medication Use including the use of Medicinal Cannabis

The Role of a Medical Review Officer

A Medical Review Officer (MRO) is a person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

MROs are registered with the Australian Medical Review Officers' Association (AMROA) or equivalent and are trained to evaluate worker safety from a medical perspective.

Treatment of Medications Identified as a Result of Testing

Ideally, a worker will voluntarily and confidentially declare to their employer the use of any medication that might impact on their safety at the time it is prescribed. We will discuss this in the following section.

Routine AOD testing as part of a robust Drug and Alcohol Management Plan (DAMP) should include those individuals who have declared a prescription and/or over the counter (OTC) medication. It is possible that an individual who is taking prescription and/or OTC medication may still engage in other drug use. In addition, with some medications, certain individuals may increase their dosage to the point where the medicinal use may become recreational. This is sometimes the case with people who have been prescribed dexamphetamine, for example. In reporting on concentrations, a confirmatory laboratory may note that the concentrations are not in line with the expected concentrations for a particular prescribed dose.

A disclosure of a medication during a normal test session is not unusual and can occur at any time during the test process and may or may not be reflected in the test result. Regardless of any disclosure, if the test indicates that further analysis needs to occur, the sample must be referred to a laboratory for analysis and reporting.

In such an instance, employees would normally be stood down pending a report from the analysis laboratory.

If the laboratory reporting indicates the presence of a medication, then the risks to worker safety associated with the use of this medication need to be properly evaluated. Few employers have in house capability to assess this risk and so they should partner with appropriate medical advice, such as an MRO &/or an Occupational Physician and potentially the treating medical practitioner to identify risks associated with fitness for work both as a result of the medication and the underlying medical condition.

For subsequent detections and declarations, queries should be raised in relation to if the dose or frequency of use have changed.

The presence of medications may or may not require the worker to undertake suitable duties either for the duration of the medical condition being treated or until the worker can shift to an alternative medication that adequately treats the underlying condition and that allows the worker to return to their normal duties.

In some cases, the inherent requirements of the job and the workplace might mean that the worker must be transitioned out of the workplace. In all cases, this should only occur after a genuine and exhaustive attempt to redeploy the worker within the workplace.

Voluntary Declaration of Prescription &/or OTC Medication

An important aspect associated with the voluntary declaration of medication in the workplace whether prior to or during testing is that the worker must be certain that such a declaration will not result in discrimination.

It is inevitable that a life changing medical condition will require certain adjustments in the life of the person experiencing the condition. As a society, this situation must be approached with empathy and a genuine attempt to minimise the impact of the condition on the person where possible within the bounds of our capability.

Employers have an obligation to the safety of the workplace, and it is understood that sometimes, accommodating the needs of an individual is not possible to do whilst maintaining the safety of the workplace.

To facilitate the best possible outcomes, an early declaration related to potentially safety impacting medication allows for better decision making and a better opportunity to accommodate the needs of the person taking the medication either in the short term whilst the condition and medication persist or, for a longer use case, appropriate steps to make changes in the workplace to enable continued employment.

Whilst voluntary disclosure should be encouraged by the employer, it is understood that such disclosure may involve some level of embarrassment or concerns for privacy. We believe that employers should have mechanisms in place to allow disclosure in such a way as to assure the worker that they will not be discriminated against or treated in any way unfairly.

A voluntary disclosure should trigger a thorough and thoughtful evaluation of the safety risks associated with both the use of the medication and the underlying medical condition. For example, strong back pain might be treated by a strong opioid such as Oxycodone. Oxycodone has a range of safety impacting effects. Employers are therefore obligated to ensure that those effects do not affect safety in the workplace. On the other hand, back pain might also be significantly exacerbated to the point of additional injury if the worker continues in their existing duties. It is incumbent on the employer to assist with the recovery of the worker by providing duties and work aids designed to prevent further back injury. The employer might enlist the services of an MRO to review the medication effects and provide advice around suitable duties whilst the employee is taking the drug. The MRO might also, with permission from the worker, make contact with the worker's doctor to discuss the duties being performed and identify the potential for alternative medication. The employer would also enlist a professional such as an Occupational Therapist to assist with job design, exercises and other matters that would assist the worker in managing the back injury and recovery. This scenario does not take into account the involvement of Workcover if the original injury was caused through work.

Medicinal Cannabis

What is Medicinal Cannabis

The Cannabis plant contains more than 100 active components including Delta 9 Tetrahydrocannabinol (THC) and Cannabidiol (CBD). THC and CBD are the key components in various forms of medicinal cannabis use including in pharmaceutical grade medications. THC is the principal psychoactive component of medicinal cannabis.

Therapeutic Goods Administration (TGA) approved uses of medicinal cannabis encompass a wide array of formulations including tinctures, edibles, capsules and vapes.

Medicinal Cannabis is cannabis that has been prescribed by a medical practitioner and taken in accordance with that prescription.

CBD is rarely available in an isolate. CBD formulations typically include at least some level of THC, usually less than 2%. CBD Isolate containing no THC or other contaminate is very expensive.

Efficacy of the Medication

In general, evidence for the efficacy of medicinal cannabis is not strong. It is considered effective for:

- Chronic pain in adults including neuropathic pain in multiple sclerosis,
- Chemotherapy induced nausea and vomiting, and
- Spasticity symptoms in people with multiple sclerosis

There was moderate evidence for short-term improvements in sleep disturbance associated with obstructive sleep apnoea, fibromyalgia, chronic pain and multiple sclerosis.

The National Academies of Science, Engineering and Medicine could not find good evidence for many other conditions for which it is used in the U.S., including epilepsy, but pointed out the many gaps in research.

The use of Cannabis, particularly CBD, in the treatment of children with refractive epilepsy, has been the subject of many anecdotal reports in medical literature, as well as the media. Other authors have suggested that evidence for its efficacy in childhood refractive epilepsy is growing, and it is the subject of many clinical trials currently underway in Australia and elsewhere.

The Australian Prescriber reports that the majority of prescriptions in Australia for medical cannabis are currently for:

- chronic non-cancer pain,
- anxiety,
- cancer-related symptoms,
- epilepsy and other neurological disorders.

Detection Window in Drug Testing

Obviously, there is no way to differentiate between medicinal cannabis and cannabis that is used for recreational purposes. Modern drug testing devices test for either 11-nor-Δ9-THC-9 COOH in urine or delta 9 tetrahydrocannabinol in oral fluid.

In the case of urine testing, cannabis is ingested and then is metabolised into urine over a process of time. For single or occasional use, the metabolites are excreted via urine over a period of 1-3 days. For casual use, the metabolites are excreted over a longer period of up to two weeks. For a chronic user, the metabolites excrete over a period of up to 28 days after cessation of use.

In the case of oral fluid testing, the device typically collects the parent drug from the teeth, gums and inside cheeks of the mouth. Detection is only possible whilst the drug persists in those places and typically, the drug dissipates over a period of 4 to 24 hours.

Drug and Alcohol Management in the Workplace

Testing as part of Safety Systems

The goal of Workplace Health and Safety is to:

- protect workers and others from harm by eliminating or minimising risk,
- provide for fair and effective representation, consultation and cooperation,
- encouraging stakeholders to take a constructive role in promoting improvements in WHS practices,
- promoting the provision of advice, information education and training for WHS.

Alcohol and Other Drugs (AOD) testing forms an integral part of a fully realised Drug and Alcohol Management Program (DAMP). A DAMP must at its core, seek to eliminate or minimise risk of harm from the presence of drugs and alcohol in workers. The DAMP must consult widely within the workplace to ensure that everyone has input and understanding of how the workplace can be made safer by the implementation of the DAMP. As with any important safety system, a DAMP must be regularly reviewed and improved to incorporate enhancements, to respond to changes and emerging trends and to respond to improving techniques and technology. Throughout the life of the DAMP, it must resource and promote education, advice and training surrounding this important area of safety.

Respectfully, we suggest that these processes, if applied appropriately are responsive to emerging trends such as the increasing use of medicinal cannabis.

We respectfully recommend that Government seek to promote quality implementations of Drug and Alcohol Management in all workplaces in Victoria for the safety and benefit of all.

A quality implementation will include:

- wide consultation within the organisation,
- policy and procedure development with input from all stakeholders within the business or organisation

- a fully realised education program for all staff including how medications are managed for everyone's safety
- a testing program that focusses on deterrence and behaviour change whilst ensuring that workers are treated compassionately and with understanding
- robust referral for management of medication and treatment of addiction
- strong reporting systems that maintain privacy whilst allowing workplaces to respond to safety trends and emerging issues

Recommended Treatment of Medications within the Workplace

Medicinal Cannabis should be treated as any other substance that even if taken legitimately, might impact on the safety of the workplace. The use of medicinal cannabis cannot be ignored because of the potential physiological effects that might impact safety. Therefore, if identified, employers must be obligated to investigate the potential effect on safety and take appropriate steps to ensure the safety of the workplace.

We respectfully recommend that Government should consider requiring that employers should engage providers who are accredited by an appropriate authority such as NATA where such accreditation is available and who are members of a professional association such as WDTA or AMROA. These requirements ensure a level of professionalism and standards of accuracy in testing.

Discrimination Considerations

It is vital that an appropriate balance is struck between the obligations of the employer to provide a safe workplace, the mutual obligation of the employee to attend for work in a fit and safe manner and the rights of the employee to privacy and to be able to work without discrimination.

We believe the model discussed under "Medication Use including the use of Medicinal Cannabis" above provides this balance.

Respectfully, we recommend that Government should adopt a model approach to manage medications in workers per the framework we discuss in the section entitled "Medication Use including the use of Medicinal Cannabis". We further respectfully recommend that Government form a panel including representatives from WDTA to develop this model.

References

Alcohol and Drug Foundation. (2023, April 19). *Alcohol, drugs and workplace safety*. Retrieved from Alcohol and Drug Foundation: https://adf.org.au/insights/aod-workplace-safety/

Illicit Drug Use. (2023, December 13). Retrieved from Australian Government: Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/illicit-use-of-drugs/illicit-drug-use#How-common

Miller, T. R., Zaloshnja, E., & Spicer, R. S. (2007). Effectiveness and benefit-cost of peer-based workplace substance abuse prevention coupled with random testing. *Accident Analysis and Prevention*, 565-573.

Ozminkowski, R. J., Mark, T. I., Goetzel, R. Z., Blank, D., Walsh, J. M., & Cangianelli, L. (2003). Relationships between urinalysis testing for substance use, medical expenditures and the occurrence of injuries at a large manufacturing firm. *American Journal of Drug and Alcohol Abuse*, 151-167.

Pidd, K., Roche, A. M., & Buisman-Pijlman, F. (2011). *Intoxicated workers: findings from a national Australian survey*. Retrieved from Addiction: https://adf.on.worldcat.org/oclc/5153512281

Terminology Used

Accreditation - Assessment by a recognized body of the technical competence of a laboratory conducting specific analysis as laid down in the Standard, or a Testing Agency where both collection procedures and on-site screenings are performed.

Amphetamine - A synthetic stimulant drug that affects the central nervous system and speeds up the messages going from the brain to the body.

AOD - an acronym for Alcohol and Other Drugs.

Australian Standards – Three Australian Standards must be complied with relating to drug and alcohol testing, namely: AS 3547:2019 Alcohol Testing Devices Manufacturers' Standard – "Breath alcohol testing devices". AS/NZS 4760:2019 Oral Fluid Drug Testing Standard – "Procedure for Specimen Collection and the Detection and Quantification of Drugs in Oral Fluid". AS/NZS 4308:2023 Urine Drug Testing Standard – "Procedures for specimen collection and the detection and quantitation for drugs of abuse in urine".

Cannabis - A depressant that comes from the hemp plant, Cannabis sativa. When taken at high doses it can have hallucinogenic properties. Marijuana, hashish and hashish oil come from this plant. The active chemical in cannabis is THC (delta-9 tetrahydrocannabinol).

Codeine - Extracted from morphine and sold commercially to treat mild to moderate pain. See also Morphine.

Collector / Tester – the Australian / New Zealand Standards (AS/NZS 4308:2023 and AS/NZS 4760:2019) defines a collector as a person who has successfully completed a course of instruction for specimen collection and onsite screening (if applicable), handling, storage and dispatch of specimens and who has received a Statement of Attainment in accordance with the Vocational Educational Training Quality Framework (VETQF).

Concentration – Mass of substance in defined volume. Concentration may be expressed in micrograms per litre (ug/L). Where concentration is very low, the mass may be expressed as nanograms, or similar units as appropriate.

Confirmatory Analysis – An analytical procedure that uses mass spectrometry to unequivocally identify the presence of a specific drug and / or metabolite. This should be carried out on a fresh aliquot taken from the original specimen. (This process is conducted in a laboratory environment).

Cut-off concentration – A value or above which the drug / metabolite is deemed to be "detected" and below which the drug is deemed to be "not detected". Note: in some contexts the words positive and negative are used respectively for detected and not detected.

DAMP – Drug and Alcohol Management Program

Depressant - A drug that causes the body to slow down and relax. Depressant drugs can also cause drowsiness, and slowed breathing and heart rate.

Donor – the personnel who is donating or providing a sample of urine, saliva and / or breath as per the organisations Drug and Alcohol Policy.

Drug - Any substance taken to change the way the body and/or mind function.

Drug dependence - Occurs when a drug is central to a person's life, they have trouble cutting down their use and experience symptoms of withdrawal when trying to cut down. Can be physical or psychological, or both. When a person's body has adapted to a drug and is used to functioning with the drug present, the person is said to be physically dependent upon that drug. When a person feels compelled to use a drug in order to function effectively

or to achieve emotional satisfaction, the person is said to be psychologically dependent upon that drug. See also Tolerance.

Drug misuse / abuse / use - The use of any drug for purposes not consistent with legal regulations or medical guidelines. This includes risky alcohol consumption, the hazardous or non-medical use of prescription or over-the-counter medications, and illicit drug use.

EAP – Employee Assistance Program. Is an employer-sponsored service which is confidential individual assistance and support service designed to help employees to cope with personal problems that adversely affect their lives, behaviour, and / or performance. It is usually helpful in situations such as alcoholism, family disintegration, financial or legal difficulties, marital problems, and substance abuse.

Hash oil - A thick, oily liquid extracted from the cannabis plant using a solvent, such as acetone or methanol. See also Cannabis.

Hashish - A type of cannabis that comes from the resin of the plant. The resin is dried and pressed into a solid lump. Hash is added to tobacco and smoked, or baked and eaten in foods. See also Cannabis.

Heroin - One of a group of drugs called opiates, which are derived from the opium poppy. A depressant that affects the brain by slowing down the activity of the central nervous system and messages going to and from the brain. See also Opiate.

Illicit / Illegal drug - a drug that is prohibited from manufacture, sale or possession in Australia – for example, cocaine, heroin, methamphetamines and amphetamine-type stimulants.

Inhalant - One of a range of products, which when vaporised and inhaled, may cause a person to feel intoxicated or "high".

Intoxication - A condition that follows the administration of a sufficient amount of a psychoactive substance and which results in behavioural and/or physical changes. The capacity to think and act within a normal range of ability diminishes.

Laboratory – A testing facility accredited against relevant Australian Standards at which the analytical procedures are carried out to screen for and / or confirm the presence of a specific drug or metabolite.

Laboratory Referral Result (not negative) – A term used for on on-site screening result that cannot be declared as a negative.

Marijuana - The dried greenish-brown leaves or flowers of the plant Cannabis sativa. The most common form of cannabis. Smoked in hand-rolled cigarettes (joints) or in a pipe (a bong). See also Cannabis.

Medical cannabis - The use of cannabis or cannabinoids to treat disease or alleviate symptoms. Cannabis can be prescribed in a number of forms and administered in a variety of ways. It can be taken in herbal form, pills, oils or in vaporisers. Cannabis prescribed for medical purposes can be taken orally or topically; it can also be inhaled or absorbed through the mucosa of the mouth (sublingual administration). See also: cannabis.

Metabolism – the sum of the physical and biochemical processes that occur within a living organism. In this regard, it is how we breakdown the substances within our bodies.

Morphine - Major sedative and pain-relieving drug produced from opium. See also Opium.

MRO – Medical Review Officer – is a person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

NATA – National Association of Testing Authorities. Australia's national laboratory accreditation authority which recognises and promotes facilities competent in specific types of testing, measurement, inspection and calibration.

Narcotic drug - A chemical agent that can induce stupor, coma, or insensibility to pain. The term usually refers to opiates or opioids, which are sometimes referred to as narcotic analgesics.

Opiates - One of a group of alkaloids derived from the opium poppy (Papaver somniferum) with the ability to induce analgesia, euphoria, and, in higher doses, stupor, coma, and respiratory depression. The term opiate excludes synthetic opioids such as oxycodone and methadone.

Opioid - The term applied to alkaloids derived from the opium poppy (Papaver somniferum) and synthetic drugs that interact with the same specific receptors in the brain. These substances have the capacity to relieve pain, and produce a sense of well-being (euphoria). Heroin, methadone, codeine, morphine, oxycodone and opium are opioids.

Over-the-counter drug - Drug that can be sold or administered without a prescription.

Oxycodone - A prescription only opioid painkilling drug used to treat moderate to severe pain.

Pharmaceuticals – a drug that is available from a pharmacy, over the counter or by prescription, which may be subject to misuse and not used according to the medication instructions or prescribed instructions. For example – opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids.

Sample – A portion of urine, breath and / or saliva sample taken from the donor on which the test is actually carried out.

Screening - Testing a person to determine for example their use of drugs or alcohol.

Substance abuse - Consumption of a substance despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. See also Drug abuse.

Substance abuse policy – A policy developed by an organisation and its stakeholders designed to address the risk of workplace drug and alcohol consumption. See also: "Drug and alcohol policy", Also named: "Fitness for duty policy", "Employee wellbeing policy

Substance disorder - A group of cognitive, behavioural and physiological symptoms that indicate continued use of a drug despite significant problems.

THC - Delta-9-tetrahydrocannabinol (THC) is the primary psychoactive agent in cannabis. See also Cannabis.

Testing - Testing or screening a person to determine for example their use of drugs or alcohol.

Testing Agency - Organisation conducting collection normally on behalf of the requesting authority (the Testing Agency could also be the requesting authority - where an organisation is conducting testing on their own staff). Sometimes called Collection Facilities, Collection Agencies or Collecting Agencies.