

Methamphetamine use in the workplace: implications for prevention & treatment

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Overview

- Prevalence of Meth/amphetamine by employment status
- Differences & similarities
- High risk workforce groups & workplace harms
- Summary & conclusions

DATA

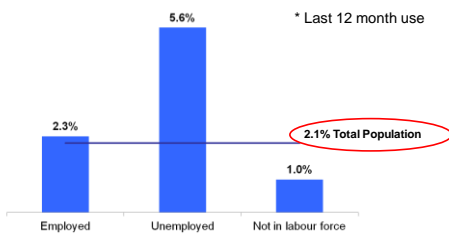
• National Drug Strategy Household Survey (NDSHS)

- Triennial nationally representative survey of AOD use, related harms, & attitudes
- 2013
 - 23,521 Australians aged 14 + years
 - Data weighted



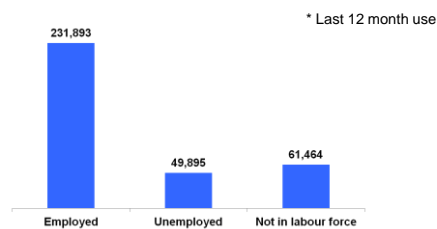
Prevalence levels by employment status

% meth/amphetamine users*



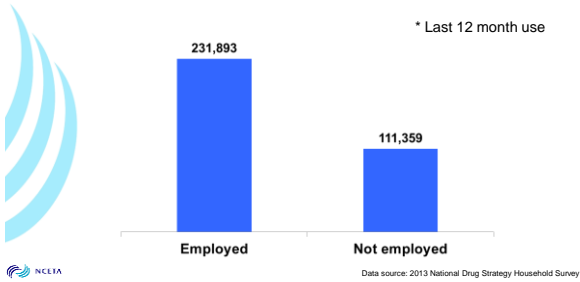
Data source: 2013 National Drug Strategy Household Survey

Number of meth/amphetamine users*



Data source: 2013 National Drug Strategy Household Survey

Number of meth/amphetamine users*

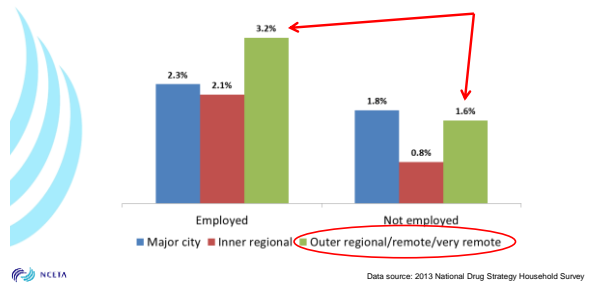


Employed & unemployed users: Similarities & differences

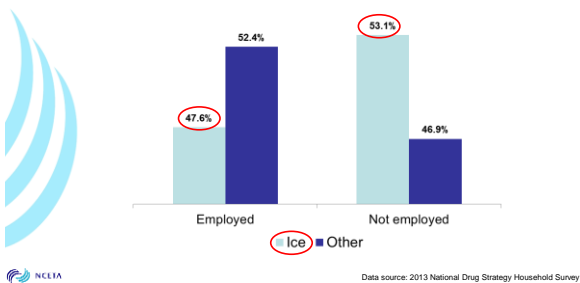
Similarities

- Similar demographic profile
 - Males
 - 20-29 years old
 - Single (never married)
 - Certificate highest education level
- Usually use same amount

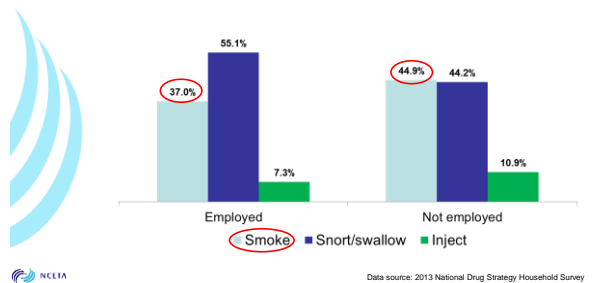
Differences: prevalence by location



Differences: form used



Differences: method of use



Difference in frequency of use



Prevalence levels vary across workforce groups

- Trades (4.7%)
 - Unskilled (3.1%)
 - Industry
 - Wholesale (5.3%)
 - Construction (5.2%)
 - Mining (3.2%)
 - Manufacturing (3.2%)
 - Hospitality (3.2%)
- *Total workforce 2.3%**

Workplace harms

| | Meth | Other illicit | Sig diff |
|-----------------------------------|-------|---------------|-----------|
| → Absenteeism due to injury* | 16.9% | 10.3% | $p < .01$ |
| Absenteeism due to illness* | 42.3% | 39.5% | ns |
| → Absenteeism due to drug use* | 7.3% | 1.3% | $p < .01$ |
| → Absenteeism due to alcohol use* | 12.5% | 6.4% | $p < .01$ |
| → Usually use at work | 9.7% | 3.8% | $p < .01$ |
| → Worked under influence# | 31.6% | 6.0% | $p < .01$ |

* at least 1 day off in past 3 months
at least once in past 12 months

Data source: 2013 National Drug Strategy Household Survey

Implications for prevention/treatment

- Access to large numbers of 'at risk' individuals
 - Young males
 - Recreational/occasional users
 - Identified high risk workforce groups
- Opportunity for prevention & early intervention
 - Risk awareness & brief intervention
 - Referral to counselling
- Provides treatment pathway
 - Employment as motivator

Workplace interventions & barriers to treatment

- **Workplace interventions can overcome many common barriers to treatment**
 - Drug use not perceived as a problem
 - Lack of motivation
 - Work commitments
 - Lack of support
 - Lack of awareness of treatment options

Summary & Conclusions

- **The workplace**
 - An ideal setting for cost effective strategies
 - Access to large numbers users
 - Opportunity for early intervention & provide treatment pathway
 - Strategies can be tailored to high risk groups
 - Employer support for strategies (workplace safety, production and worker wellbeing)
 - AOD agencies/service providers can play a significant role



Thank you

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