



Essential guide:

Drugs & alcohol



protectatcontact.co.nz

The word **MUST** means it is a mandatory requirement. Where you see the words **YOUR CALL** it means you are strongly advised to do this, but you can use your judgement.

Why is this important?

It's common practice to have drug and alcohol testing programmes in high-risk industries including the electricity generation industry. Contact has a drug and alcohol testing process in place to ensure we maintain a drug and alcohol impairment free workplace. This helps make sure our team and contractors stay safe and aren't put at risk due to impairment (of themselves or others) whilst working.

Anyone coming onto a Contact site may be tested, this includes our own people, contractors and visitors.

The testing

Who is doing the testing?

We have contracted The Drug Detection Agency (TDDA) to do our testing. They give complete coverage of New Zealand. Contact has used TDDA for many years and they have a great reputation for accuracy, protection of privacy and professionalism.

When does testing happen?

There are five types of testing that may be carried out:

Pre-employment	Any person who may be required to work on a Contact operated work site may be asked to complete a pre-employment drug and alcohol test up to six weeks before commencing work. This may include transfers or secondments.
Random unannounced	Contact may elect to randomly test Contact people, contractors and visitors working at Contact sites. To ensure testing is random, testing will be unannounced and will use a random selection of persons present on site on the day of the test.
Post event, incident, near miss	At Contact's discretion, any employee, visitor or contractor may be required to undertake a test for the presence of drugs or alcohol where they are involved in an incident or near miss of a serious, major, critical or catastrophic potential or where a medical treatment, restricted work or lost time injury results from the incident.
Reasonable cause	Reasonable cause testing may be used if a person's behaviour is significantly out of character, there is other evidence that is a reasonable cause for concern, or if there is an indication of the recent possession and/or use of drugs (such as discovery of drug paraphernalia).
Client requirement	A Contact person operating in support of a client's activities may be required by the client to undergo a drug and alcohol test.



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What will TDDA be testing for and what method will they use?

TDDA will be testing for (but not limited to) drugs as defined in the Misuse of Drugs Act 1975, and in the testing standards (AS/NZS 4308:2023, AS/NZS 4760:2019). This would be Class A, B and C drugs, as well as some designer drugs and prescription medication that is known to be abused. TDDA will also be testing for alcohol.

Drug testing may be by a mouth swab for oral fluid or by urine testing, followed by laboratory testing if a non-negative result is given.

Contact in collaboration and under the advice of the TDDA will determine the appropriate testing method or methods and the threshold for detectable and/or positive results at the time. Contact may apply more than one testing method at a time.

The AS/NZS 4308:2023 standard outlines updated procedures and cut-off levels for urine drug testing in workplaces.

Here's a breakdown of the specific drugs tested and their screening and confirmatory thresholds:

Drug class	Screening cut-off (µg/L)	Confirmatory cut-off (µg/L)
Amphetamine-type stimulants	300	150
Benzodiazepines	200	100
Cannabis metabolites (THC)	50	15
Cocaine metabolites	150	100
Opiates (e.g., morphine)	300	300

These cut-offs are designed to balance sensitivity with fairness, minimising false positives from incidental exposure. The AS/NZS 4760:2019 standard governs oral fluid (saliva) drug testing in workplaces. It specifies both screening and confirmatory cut-off levels for various drug classes.



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This table summarises the screening and confirmatory cut-off levels for oral fluid drug testing as per the AS/NZS 4760:2019 standard.

Drug class / compound	Screening cut-off (ng/mL)	Confirmatory cut-off (ng/mL)
Amphetamine-type stimulants	50	25
Methamphetamine	50	25
Cannabis (THC)	15	5
Cocaine metabolites	50	25
Opiates (e.g., morphine, codeine)	50	25
6-Acetylmorphine (heroin marker)	-	10
Oxycodone	40	20
Benzodiazepines (optional)	10	-

Additional substances like synthetic cannabinoids, cathinones, LSD, fentanyl, and others may be tested optionally if requested.

Breath alcohol testing devices used in NZ workplaces will meet AS 3547 standards.

There is no fixed legal limit for workplace alcohol testing, but in an operational working environment at Contact, a recording of at or

over 100 µg/L (micrograms per litre) of breath is considered as a failed breath test. Some projects or client sites may have different limits, and these will be communicated during induction to that site or premises.

If alcohol is detected, but not over the limit prescribed, consideration should be given to using the [Making Fair Calls Guidelines](#) to have a safety conversation with the individual.



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Over the counter and prescription medication

Sometimes people take medication for legitimate reasons, like when a doctor prescribes them medication, the use of over the counter (OTC) drugs available at pharmacies or the use of therapeutics. A list of common over the counter medication that can give a non-negative, false positive or positive result is given at the end of this document for guidance.

If you are taking medication that may impair your ability to undertake your role safely, Contact will attempt to find you alternative duties. If there are no suitable alternative duties, Contact may request an independent medical assessment, and in some cases may result in medical incapacity. If you are taking medication that has the potential to cause impairment (whether prescribed by a doctor or not), you **MUST** discuss this with your people leader. A secure record of this may be kept on your personnel file.

If you are taking medication that results in a non-negative test, you will be given the opportunity to declare this at the time of the test, but we recommend you inform your people leader at the time you take the medication.

Private life vs work life

We understand that being required to undertake drug and alcohol testing can feel uncomfortable for some people. When at work, we need to ensure that no one is at risk of being impaired by their use of drugs or alcohol because this has the potential to put themselves or others at a higher risk of being harmed.

The testing method we are likely to use for random testing is an oral fluid (saliva) test. This is purely about making sure everyone working at Contact is in a fit state to do so.

Test results

What happens if I provide a non-negative test?

TDDA will inform the person of their test result and will interview them to review their history to ascertain whether there is a medical explanation or a medication that has resulted in the non-negative result.

TDDA will then report the non-negative result and any medical or medication explanation to Contact.

Where one of our people is tested and returns a non-negative test result, the person may be asked to pause their work, pending the outcome of the laboratory confirmation test (this can take up to three working days). The person will be offered or provided with safe transport home after a non-negative test result.

If the non-negative test result is for a Contractor, it will be up to the Contact person engaging that contractor's company to inform their employer. A non-negative test of a Contractor will result in the worker being asked to pause work whilst the contractor company is notified. The matter will then be handed over to the company to deal with under their policy. The worker will only be allowed back onto a Contact site when the company can provide a negative test.

What happens if I provide a positive drug test?

TDDA will inform Contact of any confirmed positive test.

A positive test result may be considered a may be considered a breach of the Drug & Alcohol Standard and could lead to disciplinary action, the severity of which will depend on the nature and circumstances of each case, the employee's history of testing results and can range from misconduct to serious misconduct which may result in summary dismissal. Contact people may be offered the



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opportunity to join an approved Drug and Alcohol Rehabilitation Program at Contact's discretion.

What happens if I provide a failed alcohol test?

TDDA will inform the Contact on-site representative of any confirmed positive test. They will contact your People Leader who will pick up the process from there and they will arrange safe transport home for you.

What happens if I refuse to be tested?

If a person refuses to take a test, this will be considered a breach of the Drug & Alcohol Standard and will be treated in the same way as a person who returned a failed alcohol test or confirmed positive drug test result.

This could lead to disciplinary action, the severity of which will depend on the nature and circumstances of each case, the employee's history of testing results and can range from misconduct to serious misconduct which may result in summary dismissal.

In the case of a contracted worker, the contractor's company will be asked to provide a negative test for the worker or find a replacement.

What happens if I attempt to cheat on a test?

If the TDDA person conducting the testing has reasonable grounds to suspect that a person has tampered with a specimen, they will inform the people leader. At Contact's discretion, the person may be given another opportunity to provide another specimen.

Any attempt to interfere with the testing process (e.g. dilution, substitution, or masking agents) will be treated the same as a failed alcohol or confirmed positive drugs test result and may be considered a serious breach of the

Drug, Alcohol & Impairment Standard and could lead to disciplinary action, the severity of which will depend on the nature and circumstances of each case, the employee's history of testing results and can range from misconduct to serious misconduct which may result in summary dismissal.

Seeking help for misuse of drugs or alcohol

You could contact our EAP provider in the first instance, but if you want to, you could also talk to your people leader or your People Experience Advisory Team peoplesupport@contactenergy.co.nz. Contact people may be offered the opportunity to join an approved Drug and Alcohol Rehabilitation Program at Contact's discretion.

Following disclosure of a potential issue, failure to participate in or complete a rehabilitation program may be considered a breach of the Drug & Alcohol Standard and could lead to disciplinary action, the severity of which will depend on the nature and circumstances of each case, the employee's history of testing results and can range from misconduct to serious misconduct which may result in summary dismissal. The employee may be suspended from their duties or allocated alternative responsibilities during the programme.

When an individual has joined a Rehabilitation Programme, they will sign a Rehabilitation Agreement which will include the requirement to undertake post program testing to ensure the program has been successful. Failure to complete any of the post program testing may be considered a breach of the Drug & Alcohol Standard and could lead to disciplinary action, the severity of which will depend on the nature and circumstances of each case, the employee's history of testing results and can range from misconduct to serious misconduct which may result in summary dismissal.



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Organising a post-incident or near miss 'for cause' test

Firstly, ensure your team member is ok and secure the scene if there has been an incident or near miss. Render any first aid or request any medical assistance as required.

When the situation is stable, please reach out to your H&S advisor or the H&S Coordinator to ask them to organise a call to the relevant regional TDDA office to organise a post-incident test. If your team member has gone to hospital, they will arrange to collect a sample there at a suitable time. Alternatively, the person will be accompanied to a local TDDA testing station.

What do I need to know and do as Site Host?

A Site Host will normally be a member of the H&S Team or a People Leader. They are required to be available to assist during on-site testing. The site host should make themselves familiar with the Drug & Alcohol Testing Procedure to ensure it is followed when testing occurs at a site. The site host will:

- Organise evacuation/attendance reports.
- Conduct the random selection process.
- Notify selected individuals by phone that they need to attend for a test.
- Coordinates testing logistics on the day,
- Manage any "refusal to test" or "non-negative" cases. Explain to the individuals the procedure; explain the potential consequences of not taking the test or providing a non-negative result and encourage the individual to take the test if they have refused.
- Contact the relevant People Leader of the individual.



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Common medications that can give a non-negative result

Several commonly prescribed medications and therapeutics can result in a non-negative, false-positive or positive result on drug tests. The list below are the most common medications and the substances they might trigger false positives for.

Please note that poppy seeds used in some breads and as toppings on bagels and bread rolls can give false positives for the presence of opioids. Please disclose that you have eaten these recently if you are asked to be tested.

Amphetamines:

- Adderall (amphetamine/dextroamphetamine)
- Ritalin, Concerta (methylphenidate)
- Wellbutrin (bupropion)
- Dexamfetamine (Dexedrine)
- Pseudoephedrine (found in many cold medications)
- Dextromethorphan (found in many OTC cough medicines)

Benzodiazepines:

- Valium (diazepam)
- Xanax (alprazolam)
- Ativan (lorazepam)
- Clonazepam (Rivotril)

Opioids:

- Codeine (Panadeine)
- OxyContin (oxycodone, Endone)
- Percocet (oxycodone/acetaminophen)
- Vicodin (hydrocodone/acetaminophen)
- Morphine (Sevredol, M-Eslon)
- Tramadol

Barbiturates:

- Phenobarbital
- Seconal (secobarbital)
- Nembutal (pentobarbital)

Antibiotics:

- Levaquin (levofloxacin)
- Cipro, ciprofloxacin)
- Fluoroquinolones

Antidepressants:

- Zyban, Wellbutrin (Bupropion)

- Zoloft (Sertraline)

Cannabinoids:

- Marinol (dronabinol)

Cocaine:

- Topical anaesthetics containing cocaine (used in some surgical procedures)

Tricyclic Antidepressants (TCAs):

- Elavil (amitriptyline)
- Tofranil (imipramine)

Antipsychotics:

- Seroquel (Quetiapine)

Selective Serotonin Reuptake Inhibitors (SSRIs):

- Prozac (fluoxetine)
- Zoloft (sertraline)

Proton Pump Inhibitors (PPIs):

- Protonix (pantoprazole)
- Prilosec (omeprazole)
- Somac (Pantoprazole)

Non-steroidal Anti-inflammatory Drugs (NSAIDs):

- Advil, Nurofen (ibuprofen)
- Aleve, Naprosyn (naproxen)

