



Workplace Drug Testing Association
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Workplace Drug Testing Association (WDTA) Introduction

We would like to thank the Senate Community Affairs Committee for this opportunity to convey our experience in introducing and maintaining drug testing programs in a diverse range of environments and cultures throughout Australia.

Our Association possesses individuals and organisations with decades of experience in this field, delivering many hundreds of thousands of workplace drug tests annually. We understand the complexities in handling private and sensitive information, dealing with people who might be anxious about test results, compliance issues and the ramifications and complexity that can be encountered with confirmed positive test results.

Drug testing has now become common place in many industries and is now legislated in certain environments such as the Construction, Rail and Airline Sectors.

Our industry has evolved from a paradigm seeking to find positive test results to one of deterrence and care for the individual. The extensive experience of the members we represent and advancements in technology also means that the solutions we provide are cost effective, timely and accurate.

About WDTA

The Workplace Drug Testing Association (WDTA) was formally incorporated as a not-for-profit entity in early 2017 as the peak body representing the organisations and individuals involved in providing workplace drug testing services to the Australian community.

This incorporation came about after a number of individual organisations recognised that the continued growth in the drug testing market, along with the challenges and opportunities arising from technological and scientific advances in the field of drug testing, would benefit from a collaborative approach to ensure the highest levels of integrity and professionalism are maintained in Australia.

WDTA members now account for at least 75%-80% of all workplace testing in Australia¹, and WDTA believe this allows us to speak credibility and authoritatively on all aspects relating to

- best practice implementation of workplace drug testing
- testing program design and policy aspects of drug testing, and
- technological and scientific advice in the fields of workplace drug testing.

Pre-employment or random drug tests are part of the everyday employment conditions (with random sampling from a pool of) as many as 3.5 million employees in industries including mining, transport, construction, defence, aviation, forestry, fishing, agriculture and utilities²

The highest possible integrity and accuracy in testing are now a significant issue for workplace safety, productivity and Industrial relations in Australia.

¹ Industry data

² ABS Employment by Industry series 2017-2018

It is important to note that although the history of workplace drug testing in Australia dates back to the early 1990s, the industry remains largely self-regulated, and accreditation to the existing Australian Standards for workplace testing are voluntary.

WDTA membership, by contrast, requires external validation of adherence to these standards where appropriate for the membership class.

Key missions of the WDTA are to maintain and improve the professionalism of workplace drug testing by

- Encouraging best practice
- Developing additional guidelines and protocols to support the existing Australian standards where appropriate
- Ensure consistency and quality
- Enhance education and public and corporate awareness of the benefits of workplace drug testing.

As we noted in a press release from May 2017³ welfare drug testing in a technical and operational sense can be seen as an extension of the extensive existing, widespread illicit drug testing which occurs every day of the year across Australian workplaces.

³ <https://www.wdta.org.au/press-release-welfare-drug-testing/> accessed 26/9/19

Workplace drug testing - Executive summary

The Workplace Drug Testing Association is pleased to provide the following information for the purposes of better understanding the current procedures and application of testing for drugs which may affect safe conduct in the Australian workplace.

Details on the following are contained in the main body of our submission.

- **Up to 3.5 million workers potentially subject to drug testing in Australia.**

This number is derived from the number of workers currently employed in industries which either have a legislated requirement to test their employees, or voluntarily test their employees because of the safety concerns regarding drug use in the workplace.⁴

- **Approximately 1 million D&A tests performed annually**

Industry estimate of the total volume of testing including pre-employment and workplace testing currently. (It is less than the above figure as many employers only test a percentage of their total workforce annually)⁵

- **Testing is performed in wide range of industries**

Mining, Transport and Logistics, Rail, Maritime, Mining, Aviation, Utilities, Construction, Oil&Gas and Agriculture/Fishing and Forestry, and local government, all currently have organisations testing their workforce regularly.

- **A number of different testing methods are available including oral, urine and hair**

The choice of testing matrix will affect both the rate of detection as well as the drugs that can be easily identified. Oral fluid (saliva) and urine are approximately equally used in Australian workplaces as the method of choice.

- **Workplace drug testing utilises specific Australian Standards**

Organisations performing workplace drug testing should all be externally accredited to Australian Standards either for urine (AS/NZS 4308) or oral fluid (AS/ NZS 4760).

- **Initial onsite non-negative results are confirmed by highly accurate laboratory testing**

The secondary (confirmatory) testing occurs in externally accredited laboratories to similar standards to those found in Criminal Forensic or Sports Drug testing laboratories.

- **Workplace testing is not expensive**

Typical costs for all equipment, testing and chain of custody transport are in the range of around \$100-150 per individual tested, depending on the choice of program and testing method.

⁴ WDTA introduction

⁵ Incidence of drugs of abuse within the Australian Workforce subject to random drug testing 2017 & 2018 (extract) JUNE 2019.pdf

RESPONSES TO QUESTIONS ON NOTICE:

1) List of WDTA Corporate Members:

Alcolizer Pty Ltd
AusHealth
AustraliaDrugTesting.com PTY LTD
Breathalyser Sales and Service Pty Ltd
Clonal Technologies Pty Ltd
Corporate Choice Healthcare
Drug and Alcohol Solutions Australia
Drug-Safe Australia Pty Ltd
DTBS Global Pty Ltd
First Choice Diagnostic Co
Fit4Duty Pty Ltd
J&K Nominees Pty Ltd
Le-Varn Pty Ltd T/as Advanced Drug Solutions
Mediscreen Workplace Testing Services (Mediscreen)
Royal Medical Supplies Pty Ltd
Safework Laboratories

2) Chain of Custody Processes

In on-site drug testing with oral fluids or urine, the sample is collected and tested in front of the donor. The initial results are available immediately.

If the initial sample is deemed 'non-negative' the sample is transported for laboratory confirmation via a strict chain of custody procedure. This includes

- Using tamper evident seals on any containers transporting the sample for analysis
- Signed and dated forms by both the collector and donor
- Seals and signatures are inspected at receiving laboratory to ensure sample integrity has been maintained.
- If any of the above procedures have been incorrectly followed, the laboratory will deem the sample to be non-compliant with the respective Australian Standard and no result will be reported.
- The same process applies to the "B sample", which is collected at the same time and is available for independent testing by the same or another laboratory in the event that the result is disputed.

Samples that are "negative" are not sent to the laboratory.

3) Availability of Laboratories for Confirmation Drug Testing of Non-Negative Samples

Our response to the Question on Notice in relation to the availability and accreditation of laboratories is as follows;

- According to NATA, there are currently⁶;
 - Twenty (20) laboratories accredited for the Confirmation of Urine Samples
 - Thirteen (13) laboratories accredited for the Confirmation of Oral Fluid Samples.

4) Availability of Accredited On-Site Drug Testing

- Australian Standards AS/NZS 4308 and AS/NZS 4760 both define the role and function of Collection Agencies and include requirements for independent Accreditation. Accordingly; accreditation can only be claimed by organisations meeting those accreditation requirements.
- WDTA has been formed to provide a self- regulatory environment for its members to comply and adopt an industry best practice framework.
- Every day of the year; WDTA members currently conduct high standard accredited testing in all Australian States and Territories including regional and remote locations.
- The accreditation of the confirmatory laboratory often receives the greatest scrutiny in the event of a challenged test result. Drug testing results for samples that have been collected from appropriately accredited Collection Agencies, who have been independently assessed to possess & maintain suitable processes and systems to provide an accurate result and withstand a challenge to the testing procedure.

5) Different Drug Testing Matrices and Fees

Urine & Oral Fluid (Saliva) Testing

The overwhelming majority of workplace drug testing in Australia is conducted using a point of care device (typically a urine cup or onsite oral fluid device) which acts as a screening device.

Oral fluid testing can be conducted at any location and the sample is produced in front of the authorised collector. Urine testing requires toilet facilities that have been prepared in order to minimise opportunities for adulteration, as the sample collection is not normally directly observed by the collector.

Regardless of the matrix selected, the collection process must be performed in a private location that provides for the confidentiality of the Donor.

For Oral Fluid (saliva) or urine testing, the overall principles for detection of drugs of abuse in onsite devices are the same. Both detect closely related drugs within a drug family, which may include illicit and prescription drugs. Typically, the drug families are opiates, cocaine,

⁶ <https://www.nata.com.au/accredited-facility> (accessed 3/10/19)

amphetamine, methamphetamine, cannabis, benzodiazepines. The recent revision to the oral fluids Australian Standard now includes oxycodone.

In the event the device shows a 'non-negative' result, the sample is sent to an accredited laboratory under strict chain of custody provisions for more thorough and rigorous testing before it is deemed to be 'positive'. The laboratory will determine the specific drug that is present and its concentration. In the case of prescription medications, a qualified specialist can determine whether the concentration is consistent with therapeutic use or if it is being used as a drug of abuse.

If the device does not detect the presence of any drug, then any remaining sample is discarded, and no further testing occurs.

This is the same principle and methodology used by Police forces across Australia in their roadside testing programs.

Sample collection and screening of urine and oral fluid samples is fast, relatively easy to administer with comprehensive supporting Australian Standards.

The prime difference between urine and oral fluid testing is the different windows of detection for the drugs. In oral fluids, drugs will only be detected for a comparatively short time. Urine drug testing provides a longer but recent history of drug use.

Hair Testing

Drug testing using hair is a reliable and convenient alternative to tests that rely on saliva or urine. It is particularly useful in detecting drug use in the longer term (typically several months prior to the test being performed). Most hair testing in Australia is conducted either for security or safety sensitive workplaces, or for family law disputes where drug use or exposure is an issue for child custody. It is regarded as less personally intrusive than urine testing and more difficult to manipulate than other approaches.

Sample collection

Ideally, a lock of hair around 200mg is cut from the back of the head. This is a quantity equivalent to the size and thickness of a small pencil, and it's routinely collected close to the scalp. Body hair is not recommended as a preferred sample in most applications due to difficulty in interpretation and sample contamination.

While individuals do vary, the rate of hair growth is approx. 1cm per month, so a 3cm collection of hair (as is typically collected) would detect any drug use in the proceeding 3 months¹ (approximately).

Testing process

Hair is tested using accredited testing methodology (typically using the international Society of Hair testing guidelines¹) to check for the presence of drugs (or drug metabolites) in the hair matrix itself. Unlike urine or saliva, it is very difficult to interfere with the testing process by substitution or manipulation of the sample.

Hair testing typically utilises liquid chromatography coupled with mass spectrometry (LC/MS) or similar, as a testing method due to the requirement for precision, accuracy and ability to detect very low concentrations of drugs in hair.

A false positive sample from external contamination of the hair (eg from touching contaminated surfaces or being near 2nd hand smoke) can typically be eliminated during the sample preparation process.

Drugs detected

Unlike urine or saliva testing there is no current Australian Standard for detecting drugs of abuse in hair. However, a number of laboratories in Australia are NATA accredited to perform hair testing based on international guidelines and procedures such as those published by the (International) Society of Hair Testing⁷ which allows for the detection of;

- Amphetamines (speed, ice, crystal Meth)
- THC (Cannabis, marijuana)
- Opiates (Codeine, heroin, morphine)
- Cocaine
- Benzodiazepines (sleeping tablets, tranquilizers)

Limitations

Currently, hair testing in Australia is an adjunct to traditional methods of drug detection such as urine or saliva testing, rather than a replacement testing regime. In particular, small, infrequent episodes of drug use, or very recent exposure (in the last few days for example) are unlikely to be detected in routine hair analysis.

It is, however, an excellent tool for abstinence monitoring or longer window (several months) pre sampling detection.

Clarification of Oral Evidence Regarding Hair Testing Accreditation in Australia

Although there is no specific Australian Standard for Hair Testing, there is an international Guideline⁷ and various laboratories in Australia have obtained NATA accreditation against this Standard.

Comparison of Fees in Drug Testing

It is recommended that trained and certified collectors are utilised to test, interpret and if necessary, transport the sample for confirmation as per the relevant standards. This cost is additional to the above, however average total costs (collector, test device, all laboratory confirmations) based on information from WDTA members and an independent consultant, have been determined to be in the range of:

- Urine \$100-\$150 per individual tested on site at a 3rd party location
- Oral fluid \$100-150 per individual tested on site at a 3rd party location
- Hair \$300-400 per individual collected at a 3rd party location and analysed in an accredited laboratory.

⁷ https://www.soht.org/images/pdf/Consensus_on_Hair_Analysis.pdf

6) Potential Role of Medical Review Officers in the interpretation of medications

Due to the potential impact of cross-reacting medications, we strongly suggest the inclusion of qualified Medical Review Officer(s) or Toxicologists to interpret the results of initial non-negative screening and confirmatory testing.

Yours Faithfully

Darron Brien

Chairman, Workplace Drug Testing Association