



Northern Ireland
Safety Group

RANDOX
TESTING SERVICES

DRUGS AND ALCOHOL – MANAGING ABUSE AND ADDICITON IN THE WORKPLACE

Part 1 – Education and awareness

Introduction

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Dr Mark Piper

RTS Toxicology Services Manager

"What would you do if you suspected one of your employees was struggling with alcohol or drug dependence?"

Overview

- The legal and risk assessment frameworks
- Policy construction
- Employee / Union involvement
- Management awareness and symptom recognition training
- Service provider selection
- Process implementation and roll out
- The testing procedure (chain of custody etc)
- Managing shiftwork, home working and working away from home
- GDPR considerations
- Dealing with results (both positive and negative)
- Employee assistance programmes.

Effects of Heroin

Heroin is a highly addictive, illegal Class A drug processed from morphine, a naturally occurring opiate extracted from the seedpod of certain varieties of poppy plants. Heroin is usually injected into a vein, but it's also smoked; added to cigarettes and cannabis. The effects are usually felt straight away. The effects take around 10 to 15 minutes if snorted.

This poster outlines the different effects heroin can have on the body. It must be noted that the effects will vary depending on the person and amount taken. In cases of overdose and even first use heroin can cause fatalities.

Short-term Effects

- Drowsiness
- Sedation
- Lethargy
- Nausea & Vomiting
- Dry mouth
- Confusion
- Constricted pupils
- Slowed heart rate
- Slowed respiration
- Low body temperature
- Light sensitivity
- Intense itching

Long-term Effects

- Depression
- Muscular weakness
- Partial paralysis
- Weakening of the immune system
- Memory loss
- Sleeping problems
- Damaged teeth
- Gum swelling
- Gastrointestinal problems
- Poor appetite & Malnutrition
- Lack of oxygen to the brain
- Risk of miscarriage
- Collapsed veins





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LEGAL REQUIREMENTS

RISK ASSESSMENTS



EXPRESS 

October 2021: Train driver arrested after testing positive for cocaine following a commuter train collision with buffers at a north London station.



Transport Act 2000





Merchant Shipping Act 1995

Belfast Telegraph

March 2012: Polish cargo boat captain sentenced to 12 months imprisonment for causing £1m damage to Stena ferry in Belfast Lough whilst 3 x over the alcohol limit.



March 2015: Copilot of Germanwings flight 9525 deliberately flew aircraft into French Alps killing all 150 people on-board.

Post-mortem toxicology: Anti-depressants and sleeping aid medications.

New EASA regulations now in place.



Health and Safety
Executive

Managing drug and alcohol misuse at work

7. The law

You have a general duty under the Health and Safety at Work etc Act to ensure, so far as reasonably practicable, the health, safety and welfare of your employees. Employees must also take reasonable care of themselves and anyone who could be affected by their work.

Just because there is no formal regulation in your business sector, employers AND employees still must ensure duty of care

RISK ASSESSMENT MATRIX				
SEVERITY \ PROBABILITY	Catastrophic (1)	Critical (2)	Marginal (3)	Negligible (4)
Frequent (A)	High	High	Serious	Medium
Probable (B)	High	High	Serious	Medium
Occasional (C)	High	Serious	Medium	Low
Remote (D)	Serious	Medium	Medium	Low
Improbable (E)	Medium	Medium	Medium	Low
Eliminated (F)	Eliminated			





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DRUG AND ALCOHOL POLICY

MANAGEMENT AWARENESS

A Drug and Alcohol Policy must be explicit enough to include: -

- Who, where and when are being covered by the Policy.
- Reasons to test.
- How the testing procedure will be conducted.
- Who will conduct the testing.
- What Guidelines (EWDTS / Network Rail / EASA) will be governing the testing.
- Outcome of results (provisional and final).
- Results challenge process.
- Sanctions after a positive result.
- GDPR considerations.



A Management Awareness course ensures the understanding and implementation of a Drug and Alcohol Policy: -

- Drug categories and classifications.
- Signs and symptoms of substance misuse.
- Medications.
- CBD products and poppy seed defences.
- Current legislation and guidelines.

AIM: To ensure the Drug and Alcohol Policy is applied consistently across the Company.





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EMPLOYEE / UNION BUY-IN

PROCESS IMPLEMENTATION / ROLL OUT

One of the biggest hurdles is getting agreement from employees and unions: -

- Engage with the Unions at the earliest opportunity.
- Transparency.
 - Who will be included under the Policy.
 - When and why will it be implemented.
 - Actions for positive results.
- Education
 - Employee awareness briefings.
 - Leaflets / notices.
- Amnesty period.
- Employee assistance programmes.

EFFECTS OF DRUGS ON DRIVING



CANNABIS

Cannabis can affect attention span and reaction times, as well as eye-tracking abilities, making drivers under the influence almost twice as likely to cause a road accident.

EFFECTS ON DRIVING

Low attention span, Blurred vision, Slow reaction times, Poor speed control, Inability to accurately read road signs, Drowsiness, Distraction, Distorted perceptions of time & space.



AMPHETAMINES

The use of amphetamines can interfere with concentration, impair vision, and increase the driver's tendencies to take risks.

EFFECTS ON DRIVING

Driving at a rate of high speed, Swerving on the road, Maintaining an unsafe distance from other vehicles, Failure to react to changing traffic circumstances, Failing to stop appropriately at lights and/or stop signs.



COCAINE

Cocaine can make the user feel more alert, however accident levels prove they aren't. Speeding and aggressive driving are both typical of drivers under the influence of cocaine.

EFFECTS ON DRIVING

Impair judgement, Interfere with ability to concentrate, Poor vehicle control, Aggressive driving, Speeding.



TRANQUILISERS

Use of tranquilisers produces drowsiness, lack of coordination, altered perceptions, memory impairment, poor control of speech and slower reaction time.

EFFECTS ON DRIVING

Poor tracking, Difficulty in maintaining lane position, Neglecting roadside instructions



OPIATES

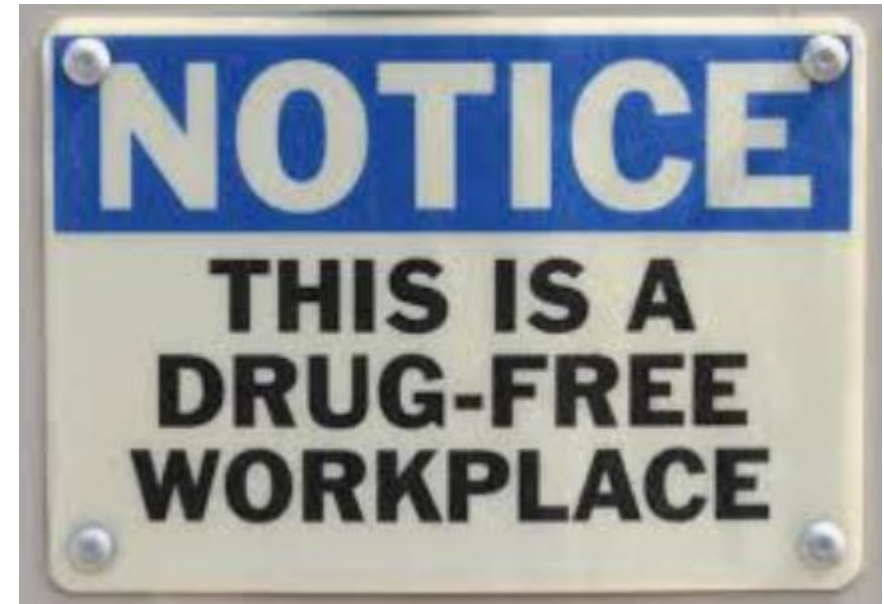
Opiates can cause drowsiness, mental confusion, and visual impairment even at lower, moderate doses. A driver may have difficulty keeping the vehicle in the correct lane and may make errors in judgment.

EFFECTS ON DRIVING

Less likely to read signs, More error-prone, Reduced reaction times

Roll out by example: -

- Conduct a trial collection under controlled conditions to iron out issues.
- Consider all aspects of process.
 - Service provider contact details.
 - Site facilities.
 - Points of contact training.
 - Contingencies for absences / no-shows.
 - Handling presumptive positive donors.
 - Feedback to participants.
- Define random testing programme
 - 20% of high risk workers per annum (?)
 - 10% of low risk workers per annum (?)
- Refresher training schedule / skill fade.
- Monitoring of collection kits / expiries.





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PROVIDER SELECTION

THE TESTING PROCEDURE

Choose a service provider which meets your requirements

- Urine drug testing
- Oral drug fluid testing
- Hair drug testing
- On-site (point of collection) testing v laboratory testing
- Exhaled breath alcohol testing
- Blood alcohol marker testing
- Hair alcohol marker testing



Choose a service provider which meets your requirements

- Urine drug testing
- Oral drug fluid testing
- Hair drug testing
- On-site (point of collection) testing v laboratory testing
- Exhaled breath alcohol testing
- Blood alcohol marker testing
- Hair alcohol marker testing
- Drug and alcohol policy provider
- Training facilities
- Collection service only – business hours or 24/7/365
- Screening and confirmatory analysis
- Expert witness services
- Medical Review Officer services



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(RTS accredited to ISO/IEC 17025 since 2009)



(RTS certified since 2014)



The European Workplace Drug Testing Society (EWDTS)

The Society of Forensic Toxicologists (SOFT)

UK and Ireland Association of Forensic Toxicologists (UKIAFT)

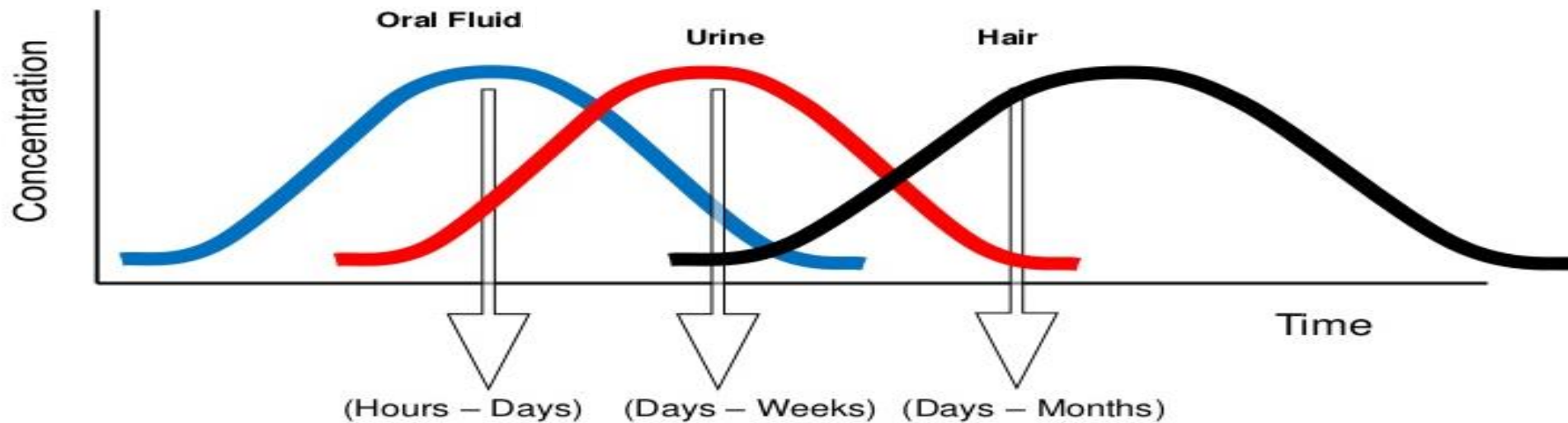
The International Association of Forensic Toxicologists (TIAFT)

International Forum for Drug & Alcohol Testing (IFDAT)

The Royal Society of Chemistry (RSC)



- Urine
- Oral fluid
- Hair



Windows of detection

EWDTS Guidelines
(Cut-offs)



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Accredited to
ISO/IEC 17025:2017

All processes conducted to ensure specimen integrity and intact chain of custody

- All water sources sealed / dyed or removed
 - Donor to remove outer clothing
 - All equipment is demonstrably sealed prior to use.
 - Donor to choose device from minimum of three units.
 - Donor to enter collection location and provide specimen (minimum 40 mL)
 - Specimen temperature must be within 32°C – 38°C
 - Collector reads results after 5 minutes
-
- **Screen - Negative**
 - **No further action.**
 - **Screen - Presumptive Positive**
 - **Leads to back to lab test.**



All processes conducted to ensure specimen integrity and intact chain of custody

- Back to lab specimens initiated
- Specimen is split between 2 tubes (A + B)
- Sealed / signed by the donor
- Bagged and tagged with continuity paperwork

LAB COPY SPECIMEN COLLECTION FORM LAB COPY

RANDOX TESTING SERVICES RTS REF NO. LAB USE ONLY RTS LOG NO. LAB USE ONLY SECURITY SEAL BARCODE

THIS FORM IS TO BE COMPLETED IN BLOCK CAPITALS & BLACK INK

SECTION 1 - CUSTOMER INFORMATION (To be completed by the Collection Officer)

Customer Name / RTM Collection Address

SECTION 2 - DONOR INFORMATION (To be completed by the Collection Officer)

Donor SURNAME Donor FIRST NAME

Date of Birth (DD-MM-YY) ID Checked Details - Mgr, D/Lic, Passport, Sentinel no

Gender (tick box) NI Number (Network Ref only)

Male Female Other Reason to Test: (tick box) For Cause Random Pre-Employment Return to work Periodic

SECTION 3 - DONOR CONSENT TO TEST (To be completed by the Donor)

I have read and understand the Donor Information Sheet and I give my consent to the collection of samples for evidence of drug and/or alcohol use. I further consent to these samples, if necessary being analysed in the laboratory. I confirm that the samples to be provided to the Collection Officer will be my samples and that no attempt has been made to interfere with the samples or the sample integrity.

I confirm that the information provided by me for the completion of this form will be to the best of my knowledge, be true and accurate. I consent to this information being stored electronically and disclosed to my employer, the Company and their authorised representatives including a Medical Review Officer (if required) in accordance with the relevant Data Protection Regulations.

Please tick to agree

I consent to my sample being retained by RTS for such purposes as potential retesting for scientific research. The samples and accompanying information will be anonymised. Please tick to agree

Donor Signature: _____ Donor Print: _____ Date: _____

SECTION 4 - TEST INFORMATION (To be completed by the Collection Officer)

Breathalyzer Serial Number 1st Test Result Time (24hr) 2nd Test Result Time (24hr)

Breath Alcohol Test: Urine Oral Fluid Back to Lab (BtL) Urine Oral Fluid

Kit Lot Number Kit Expiry Date Kit Lot Number Kit Expiry Date

Panel: 10/12/14 etc. Temp 32-38° c Test Required: Screen Confirmation

Start Time (24hr) Time Read (24hr) Temp 32-38° c

Negative Pos - Pos

SECTION 5 - TEST RESULTS & MEDICATION (To be completed by Collection Officer) (If completing this section, due to a presumptive positive result, please tick with X in this section on the Negative Certification form on the back page)

Select drug for confirmatory testing:

AMP KET PPK HTD OH BUP MIET THC OTHER

BAR MDMA 6_MAM EDOP PCP BZO COC K2/SPICE

Medication taken in the last 14 days OR write 'NONE'

SECTION 6 - COLLECTOR'S DECLARATION (To be completed by the Collection Officer)

I confirm that the specimen(s) were supplied and given to me by the donor identified above. I confirm that I am trained in the appropriate collection methods for the specimen(s) described in this form. The specimen(s) were collected in line with the approved Chain of Custody conditions. I have checked that this form is fully completed, signed and dated.

CO Signature: _____ CO Print: _____ Time: _____ Date: _____

Form 7582-1L Revision 03 (04/02/09)





Results are compared to declared medication – potential mitigation for findings.

Toxicologist / Medical Review Officer – case review and conclusion.

Dental injections / CBD use / poppy seed consumption – all taken into consideration.

A and B specimens retained for 12 months to allow a B challenge request – initiated by the donor.

B specimen to be analysed by a suitably accredited laboratory.

Result reported as CONSISTENT or NOT CONSISTENT with original A specimen.



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MANAGING SHIFTWORK, HOME WORKING
AND WORKING AWAY FROM HOME

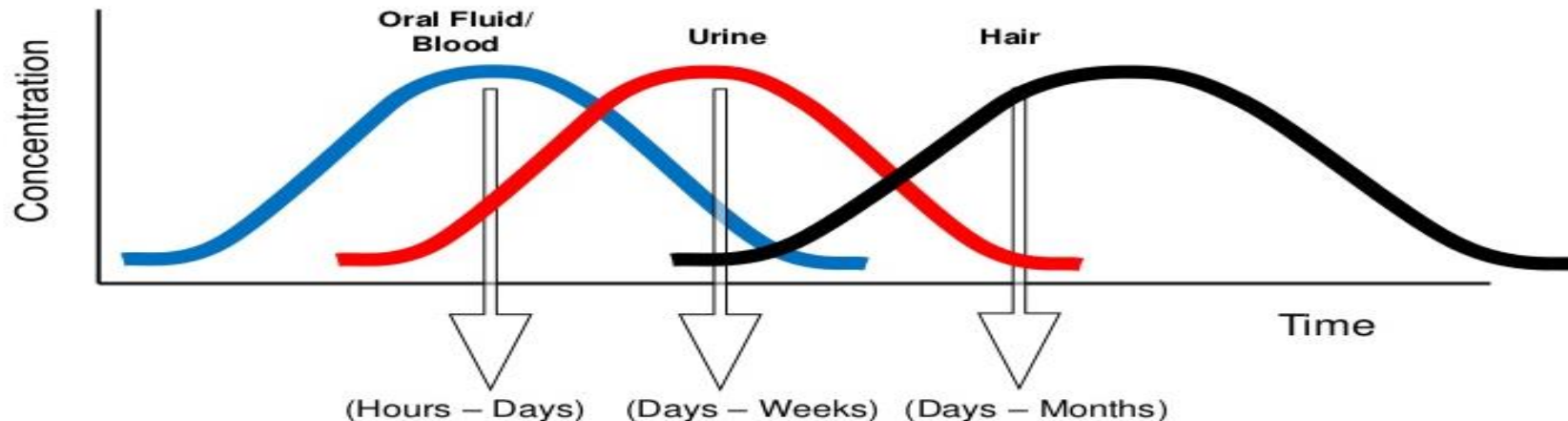
GDPR CONSIDERATIONS

Post COVID-19 Working patterns have changed
D&A testing regimes – Guidelines must be adhered to.

Shift workers – Collection officers can attend 24 / 7. All working patterns can be accommodated

Working away from home - Collection officers can attend ANY location.
(Los Angeles / Crumlin / Tokyo / Melbourne)

Home working – Business centre meeting rooms, but not domestic properties.
– Issues with securing toilet facilities for urine collections.
– Oral fluid to overcome security concerns
– Hair testing to cover extended remote periods



- GDPR – of paramount importance.
- Data Protection Impact Assessments – standard practice.
- Unequivocal identification is of equal importance.
- Only the minimum Personal Identifiable Information is captured to link specimen to donor
 - Donor name
 - Donor date of birth
 - Donor signature
- All data retained only as long as is necessary, but held under 24hr CCTV in biometric access facilities





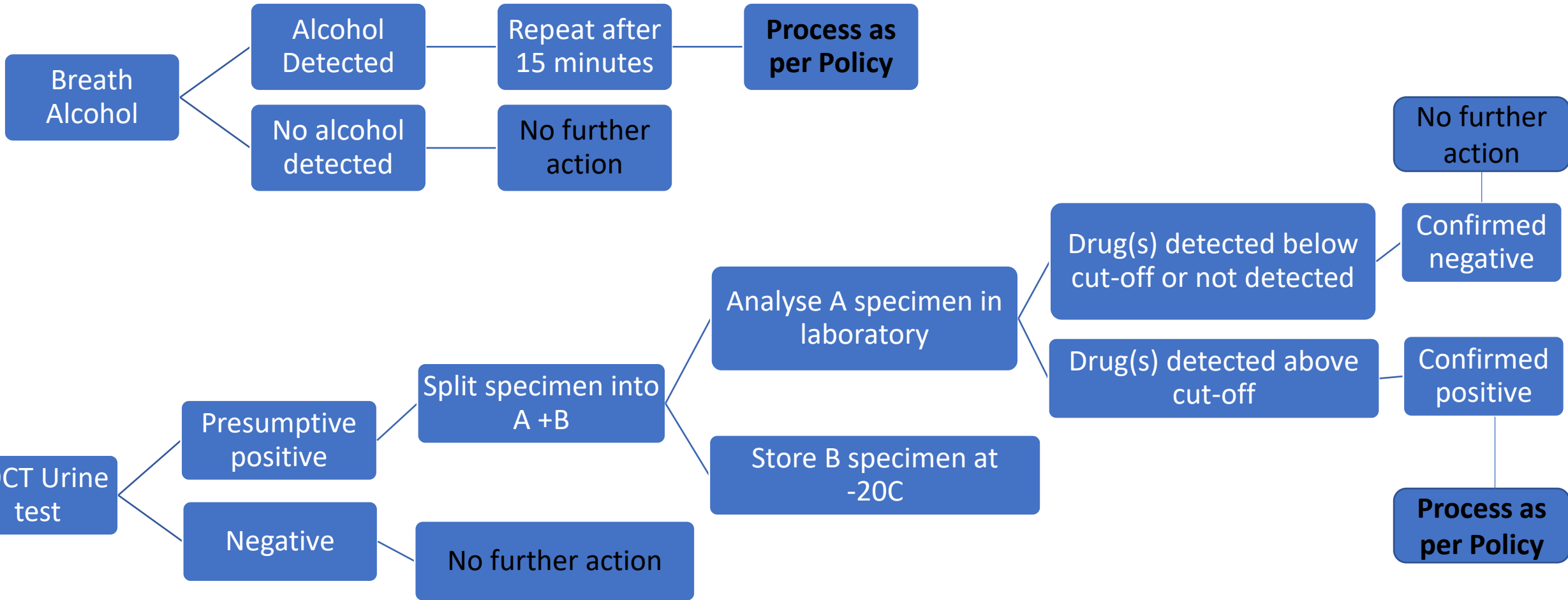
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DEALING WITH RESULTS –
POSITIVE AND NEGATIVE

EMPLOYEE ASSISTANCE PROGRAMMES

Negative / Positive Results



Collection Officer / Laboratory

Company HR

- Substance addiction – a recognised condition.
- Employee assistance programmes (EAP) – to support recovery and re-integrate into workplace
- More employers now recognise an employee with an addiction is an asset worth recovering
- Employer's social responsibility



"What would you do if you suspected one of your employees was struggling with alcohol or drug dependence?"

- Apply your drug and alcohol policy
- Contact you drug and alcohol service provider
- Protect ALL of your employees, public and business interests



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CASE STUDY 1

- **Business sector:** Large scale fabrication facility in Northern England
- **Employee type:** Full time, permanent employee. Shift worker. Hopper filler on a feeder line.
- **Reason to test:** Near miss incident involving a fork-lift truck.
- **Unscheduled call out initiated:** Day 0
- **Collection Officer attendance:** Day 0 (+2 hrs).
- **Testing format:** Day 0
 - Exhaled breath alcohol – NEGATIVE



- **Business sector:** Large scale fabrication facility in Northern England
- **Employee type:** Full time, permanent employee. Shift worker. Hopper filler on a feeder line.
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- **Collection Officer attendance:** Day 0 (+2 hrs).
- **Testing format:** Day 0
 - Exhaled breath alcohol – NEGATIVE
 - Urine drugs point of collection test device
 - SCREEN PRESUMPTIVE POSITIVE FOR AMPHETAMINES



- **Business sector:** Large scale fabrication facility in Northern England
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- **Testing format:** Day 0
 - Exhaled breath alcohol – NEGATIVE
 - Urine drugs point of collection test device
 - Urine specimen returned to laboratory for confirmatory analysis



- **Business sector:** Large scale fabrication facility in Northern England
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- **Reason to test:** Near miss incident involving a fork-lift truck.
- **Unscheduled call out initiated:** Day 0
- **Collection Officer attendance:** Day 0 (+2 hrs).
- **Testing format:** Day 0
 - Exhaled breath alcohol – NEGATIVE
 - Urine drugs point of collection test device
 - Urine specimen returned to laboratory for confirmatory analysis
- **Employee:** Suspended pending confirmatory analysis result.

Laboratory

- Specimen receipt: Day 1, Continuity intact
- Confirmatory analysis: Day 2

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Urine Toxicology Confirmation - Certificate of Analysis

Donor name: John Smith
 Donor Reference Number: Not Provided
 Date of Birth: 01-Jan-00
 Gender: Male
 Reason for test: Random
 Name of customer: ABCDE

Random Reference: RTL/20/01234
 Barcode: RTS123456
 Specimen type: Urine
 Collection Date: 01-Oct-20
 Test Date: 03-Oct-20
 Collection Address: Crumlin, Co. Antrim

Certificate of Analysis Identification: RTLC/20/01234/1/CONF

Drugs tested: Amphetamines (Amphetamine, Methamphetamine, MDMA, MDEA, MDA)

Drug Group	Analyte	Result	Result Concentration	Cut-off Concentration	Method
Amphetamines	Amphetamine	Positive	>664 ng/ml	200 ng/ml	LC-MS/MS ⁽¹⁾
Specimen validity test					
Temperature at point of collection*				Result	Acceptable
pH†				Result	Acceptable
Creatinine and Specific Gravity‡				Result	Acceptable
Additives (Oxidant / nitrite / glutaraldehyde)‡				Result	Acceptable

Comments
 Specimen was identified as containing **Amphetamines** (Amphetamine) at concentrations at or above the threshold recommended by the European Workplace Drug Testing Society.
 The result concentration / cut-off concentration has been adjusted to account for the Uncertainty of Measurement where applicable. The percentage adjustment is specific to the analyte and laboratory under-taking the work and is presented in the Details of Service.

Positive results have been considered against any medication that may have been declared and the interpretation is provided below:
 The positive test result for **Amphetamines** (Amphetamine) is NOT CONSISTENT with any disclosed medication.

The release of this report dated 03-Oct-20 is authorized by Dr Paul Darkine (Laboratory Manager)
 Unless otherwise denoted by the use of a dagger †, all methods have been awarded ISO/IEC 17025 accreditation.
 Any opinions/interpretations are outside the scope of accreditation.
 This certificate of analysis is reliant upon the provision of accurate information by the customer.
 Denotes information provided by the customer
 (1) ~~CONFIDENTIAL~~ provided by Randox Testing Services
 The validity of the results presented within this Certificate of Analysis may not be reproduced except in full, without written approval of the laboratory.
 These results relate only to the specimen analysed.

Laboratory

- Specimen receipt: Day 1, Continuity intact
- Confirmatory analysis: Day 2
 - **POSITIVE FOR AMPHETAMINE**



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Certificate of Analysis Identification: RTLC/20/01234/1/CONF

Drugs tested: Amphetamines (Amphetamine, Methamphetamine, MDMA, MDEA, MDA)					
Drug Group	Analyte	Result	Result Concentration	Cut-off Concentration	Method
Amphetamines	Amphetamine	Positive	>664 ng/ml	200 ng/ml	LC-MS/MS ^{RTS}
Comments Specimen was identified as containing Amphetamines (Amphetamine) at concentrations at or above the threshold recommended by the European Workplace Drug Testing Society. The result concentration / cut-off concentration has been adjusted to account for the Uncertainty of Measurement where applicable. The percentage adjustment is specific to the analyte and laboratory under-taking the work and is presented in the Details of Service. Positive results have been considered against any medication that may have been declared and the interpretation is provided below:- The positive test result for Amphetamines (Amphetamine) is NOT CONSISTENT with any disclosed medication.					

Laboratory

- **Specimen receipt:** Day 1, Continuity intact
- **Confirmatory analysis:** Day 2
 - **POSITIVE FOR AMPHETAMINE**

Human Resources

- **Report receipt:** Day 3
- **Employee interviewed:** Day 4
 - Admitted amphetamine use at the weekend
 - Refused to acknowledge issue
 - Refused assistance to overcome substance misuse.
 - Drug and Alcohol Policy applied
- **No legal requirement but within policy on health and safety grounds to dismiss.**

Laboratory

- Specimen receipt: Day 1, Continuity intact
- Confirmatory analysis: Day 2
 - **POSITIVE FOR AMPHETAMINE**

Human Resources

- Day 4
- Amphetamine use at the weekend
- Acknowledge issue
- Assistance to overcome substance use.
- Drug and Alcohol Policy applied
- No legal requirement but within policy on health and safety grounds to dismiss.

CONTRACT TERMINATED



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CASE STUDY 2

- **Business sector:** Pharmaceutical manufacturer, Scotland
- **Employee type:** Full time, permanent employee. Office-based
- **Reason to test:** Reasonable suspicion.
- **Unscheduled call out initiated:** Day 0
- **Collection Officer attendance:** Day 0 (+2 hrs).
- **Testing format:** Day 0
 - Urine drugs point of collection test device - NEGATIVE



- **Business sector:** Pharmaceutical manufacturer, Scotland
 - **Employee type:** Full time, permanent employee. Office-based
 - **Reason to test:** Reasonable suspicion.
 - **Unscheduled call out initiated:** Day 0
 - **Collection Officer attendance:** Day 0 (+2 hrs).
 - **Testing format:** Day 0
 - Urine drugs point of collection test device - NEGATIVE
 - Exhaled breath alcohol – ALCOHOL DETECTED
 - 34 µg alcohol / 100 mL breath (10:17 hrs)
 - 31 µg alcohol / 100 mL breath (10:32 hrs)
- Breath alcohol cut-off in Policy = 22 µg alcohol / 100 mL breath**



Human Resources

- **Employee interviewed: Day 1**
 - Admitted alcohol use
 - Acknowledged issue
 - Open to assistance to overcome substance misuse.
 - Drug and Alcohol Policy applied
- **Employee Assistance Programme**
- **Abstinence testing**



Human Resources

- **Employee interviewed: Day 1**
 - Admitted alcohol use
 - Acknowledged issue
 - Open to assistance to overcome substance misuse.
 - Drug and Alcohol Policy applied
- **Employee Assistance Program**
- **Abstinence testing**

Laboratory

- **Unannounced PEth testing**
 - **Phosphatidylethanol analysis of dried blood spot**



- **Can support claim of abstinence for up to one month prior to specimen collection**
- **Sporadic testing over 3 months**
 - **(Day 41, 55, 86)**

Human Resources

- Employee interviewed: Day 1
 - Admitted alcohol use
 - Acknowledged issue
 - Open to assistance to overcome substance misuse.
 - Drug and Alcohol Policy applied
- Employee Assistance Program
- Abstinence testing

Laboratory

- Unannounced PEth testing

Certificate of Analysis Identification: RTM04678/1/BAB

Biomarker / Analyte	Result	Result Concentration	Cut-off	Method
Phosphatidylethanol (PEth 16:0/18:1)	Not Detected	-	20 ng/ml	LC-MS/MS ^{CAN}

Comment

Interpretation of Results

<20 ng/ml – Light or No Consumption – Supports claim of abstinence or low alcohol consumption up to a month prior to specimen collection. Low alcohol consumption is considered as < 1-2 standard alcoholic drinks per day for several days a week.

20-200 ng/ml – Significant Consumption – Indicates moderate level of alcohol consumption up to a month prior to specimen collection. Significant alcohol consumption is considered as 2-4 standard alcoholic drinks per day for several days a week.

>200 ng/ml – Heavy Consumption – Indicates Excessive alcohol consumption up to a month prior to the specimen collection. Heavy alcohol consumption is considered as more than 4 standard alcoholic drinks per day for several days a week.

Note: The frequency of alcohol consumption can affect PEth results, ten drinks consumed in one episode will produce a higher PEth level than if ten drinks were consumed in five episodes.

Human Resources

- **Employee interviewed: Day 1**
 - Admitted alcohol use
 - Acknowledged issue
 - Open to assistance to overcome substance misuse.
 - Drug and Alcohol Policy applied
- **Employee Assistance Program**
- **Abstinence testing**

Laboratory

- **Unannounced EtG testing**
 - **Ethyl glucuronide analysis of hair specimen**



- **Can support claim of abstinence for up to three months prior to specimen collection**

Human Resources

- Employee interviewed: Day 1
- Admitted alcohol use
- Acknowledged issue
- Open to assistance to overcome substance misuse.
- Drug and Alcohol Policy applied
- Employee Assistance Program
- Abstinence testing

Laboratory

- Unannounced EtG testing

Certificate of Analysis Identification: RTM04678/1/HAT

Segment I.D.	N/A	Section Length	0.0 – 3.0cm	
Period of Detection	Approx. Mid-May2021 to Mid-August 2021 (~3 months)			
Biomarker / Analyte	Result	Result Concentration	Cut-off Concentration	Method
Ethyl Glucuronide (EtG)	Negative	-	> 5 pg/mg	LC-MS/MS ^{CAN}

Interpretation / Comments

It is not possible to correlate results with specific amounts of alcohol consumed within the period of investigation.

The concentration of EtG in hair can be reduced by abrasive chemical / thermal cosmetic treatments (eg. bleaching, perming or use of hair straighteners)

Ethyl Glucuronide (EtG)

EtG ≤ 5 pg/mg Supports a claim of abstinence - Occasional drinking events cannot be excluded.

EtG >5 to <30 pg/mg Strongly suggests repeated alcohol consumption (ie. multiple episodes of moderate drinking)

EtG ≥ 30 pg/mg Strongly suggests chronic excessive alcohol consumption*

*The World Health Organisation defines chronic excessive alcohol consumption as 60g (approximately 7.5 units) of ethanol per day over several months)

Human Resources

- Employee interviewed: Day 1

- Admitted alcohol use
- Acknowledged issue
- Open to assistance to overcome substance misuse.
- Drug and Alcohol Policy applied

- Employee Assistance Program
- Abstinence testing

Employee Details

○ Employee. Office-based

CONTRACT MAINTAINED

"What would you do if you suspected one of your employees was struggling with alcohol or drug dependence?"

- *Apply your drug and alcohol policy:* Both case studies invoked this policy
- *Contact you drug and alcohol service provider:* Donor tested within 2 hours
- *Protect ALL of your employees, public and business interests:*
Either by removal or rehabilitation and re-integration, all were protected in both case studies.



testingservices@radox.com