Drug and Alcohol Management Program (DAMP)

Procedural Instruction

This Procedural Instruction sets out the process for the Department of Home Affairs (the Department) drugs and alcohol management program, a measure under the overarching Integrity Framework.

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<tr>
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<th>12 January 2018</th>
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<tbody>
<tr>
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<tr>
<td>Contact</td>
<td>Integrity Assessment and Reporting section, <a href="mailto:damp@homeaffairs.gov.au">damp@homeaffairs.gov.au</a></td>
</tr>
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1. Introduction

The Department has a zero tolerance for the possession, use, or trafficking of prohibited drugs and is an alcohol free workplace. Part 5 of the Australian Border Force Act 2015 (ABF Act) provides the legislative basis for drug and alcohol testing in the Department, in particular, sections 34, 35 and 36. The ABF Act is the basis for the Department’s program of random and targeted drug and alcohol testing that requires all Home Affairs workers (workers) to undergo mandatory alcohol screening tests, alcohol breath tests, or prohibited drug tests.

There is a risk that workers may be vulnerable to compromise, a risk that is increased for workers engaging in illicit drug taking. This applies not only to front line operational staff, but also to office-based staff with access to sensitive information. Drug and alcohol testing, carried out under the Drug and Alcohol Management Program (DAMP), is an integrity measure designed to mitigate this risk.

The Australian Border Force (Alcohol and Drug Tests) Rule 2015 (the Rule) specifies the manner in which testing is to be carried out. Drug and alcohol testing forms a component of the Integrity Framework and serves to ensure a safe working environment for all workers.

In implementing the DAMP, the Department will:

- maintain confidentiality and
- treat workers fairly and equitably.

Under the Public Service Act 1999 (PS Act), employees are required to display behaviours that are consistent with the Australian Public Service (APS) values, and comply with the APS code of conduct. Contractors and consultants may be subject to similar obligations under the terms of their contract, and in accordance with the Professional Standards Secretary Instruction. If contractors/consultants breach these obligations, action may be taken under the terms of their contract, or under section 57 of the ABF Act.

2. Scope

This procedural instruction (PI) outlines the Department’s position on drugs and alcohol in the workplace, specifically:

- a zero tolerance approach to the possession, use and trafficking of prohibited drugs
- an alcohol-free workplace
- the tolerance levels related to alcohol while on duty
- procedures for drug and alcohol testing.

This PI applies to all workers, defined by section 7 the Work Health and Safety Act 2011 (Cth) (WHS Act), section 4 of the Australian Border Force Act 2015 (ABF Act), and Officers of Customs under the Customs Act 1901 (Customs Act).
3. Glossary

Table 1 – Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Acronym (if applicable)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted treatment regime</td>
<td></td>
<td>Any treatment regime that is developed and implemented by a registered medical practitioner.</td>
</tr>
<tr>
<td>Alcohol blood test</td>
<td></td>
<td>A test of a person’s blood to determine the amount of alcohol (if any) which is present. It may be requested by a worker, at their own expense, who has undergone mandatory testing and returned a positive result for alcohol.</td>
</tr>
<tr>
<td>Alcohol breath test</td>
<td></td>
<td>A test of a person’s breath to determine the amount of alcohol (if any) in the person’s blood; usually conducted when an alcohol screening test shows that alcohol is present in the person’s breath.</td>
</tr>
<tr>
<td>Alcohol screening test</td>
<td></td>
<td>A test of a person’s breath to determine whether alcohol is present in the person’s breath; an initial screening test.</td>
</tr>
<tr>
<td>Alcohol free workplace</td>
<td></td>
<td>A workplace in which:                                                                                                         • staff are not impaired by alcohol  • alcohol is not consumed on the premises (except where authorised)  • alcohol is not consumed during work hours (except where authorised).</td>
</tr>
<tr>
<td>Australian Border Force</td>
<td>ABF</td>
<td>The ABF is an operational law enforcement workforce trained and equipped to undertake functions across the border continuum.</td>
</tr>
<tr>
<td>Australian Public Service</td>
<td>APS</td>
<td>Australian Public Service</td>
</tr>
<tr>
<td>Authorised Officer</td>
<td></td>
<td>A departmental officer authorised by the Secretary or the ABF Commissioner to issue a lawful direction to an worker and may conduct alcohol screening and alcohol breath tests, under sections 34, 35, and 36 of the ABF Act.</td>
</tr>
<tr>
<td>Body sample</td>
<td></td>
<td>Human biological fluid, human biological tissue (whether alive or otherwise), human breath; includes, for example, blood, urine, oral fluid (saliva), and hair (excluding hair samples from the genital, anal and buttocks area).</td>
</tr>
<tr>
<td>Breath alcohol concentration</td>
<td>BrAC</td>
<td>A measure of alcohol concentration in expired breath measured in grams of alcohol per 210 litres of breath.</td>
</tr>
<tr>
<td>Term</td>
<td>Acronym (if applicable)</td>
<td>Definition</td>
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<tr>
<td>-------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Code of Conduct</td>
<td></td>
<td>Guidelines for all APS employees that govern appropriate behavior and conduct and must be complied with at all times.</td>
</tr>
<tr>
<td>Confirmatory test</td>
<td></td>
<td>A test conducted by an accredited pathology laboratory on a body sample taken during testing, to confirm the presence or absence of specific drugs and their metabolites from an on-site screening test.</td>
</tr>
<tr>
<td>Cut-off level</td>
<td></td>
<td>When prohibited drug testing is conducted, a result below the cut-off level for that drug is a negative result. Cut off levels for drug tests are in accordance with the relevant Australian/New Zealand standards. ‘Cut-off level’ is also used to describe the prescribed concentration of alcohol which workers must remain below.</td>
</tr>
<tr>
<td>DAMP Coordination Unit</td>
<td>DCU</td>
<td>The team which facilitates the testing of workers</td>
</tr>
<tr>
<td>The Department</td>
<td></td>
<td>The Department of Home Affairs, including the Australian Border Force (ABF).</td>
</tr>
<tr>
<td>Departmental assets</td>
<td></td>
<td>Information and resources including, but not limited to, information and technology systems (ICT systems), information, plant and equipment, vessels, aircraft and/or premises which are owned, managed, controlled, leased, contracted by or operated by the Department.</td>
</tr>
</tbody>
</table>
| Departmental workplace        |                         | Has the meaning given in section 8 of the Work Health and Safety Act 2011 (Cth):  
1. A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work.  
2. In this section, place includes:  
a. a vehicle, vessel, aircraft or other mobile structure  
b. any waters and any installation on land, on the bed of any waters or floating on any waters. |
<p>| Drug and Alcohol Management Program | DAMP               | The program of work that facilitates the alcohol and drug testing of workers. The Drug and Alcohol Management Program helps to assure departmental workers that they are part of a safe and high-integrity workplace, through the drug and alcohol testing of its workforce. |
| Employee Assistance Program   | EAP                     | A free counselling service, provided to all employees and their families.                                                                   |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Acronym (if applicable)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity and Professional Standards Branch</td>
<td>I&amp;PS</td>
<td>Administers the Professional Standards and Integrity Framework, which sets out the standards of integrity and ethical behaviour required by all employees of the Department.</td>
</tr>
<tr>
<td>Incident (certain)</td>
<td></td>
<td>As provided by sub-section 36(2) of the ABF Act, a certain incident includes: 1. a person is killed or seriously injured as a result of an accident involving a motor vehicle or vessel; 2. an incident occurs in which a person is killed or seriously injured while the person is held in custody in relation to an arrest under the Customs Act 1901, the Migration Act 1958 or the Maritime Powers Act 2013 or otherwise detained under any of those Acts; 3. an incident occurs in which a person is killed or seriously injured while the person is an unauthorised maritime arrival and is being taken to a regional processing country under section 198AD of the Migration Act 1958.</td>
</tr>
<tr>
<td>Laboratory Based Drug testing (urine)</td>
<td></td>
<td>Following collection, and the urine sample undergoes immunoassay screening and confirmatory testing in an authorised and accredited laboratory.</td>
</tr>
<tr>
<td>Medical Review Officer</td>
<td>MRO</td>
<td>A medical practitioner with qualifications and experience in toxicology, drugs and alcohol and forensic medicine contracted to provide expert and independent advice.</td>
</tr>
<tr>
<td>Non-negative result</td>
<td></td>
<td>Refers to a indicative result of an initial screening test in a prohibited drug test that is not negative, and which may indicate the presence of prohibited drugs.</td>
</tr>
<tr>
<td>Non-public access</td>
<td></td>
<td>Ongoing or unrestricted access to Departmental assets which are not available to members of the public.</td>
</tr>
<tr>
<td>On-site testing (urine)</td>
<td></td>
<td>A urine sample is screened for the presence of drugs by the authorised collector using an authorised immunoassay device, at the place of collection.</td>
</tr>
<tr>
<td>Prohibited drug</td>
<td></td>
<td>A narcotic substance (within the meaning of the Customs Act 1901) or any drug specified in a legislative instrument under section 4(3) of the ABF Act.</td>
</tr>
<tr>
<td>Prohibited drug test</td>
<td></td>
<td>A test of a body sample of a person to determine the presence (if any) of a prohibited drug in the sample.</td>
</tr>
<tr>
<td>Registered medical practitioner</td>
<td></td>
<td>A registered medical practitioner is defined as a person who has and maintains current registration with the Medical Board of...</td>
</tr>
<tr>
<td>Term</td>
<td>Acronym (if applicable)</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Australia. The National Register of Practitioners is managed by the Australian Health Practitioner Regulation Agency (AHPRA).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Executive Service</td>
<td>SES</td>
<td>Senior managers, including branch and division heads, the Secretary and his deputies, and ABF Commissioner.</td>
</tr>
<tr>
<td>Trafficking</td>
<td></td>
<td>Is defined in section 302.1 of the <em>Criminal Code Act 1995</em>, as:</td>
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<tr>
<td></td>
<td></td>
<td>3. a person traffics in a substance if:</td>
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<tr>
<td></td>
<td></td>
<td>c. the person sells the substance, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. the person prepares the substance for supply with the intention of selling any of it or believing that another person intends to sell any of it, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. the person transports the substance with the intention of selling any of it or believing that another person intends to sell any of it, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. the person guards or conceals the substance with the intention of selling any of it or assisting another person to sell any of it, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. the person possesses the substance with the intention of selling any of it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For the purposes of paragraph 3b, preparing a substance for supply includes packaging the substance or separating the substance into discrete units.</td>
</tr>
<tr>
<td>Worker</td>
<td></td>
<td>This includes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ongoing and non-ongoing APS employees of the Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• secondees whose services are made available to the Department (including an officer or employee of the APS, a Commonwealth, State or Territory agency or authority, or a foreign government or authority, or a public international organisation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• contractors or consultants working ‘in-house’ under a contract for services, other than locally-engaged staff at overseas posts (internal contractors/consultants)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>all other contractors and consultants working for the Department who require non-public access to departmental assets (external contractors/consultants).</td>
</tr>
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</table>
4. Procedural Instruction

4.1. Overview

Workers may be required to undergo a prohibited drug test, an alcohol screening test, or an alcohol breath test in the workplace. Drug and alcohol testing is undertaken by an accredited external collection and testing provider.

Workers may also be required to undergo a prohibited drug test, or an alcohol breath test, in response to a major incident if the worker is directly involved in the incident in the course of performing his/her duties.

Workers must not consume, or be impaired by alcohol while on duty, or on call. Workers must not consume illicit drugs at any time.

Workers must not carry out duties or perform services involving risk, including the use of force, where they believe, or should reasonably believe, that pharmaceutical product use may impair their capabilities in the workplace.

The Department’s position on drugs and alcohol does not limit the handling and storage of prohibited drugs or alcohol as a part of their core duties or during participation in activities as part of departmental training.

4.1.1. Authorisation for drug and alcohol testing

Workers may be directed to undergo various forms of alcohol and drug testing by a person (authorised officer) who has been authorised by the Secretary or the ABF Commissioner. Officers within the DCU and relevant SES officers are authorised officers for this purpose.

All directions are issued in writing, and include a time and location for testing. Directions will also specify the types of tests to be undertaken.

A worker may be directed to undergo and comply with testing under part 5, sections 34, 35 and 36 of the ABF Act.

Section 34 states:

Alcohol screening test – suspicion that Immigration Border Protection worker under the influence of alcohol

(1) An authorised person may require an Immigration and Border Protection worker to undergo an alcohol screening test if:

(a) The worker is in the course of performing his or her duties as an Immigration and Border Protection worker, and

(b) The authorised person reasonably suspects that the worker is under the influence of alcohol

Compliance with a requirement

(1) The worker must comply with a requirement given to him or her under subsection (1).

Note 1: See subsection 13(4) and sections 15, 28 and 29 of the Public Service Act 1999 for the consequences of an APS employee in the Department not complying with Subsection (2) of this section.
Note 2: See section 57 of this Act for the termination of a person’s engagement as a consultant or contractor, or for the arranging of a person to cease to perform services for the Department, if the person does not comply with subsection (2) of this section.

Section 35:

Section 35 states:

**Alcohol screening, breath and blood test or prohibited drug test – general**

(1) An authorised person may give the Immigration and Border Protection worker who is in the course of performing his or her duties as an Immigration and Border Protection worker a written direction requiring the worker to one or more of the following:

(a) Undergo an alcohol screening test
(b) Undergo an alcohol breath test
(c) Provide a body sample of a kind specified in the direction for a prohibited drug test.

Compliance with a direction

(3) An Immigration and Border Protection worker must comply with a direction given to him or her under this section.

Note 1: See subsection 13(4) and sections 15, 28 and 29 of the Public Service Act 1999 for the consequences of an APS employee in the Department not complying with Subsection (2) of this section.

Note 2: See section 57 of this Act for the termination of a person’s engagement as a consultant or contractor, or for the arranging of a person to cease to perform services for the Department, if the person does not comply with subsection (2) of this section.

Section 36 states:

**Alcohol screening, breath or blood test or prohibited drug test – certain incidents**

(2) An authorised person may give an Immigration and Border Protection worker a written direction requiring the worker to do one or more of the following if subsection (2) or (3) applies:

(a) Undergo an alcohol screening test
(b) Undergo an alcohol breath test
(c) Provide a body sample of a kind specified in the direction for a prohibited drug test.

A worker who performs any duties on board an ABF vessel is taken to be performing his or her duties for the entire period on board the vessel, and so may be given any of the above directions at any time throughout the on board period.

The DCU manages the random selection of work areas, and individual officers within those work areas, as part of the program of random drug and alcohol testing.

Workers may also be tested based on referral from the Integrity and Professional Standards Branch (I&PS). This occurs only when the Assistant Secretary I&PS is satisfied that is reasonably necessary to do so, in order to determine whether or not a worker may be using, or has used prohibited drugs, or is under the influence of alcohol.

4.1.2. Failure to comply with a direction

Workers must comply with a direction to undergo testing, under sections 34 (2), 35 (3) and 36 (6) of the ABF Act. Failure to present or to provide an appropriate sample for testing may be non-compliance with a lawful and reasonable direction, and may be referred to I&PS for consideration.
Workers must not interfere with the testing procedure, or with the collection of the sample. Any conduct which suggests interference will be referred to I&PS for consideration.

Workers are obliged to treat others with respect, and without harassment. Obstructive or otherwise discourteous behaviour during the testing process is considered as a failure to comply with the direction to undergo testing and may be referred for further assessment by I&PS.

4.1.3. Impairment

Workers must not carry out their duties or perform services involving increased risk where they believe, or should reasonably believe that pharmaceutical use may impair their operational or decision-making capabilities. Operational capabilities include, but are not limited to driving or operating machinery, or making decisions about the use or using firearms or other accoutrements for the application of force.

Workers who are taking pharmaceutical products and have doubt about their ability to perform any or all of their normal duties should consult their medical practitioner. Additionally, they should discuss alternative work options with their supervisor, and, if required, seek further advice from WHS.

The Department has a duty of care under the *Work Health and Safety Act 2011* (WHS Act) to minimise the risk of accident, incident and injury in the workplace arising from the consumption of drugs and alcohol. The Department will support individuals to obtain suitable alternative work or work arrangements where an individual is not able to adequately perform their duties due to a treatment regime.

4.1.4. Lawful use of prescribed medication and pharmaceutical products

The intent of testing under the DAMP program is not to:

- prevent or hinder a worker in the correct and lawful use of prescribed medication and pharmaceutical products
- prohibit the lawful use of prohibited drugs within controlled medical parameters.

These parameters must be set by a registered medical practitioner and conform to accepted treatment regimes. Workers should use prescribed and over-the-counter medication as directed.

4.2. Specific work situations and alcohol consumption

4.2.1. Official hospitality events and approved social club events

Alcohol may be consumed at an official hospitality event inside or outside a departmental workplace if the:

- event constitutes official hospitality in accordance with related policies on hospitality and entertainment and
- attendance at the event by workers is approved by the appropriate senior executive service (SES) officer or minister counsel.

Official hospitality includes events that a worker attends in an official capacity, or in connection with their departmental role, such as conferences, visits by overseas delegations or events hosted by other governments, diplomatic posts and stakeholder groups. It does not include off-site, after hours casual events, such as work Christmas parties.

Social clubs must be sponsored by an SES officer, or minister counsel, and the provision of alcohol at social club events must be approved by that SES officer, or minister counsel.
Where a social club event is not held on departmental premises, workers should not be identifiable as departmental workers by wearing an official uniform, or a departmental pass.
Workers must comply with the APS Code of Conduct and uphold APS Values throughout the event.
Workers returning to their duties following the event must maintain a breath alcohol concentration (BrAC) of below 0.02.

4.2.2. Travelling for work

Workers who are considered to be travelling for work must not consume alcohol, and must have a BrAC of below 0.02. A worker is deemed to be at work/on duty while claiming flex or overtime.

Workers who are travelling in connection to their work, but who have finished work for the day may consume alcohol, but must have a BrAC of below 0.05.

4.2.3. Rostered on-call

Where a worker receives an official allowance to be on-call, they must abstain from consuming alcohol, and their BrAC must be below 0.02 at the commencement of, and during their on-call duty.

4.2.4. Recall to duty

If a worker is unexpectedly recalled to duty by a supervisor/manager, they must inform the supervisor or manager if they have been consuming alcohol and have a likely BrAC in excess of 0.05.

For armed officers, the prescribed BrAC must not be, or not likely to be in excess of 0.02 at any time.

If the worker determines that they cannot meet their obligations in relation to their capability to perform their duties, their decision must be unequivocally respected, and they must not be recalled to duty. Failure by a supervisor or manager to comply with this requirement may be deemed a breach of the Code of Conduct, and will be managed as such. It may also constitute a breach of the WHS Act.

4.3. Alcohol

Workers must not:

- have a breath concentration (BrAC) of 0.02 or higher while on duty or performing services. A BrAC of under 0.02 recognises that individuals may occasionally consume products that contain alcohol (e.g. cough syrup)
- be impaired by alcohol while on duty or performing services, regardless of the type of duty or service being performed
- consume alcohol while in any departmental workplace, or during working hours, regardless of whether they are on duty or off duty, or performing services, unless they do so in accordance with this instruction
- consume alcohol in public while wearing a departmental uniform or other identifiable items (e.g. lanyard), unless they do so in accordance with this instruction
- return to duty or perform services following attendance at an approved hospitality event, if they are not in compliance with the prescribed BrAC. Workers are advised not to consume alcohol during unpaid breaks of less than a few hours duration, between periods of duty, such as lunch or dinner breaks
- store alcohol in the workplace on a regular or ongoing basis.

Storage of alcohol in the workplace is permitted only where alcohol is:

- in limited quantities, is unopened and will only be stored for a short period of time (e.g. wine purchased for personal use, is unopened, and is taken home that evening)
• purchased for an official hospitality or approved social club event, and is stored in a secure location.

4.3.1. Alcohol Testing

Where a worker is directed to undergo an alcohol screening or breath test, testing will be conducted by an accredited, authorised external testing company or an authorised departmental officer who has completed an approved training course.

Authorised devices used for alcohol screening and/or alcohol breath tests are maintained and calibrated according to the manufacturer’s standards and instructions.

If the alcohol screening or alcohol breath test indicates a concentration of alcohol below the prescribed limit, the worker may return to their normal duties (unless they have been directed to undergo other tests).

A worker who has been directed to undertake an alcohol breath test may, where the test indicates the presence of alcohol above the prescribed limit, request a blood sample to be taken for the purposes of an alcohol blood test. The worker will be responsible for the cost of such a test. All reasonable steps will be taken to contact a person who is authorised to conduct an alcohol blood test.

Under the ABF Act section 35(1), the Department may direct a worker to undergo alcohol screening and/or an alcohol breath. Under the ABF Act Section 35(2) If the worker undergoes an alcohol breath test in accordance with a direction the alcohol breath test indicates the presence of alcohol, the worker may provide a sample of his or her blood for the purpose of an alcohol blood test.

4.3.2. Cut-off levels

The prescribed cut-off level for the concentration of alcohol is:

• Breath alcohol concentration (BrAC) of 0.02 grams of alcohol per 210 litres of breath and above
• Blood alcohol concentration (BAC) of 0.02 grams of alcohol per 100 millilitres of blood and above.

4.3.3. Outcomes – alcohol above the prescribed concentration

Where a worker returns a result at or above the prescribed concentration following an alcohol screening, alcohol breath or alcohol blood test, the matter will be referred to I&PS for assessment. The affected worker will be immediately relieved of duty and directed to take personal leave on the basis they are not considered fit to perform duties. If the worker has insufficient paid personal leave credits, they may choose to access annual leave or flex credits as an alternative to being on unpaid personal leave. The worker will be subject to an alcohol test at the commencement of the next shift/day they are scheduled to work.

4.4 Drugs

Prohibited drugs, both illicit and illegal, include but are not limited to:

• cocaine
• heroin
• cannabis
• methamphetamine
• amphetamines
• methylenedioxymethamphetamine (MDMA – also known as ecstasy)
• border-controlled performance and image enhancing drugs
• border-controlled benzodiazepines.
The definition of prohibited drug applies whether a worker is in Australia or in another country. For example, a drug that is lawful in another country is still a prohibited drug if it falls within the definition of a prohibited drug.

Other drugs and drug categories may be added to the testing program in the future. The Secretary or the ABF Commissioner may authorise addition of drugs and drug categories to the testing program under section 4(3) of the ABF Act. Section 4 (3) of the ABF Act states “The Secretary or the ABF Commissioner may, by legislative instrument, prescribe drugs for the purposes of paragraph (b) of the definition of prohibited drug in subsection (1)”.

Workers must not misuse pharmaceutical products. Inappropriate use extends to that use which exceeds the norms of clinical and therapeutic activity, including usage for non-prescribed purposes and misuse of prescribed dosages.

4.4.1. Drug testing

If a worker is directed to undergo a drug test, testing will be conducted by an accredited, authorised external testing company or an authorised departmental officer who has completed an approved training course.

The Secretary or ABF Commissioner are required to authorise the specific devices used to collect and/or measure body samples, as well as the collection company and laboratories to be used to carry out a drug and alcohol testing. Drug testing is carried out in line with Australian and New Zealand Standards AS/NZS4308:2008 (urine) and AS4760:2006 (oral fluid).

Collection may also be undertaken by other people authorised by the Secretary or ABF Commissioner, including medical practitioners, registered or enrolled nurses, police officers, or, in relation to urine samples, certain departmental officers.

A worker may be directed to provide a body sample permitted under the ABF Act and the Rule for the purposes of a prohibited drug test. The Department has the authority, under legislation, to permit the facilitation of urine tests, and the collection and testing of oral fluid and hair samples. Testing is facilitated only by officers who have been authorised by the Secretary or the ABF Commissioner.

4.4.2. Legitimate and correct use of therapeutic substances/medications

Workers should continue to use prescribed and over-the-counter medications in the correct way. At the time of collection of a urine or other body sample, the worker is asked to declare all medications taken in the preceding two weeks. Declarations of any medications used are voluntary; workers are not required to provide details of medications they are taking, or their health or medical conditions.

Some common medications can be detected through testing, and may return a non-negative result in onsite testing, and a positive result in laboratory-based testing. As such, workers are encouraged, when asked by the authorised collector, to declare any medications taken, as this will assist in clarifying the results.

4.4.3. Drug testing – urine

There are two testing methods used in the collection of a body sample (other than blood): urine testing and oral fluid/saliva testing.

All workers selected for testing will be asked to provide a urine sample, in the first instance.

Drug testing of the urine sample can be undertaken by either of the following processes:

- **On-site drug screening** – conducted on the day with indicative results known on the day
- **Laboratory-based testing** – urine sample sent to an accredited laboratory for screening and confirmation, with results returned to the DCU within four working days.
Workers must be afforded reasonable privacy while undergoing mandatory testing. Tests must not be conducted in the presence or view of persons whose presence is not a requirement of the process. The removal of outer clothing and visual inspection is confined to what is necessary for the testing process. Workers will be required to empty their pockets prior to testing, and may prefer to leave personal items at their workplace prior to attending for testing.

4.4.4. On-site testing

Screening is conducted by immunoassay and in accordance with the cut-off levels set out in the AS/NZS4308:2008. On-site testing uses a single immunoassay device that provides a direct reading for detection.

The body processes some drug classes quickly, so urine screening and testing is designed to detect drug metabolites. There are two (2) possible results for an onsite drug screening test:

- **Negative** – no drugs or their metabolites detected
- **Non-negative** – the presence of drugs(or their metabolites is detected by the initial on-site screening, with a further confirmatory test required.

4.4.5. Outcomes – on-site drug screening

**Negative** – If drugs are not detected, and the integrity of the sample is not in question, no further action is required. The worker will receive a copy of the completed Urine Drug Testing Form stating a negative result, and return to work.

**Non-negative** – If a non-negative result occurs, the DCU officer will initiate a management action. The DCU officer will verify the result in front of the worker. The urine sample will then be split into two containers, and the two samples (called test or A and referee or B samples) are labelled and sealed, following chain of custody procedures. Samples are transported to the laboratory for confirmatory testing/analysis. The referee sample is not tested, but stored by the laboratory.

In all non-negative results, the worker’s decision-maker (Director or above) will be requested to consider the risks associated with the potential result, and determine whether it is appropriate to return the worker to their normal duties, return the worker to modified duties, or place the worker on paid miscellaneous leave pending the outcome of the tests.

Any unexplained non-negative results will be referred to I&PS, and unless the result can be medically explained, the worker will be relieved of duty, on pay, pending the laboratory analysis of the sample.

4.4.6. Laboratory-based testing

If the presence of drugs is detected in on-site screening, laboratory procedures are used for the unequivocal identification and quantification of drugs and/or their metabolites.

Laboratory confirmation is undertaken using mass spectrometry and gas or liquid chromatography. This provides unequivocal results that measure the presence and concentration of prohibited drugs and/or their metabolites. This process can also determine if the results are consistent with declared medication.

The referee or B sample is not tested, but is stored by the laboratory for six months. The laboratory analyses the test sample to determine the presence and amount of drugs. This process will determine if results are consistent with declared medication if any medication was declared during the .

There are three (3) potential outcomes for laboratory-based drug testing:

- **Negative** – no drugs or their metabolites detected above the cut-off levels
- **Positive, consistent with declared medication** – presence of drugs confirmed by the laboratory, testing at levels above the cut-off and consistent with a stated/declared medication
- **Positive** – presence of drugs confirmed by laboratory-based testing at levels above the cut-off, and not consistent with declared medication/no medication declared.

**Table 1 – Cut-off levels for immunoassay drug types in urine screening**

<table>
<thead>
<tr>
<th>Class of drug (immunoassay)</th>
<th>Cut-off level, µg/l</th>
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<tbody>
<tr>
<td>Amphetamine type substances</td>
<td>300</td>
</tr>
<tr>
<td>Benzodiazepines (not currently included in testing programme)</td>
<td>200</td>
</tr>
<tr>
<td>Cannabis metabolites</td>
<td>50</td>
</tr>
<tr>
<td>Cocaine metabolites</td>
<td>300</td>
</tr>
<tr>
<td>Opiates</td>
<td>300</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>300</td>
</tr>
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</table>

**Table 2 – Cut-off levels for prohibited drug compounds and metabolites in urine**

<table>
<thead>
<tr>
<th>Compound - prohibited drugs and metabolites</th>
<th>Cut-off level (µg/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>300</td>
</tr>
<tr>
<td>Morphine</td>
<td>300</td>
</tr>
<tr>
<td>6-Acetylmorphine</td>
<td>10</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>150</td>
</tr>
<tr>
<td>Methyl amphetamine</td>
<td>150</td>
</tr>
<tr>
<td>Methylenedioxymethylamphetamine (MDMA)</td>
<td>150</td>
</tr>
<tr>
<td>Methyleneoxyamphetamine (MDA)</td>
<td>150</td>
</tr>
<tr>
<td>Benzylpiperazine</td>
<td>500</td>
</tr>
<tr>
<td>Phentermine</td>
<td>500</td>
</tr>
<tr>
<td>Ephedrine</td>
<td>500</td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td>500</td>
</tr>
<tr>
<td>11-nor Δ-9-tetrahydrocannabinol-9-carboxylic acid</td>
<td>15</td>
</tr>
<tr>
<td>Benzoylecgonine</td>
<td>150</td>
</tr>
<tr>
<td>Ecgonine methyl ester</td>
<td>150</td>
</tr>
<tr>
<td>Diazepam</td>
<td>200</td>
</tr>
<tr>
<td>Nordiazepam</td>
<td>200</td>
</tr>
<tr>
<td>Compound - prohibited drugs and metabolites</td>
<td>Cut-off level (µg/l)</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>200</td>
</tr>
<tr>
<td>Temazepam</td>
<td>200</td>
</tr>
<tr>
<td>α-hydroxy-alprazolam</td>
<td>100</td>
</tr>
<tr>
<td>7-amino-clonazepam</td>
<td>100</td>
</tr>
<tr>
<td>7-amino-flunitrazepam</td>
<td>100</td>
</tr>
<tr>
<td>7-amino-nitrazepam</td>
<td>100</td>
</tr>
</tbody>
</table>

There are no cut-off levels for performance and image-enhancing drugs (PIEDs); the presence of any amount of such a substance is deemed a positive result.

4.4.7. Outcomes – laboratory-based testing

When the results are returned from the laboratory (generally within four working days), the next action will depend on the result received.

All confirmed negative results will entitle the worker to resume normal duties immediately if they have been placed on modified duties, or miscellaneous leave with pay through a non-negative on-site screening, and a management action.

If laboratory testing identifies issues with the integrity of a body sample the laboratory may recommend retesting. As a result, the worker may be required to submit to retesting. The worker will be advised of this when directed to attend for retesting. Retesting is not considered to be a target test.

If the laboratory confirms the presence of prohibited drugs, and the report shows that this is consistent with declared medication, and which does not suggest inappropriate use of pharmaceutical products, the worker may return to normal duties. This is considered a negative result.

Positive laboratory results will be referred to a medical review officer (MRO) for verification and advice. All confirmed positive laboratory results indicating the presence of prohibited drugs or their metabolites over the cut-off levels, and which are not consistent with prescribed medication and/or over-the-counter pharmaceutical products, will be referred to I&PS for appropriate further action.

4.4.8. Drug testing – body samples other than urine

If a worker is unable to provide a urine sample they may be directed to provide a saliva (oral fluid) sample. The authorised officer will explain the process and steps required in relation to saliva testing.

4.4.9. Target drug testing

Targeted drug testing is undertaken when the Assistant Secretary (AS) I&PS is satisfied that it is reasonably necessary to do so in order to determine whether or not a worker may be using, or has used prohibited drugs. Targeted drug testing may be performed either through a urine drug test, or through hair testing.

Hair testing is not part of the random drug testing program; this is a targeted drug test, and the worker will be informed it is targeted.

Hair testing is undertaken in accordance with the Society of Hair Testing Guidelines for Drug Testing in hair. The collector will take two quantities of hair of approximately 60 – 100 strands each (a single sample is
around the thickness of a pencil) from the back of the crown, in a way that is least noticeable when the hair is worn as normal.

If it is not possible to take hair from the crown of the head, it may be taken from another area of the body, excluding the buttocks and genital area.

A worker may be directed to provide a urine sample to test for the presence and identification of PIEDs when the AS I&PS is satisfied that it is reasonably necessary to do so, in order to determine whether or not a worker may be using, or has used, prohibited drugs. PIEDs testing is not a part of the random testing program; this is a targeted test, and the worker will be informed it is targeted.

PIEDs include: anabolic androgenic steroids, natural and manufactured gonadotrophins, and natural and manufactured growth hormones. Collection procedures and chain of custody will be maintained in line with AS/NZS4308:2008. Analysis will be undertaken by a specialised accredited laboratory.

4.4.10. Notification of laboratory results

For urine and other body samples, once the laboratory has analysed the samples, a report of the test results (a certificate) will be sent to the authorised officer within the DCU. For all confirmed negative results (including positive - consistent with declared medications) the certificate will be forwarded to the worker by email. Confirmed positive results will be forwarded by email to an MRO for advice, and, subject to that advice, referred to I&PS.

4.4.11. Role of a medical review officer (MRO)

An MRO is a specialised medical practitioner with qualifications and experience in toxicology, and drug and alcohol forensic medicine. An MRO is contracted to provide expert and independent advice. The role of an MRO is to support the testing program by advising on positive results. The advice from the MRO provides recommendations based on review of all available information, including any medications declared, or claims made by the worker. A worker is not identified by name during this process; the unique identifier issued at time of testing is used.

4.5 Additional information

4.5.1. Disputed results

A worker may challenge the laboratory analysis results, for urine and other body samples. They are able to request that the referee sample be made available for independent testing by another accredited laboratory of their own choosing, at their own expense. All records of the original test must be made available to the selected laboratory for the re-examination. Procedures, including chain of custody and testing of the referee sample must align with AS/NZS4308:2008.

Due to the possible degradation of the referee sample over time, retesting using mass spectrometry need only detect the presence of the drug or its metabolite. Accordingly, no confirmatory test cut-offs apply.

The DCU may refer the matter to an MRO for verification of the results, and advice. A report from the MRO will be made available to the worker.

4.5.2. Protecting the integrity of the testing

The Department and the contracted collection and analysis provider comply with highest standards to ensure the integrity of the testing process.

Testing of urine samples is conducted in accordance with AS/NZS4308:2008 procedures for specimen collection and detection and quantification of drugs abuse in urine.

Testing of oral fluid (saliva) samples is conducted in accordance with AS4760:2006 procedures for specimen collection and the detection and quantification of drugs in oral fluid.
Testing of hair samples is conducted in accordance with the Society of Hair Testing Guidelines for Drug Testing in Hair.

Containers with samples being sent to the laboratory for confirmatory testing are labelled with two unique identifiers and sealed with tamper-evident seals.

If the laboratory tests a sample other than urine and it indicates the presence of a prohibited drug or its metabolites, they must conduct the analysis of another portion of the sample from the same container.

Collection and analysis providers are accredited by the National Association of Testing Authorities.

The chain of custody process, as outlined in the standards, ensures a particular sample taken from a worker can be verified as the same sample tested in the laboratory.

4.5.3. Security and destruction of body samples

For initial on-site screening of urine samples, if there is no indication of prohibited drugs in the sample, the worker is given the sample to immediately empty into and flush down the toilet.

For body samples that indicate the presence of prohibited drugs, destruction of samples is undertaken by an accredited authorised laboratory. In accordance with the Rule, these samples must be destroyed not more than two years from the day the test was conducted.

4.5.4. Information services

As some prescribed and over-the-counter medications may impact a test result, individuals will be asked by the authorised contracted collector if they are taking any medication. Workers are encouraged to declare any pharmaceuticals taken, however any declarations of medications taken are voluntary.

Workers are able to contact the contracted external collection and analysis company with any questions regarding the potential implications of specific prescribed and/or over-the-counter medications on test results. Contact details for the contracted collection and analysis provider are available on the Department's intranet, on the DAMP page (https://bordernet.immi.local/about/integrity/standards-framework/drug-alcohol-management).

Further information and advice on the effects of prescribed medication and impacts on test results can be sought from the prescribing medical practitioner.

Where a worker provides a medical reason for failing to give a sample, this will be assessed on a case by case basis, and will generally referred to an MRO for further advice. Workers may contact the DCU to discuss their circumstances in relation to drug and alcohol testing.

4.5.5. Voluntary disclosures and admissions

- **Voluntary disclosure**: occurs when a worker reports their use of prohibited substances/misuse of alcohol or pharmaceuticals to their line manager/I&PS before they receive a written direction to attend for alcohol and drug testing. Mandatory reporting protocols apply.

- **Admission**: occurs when a worker admits their use of a prohibited substance after receiving a direction to attend a drug and alcohol test that they use/have used a prohibited substance. An admission will be reported to I&PS immediately.

Any worker who is suffering from substance dependence is encouraged to discuss the matter with their manager before being directed to present for workplace testing.

Admissions of illegal and illicit drug use will be subject to mandatory reporting where both the worker and their supervisor have responsibilities to act. Generally, if an individual provides information that is self-incriminating, information provided or answers given by an individual will not be admissible in evidence against the worker. However, this does not apply in relation to information, answers to questions or documents relevant to an alcohol or drug test in the following proceedings:
• in relation to a decision of the Secretary to terminate the employment or engagement of a worker
• under the Safety Rehabilitation and Compensation (SRC) Act 1988
• in tort (a civil wrong resulting in an injury to another person, e.g. negligence) against the Commonwealth that are instituted by the worker.

4.5.6. Support for workers

The Department will provide reasonable assessment and support to employees who voluntarily seek assistance with the problematic use of alcohol or other drugs (including both prohibited drugs and legally available substances). Requests for assistance will be treated with appropriate confidentiality in accordance with the relevant privacy legislation, but are subject to any mandatory reporting obligations in relation to possible misconduct.

The nature and extent of any assistance will be considered by the AS I&PS on a case by case basis, having regard to all the circumstances, and consistent with this instruction. Assistance may include the participation in formal rehabilitation processes, which are likely to be at the worker’s expense. Workers should seek advice from their general practitioner regarding the most appropriate program for them. If rehabilitation is not completed within 12 months, or a verified positive test is subsequently returned, the matter may be referred for consideration to I&PS.

Where appropriate, and on a case by case basis, the Department will aim to maintain the employment of workers undergoing rehabilitation for alcohol or drug dependence. However, in some circumstances this may not be possible. In addition to the integrity risks associated with substance dependence, an individual’s attendance, performance and behaviour may be impacted, creating a conflict with the terms and conditions of their employment. In cases involving the abuse of prohibited drugs, the Department will find it more difficult to justify retaining the worker.

5. Administration

5.1. Certification of external collection and analysis provider and equipment

Certificates of authorisation for the external collection and analysis providers, testing equipment and training are available on the intranet.

Certificates of authorisation of testers are available for viewing, on request, during testing.

5.2. Review

The Department will review this instruction annually. in the context of the Policy and Procedure Control Framework.

5.3. Provision of information and record management

Recording of positive testing outcomes will be kept and reported, in accordance with the ABF and Privacy Acts. All records created as a result of this instruction must be managed in accordance with the Records Management Policy Statement. Records created as a result of this instruction must be saved in accordance with departmental Records Management policy and procedures.
The Department will comply with obligations under the ABF and Privacy Acts in relation to the collection, storage, use and disclosure of personal information. Within the Department, information may be referred to the DCU, I&PS and other parts of the People Division (e.g. where there is fitness for continued duties issues) and the worker’s Assistant Secretary or regional equivalent.

Information revealed by the test may only be disclosed outside the Department in accordance with the Privacy Act, or where:

- the worker consents in writing
- the information is already publically known
- permitted by law
- investigation of any offence or offences is required to be undertaken
- conduct issues with respect to the Public Service Act are to be dealt with in order to enable any action to be taken by the Secretary or the ABF Commissioner in relation to that issue
- a decision whether to institute proceedings for an offence needs to occur
- proceedings for an offence need to occur
- the disclosure is for the worker’s medical treatment and the worker does not have capacity to consent to the disclosure in writing.

### 6. Accountability and responsibilities

**Table 3 – Procedural Instruction roles and responsibilities**

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<thead>
<tr>
<th>Position</th>
<th>Accountability and/or responsibility</th>
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</thead>
<tbody>
<tr>
<td>Worker</td>
<td>If a worker reasonably believes that another worker is under the influence of drugs or alcohol, they must report it the worker’s manager or supervisor as soon as possible, under mandatory reporting obligations.</td>
</tr>
<tr>
<td>Supervisor or manager</td>
<td>If a supervisor or manager has reason to suspect that a worker may be impaired by the use of drugs (illicit, illegal or pharmaceutical), or alcohol in the workplace, or at an official hospitality or approved social club event, they have a duty of care to take action. They must also ensure the risk to the Department is managed. Actions include exercising discretion when initiating any action with an individual such as:</td>
</tr>
<tr>
<td></td>
<td>o assessing whether or not it is necessary to speak with the individual in private, and consider whether or not the presence of another manager or supervisor is necessary.</td>
</tr>
<tr>
<td></td>
<td>o stating concerns about the individual’s behaviour, and allowing the individual to respond.</td>
</tr>
<tr>
<td></td>
<td>o referring the matter to Integrity and Professional Standards (I&amp;PS) under mandatory reporting requirements, for a decision in relation to testing under Part 5, section 34 of the ABF Act.</td>
</tr>
<tr>
<td></td>
<td>o subsequent to a positive alcohol test (random or targeted), and if required, escorting the worker from departmental premises, and arranging for their safe return home (e.g. arrange a taxi to take them home). The worker will be retested on their return to work, prior to the commencement of their duties.</td>
</tr>
</tbody>
</table>
7. Statement of Expectation

7.1.1. This Procedural Instruction under the PPCF sets out guidance and directions to workers on how to implement the Department’s policy.

7.1.2. It is expected that all workers who are subject to this Procedural Instruction will have due regard to it.

7.1.3. Workers are required to comply with all reasonable and lawful directions contained in this Procedural Instruction. Failure to comply with a direction may be considered a breach of the Australian Public Service Code of Conduct (for APS employees) or the Professional Standards Secretary’s Direction under section 55 of the Australian Border Force Act 2015 (for non-APS employees).

7.1.4. All records created as a result of this procedure must be managed in accordance with the Records Management Policy Statement. Records created as a result of this policy/procedure must be saved in TRIM RM8 or an approved business system.

8. Related Framework documents

- DAMP Testing Procedural Information
9. References and legislation

- Australian Border Force Act 2015
- Public Service Act 1999 (Cth)
- Public Service Regulations 1999 (Cth)
- APS Code of Conduct
- Protective Security Framework
- Australian/New Zealand standard for specimen collection and the detection and quantitation of drugs of abuse in urine testing, AS/NZS4308:2008
- Australian standard for specimen collection and the detection and quantification of drugs in oral fluid, AS4760:2006
- Society of Hair Testing Guidelines for Drug Testing in Hair
- Financial Management Guidelines Official Hospitality and Business Catering (1.02.02)
  https://bordernet.immi.local/PPCR/Documents/financial-management/fmg-1-02-02-official-hospitality-business-catering.PDF

10. Consultation

10.1. Internal consultation

- Integrity, Security and Assurance Division
- Records Management section
- Legal Division
- People Division
- All staff through department-wide consultation

10.2. External consultation

- Staff representatives through the National Staff Consultative Forum (NSCF)
- Community and Public Sector Union (CPSU)
11. Document details

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<th>Strategic Management and Governance</th>
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11.1. Document change control

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<td>Alexander Armstrong</td>
<td>Simplication of language and update template</td>
</tr>
<tr>
<td>1.7</td>
<td>6 November 2017</td>
<td>Sabine Kark</td>
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