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## The Supervisor's Tough Job: Dealing with Drug and Alcohol Abusers PART II



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**PART I** discussed “*The Impact of Alcohol and Drug Abuse in the Workplace.*” It described the trends in workplace drug use and the challenges supervisors face in dealing with this problem. **PART II** provides “*Information to Help Supervisors Deal with Drug Abusers.*” It will help them identify the physical and psychological effects of substance abuse and describes appropriate steps to be taken when substance abuse appears to be a problem.

### PART II - Questions Supervisors May Have About Drug Abuse

#### 1. Is the company serious about addressing this problem?

Does a written policy exist, including management's position on drug and alcohol abuse, job performance and safety? Are policies and procedures communicated to all employees--and enforced? Are members of the management team trained to understand their responsibilities in this matter? If not, supervisors won't likely consider this an important issue.

#### 2. What is the supervisor's role in this matter?

The supervisor's basic role involves knowing how to recognize the signs and symptoms of drug and alcohol abuse, and how to take appropriate steps in each case. They must also clearly understand what *not* to do at this time. Anyone who has tried to deal with a friend or family member's drug abuse knows this is a difficult challenge. Supervisors need instructions for handling workplace situations. In most cases, the proper procedures to follow are similar to any performance or safety problem. But adequate training is necessary if company policies are to be carried out consistently and fairly. Lack of such training is often the weak spot in a drug abuse prevention program.

### 3. What are the most common drugs of abuse, and how do they affect people?

In order to deal with this problem effectively, supervisors should know something about the drugs being abused by employees. Some of these drugs are legal, and when used appropriately off the job, create few problems. When used on the job, for physical effects and to alter moods, however, they easily become abused. Drugs can have different effects on users, depending upon the size of dosage, how long they have been used, and whether they have been mixed with other substances. **Note:** A chart included at the end of this article, “*Drug Descriptions and Effects*,” describes some of the common physical and mental effects of drug and alcohol abuse. General signs supervisors should look for include:

- **Performance indicators** - such as poor attendance, tardiness, errors, or inconsistent productivity.
- **Physical symptoms** - such as tremors, red or dilated eyes, chronic fatigue or hyperactivity.
- **Emotional indicators** - such as mood swings, insubordination, or poor short-term memory.
- **Personal symptoms** - such as apparent domestic problems or serious financial difficulties.
- **Miscellaneous indicators** - such as higher accident rates on the night shift, when fewer supervisors are around; signs of increased -- particularly items with resale value; employees who “forget” to use safety equipment or take foolish risks.

### 4. What steps should supervisors take if they suspect drug abuse?

The following guidelines will not substitute for supervisor training sessions—these should be provided by experts in the field. An added benefit for such sessions is improved skills for handling other employee safety and performance matters, as well as drug abuse problems. During training, supervisors learn how to follow company policies and procedures and how to properly handle different situations. Situations that are typically addressed:

- **Near-Miss Incidents or Fighting:** If a worker’s poor judgment or unusual behavior creates a near accident or hazardous condition, and if they are suspected of being under the influence of drugs or alcohol, they should be removed from the work assignment before a serious accident takes place. Once production or work activities have resumed, supervisors must know the best way to question the employee, request a drug test or see that the employee gets home, depending upon the situation. If safety rules or safe work procedures have been ignored, the employee can be confronted with this and appropriately disciplined.
- **Post-Accident Investigations:** Company procedures and criteria to follow after an accident should be very specific. Some firms determine how severe the accident or property damage must be to trigger a drug test. Often this decision depends upon the supervisor’s trained perceptions. After taking care of medical needs, supervisors are usually instructed to secure a management witness when use of a controlled substance is suspected. In union shops, a steward should be included, if possible. Other steps include questioning of the employee and witnesses, arranging for a drug test, and recording observations. Of great importance, all suspected drug abuse incidents must be treated with the utmost discretion and confidentiality.
- **Performance or Behavior Problems:** *Before* an accident happens, alert supervisors may recognize changes in a worker’s behavior that could be associated with drug use. When work performance seems to be deteriorating, the supervisor’s role is not to criticize, become a counselor, or accuse the employee of drug abuse, even though it may be suspected. Supervisor training sessions will clarify appropriate steps to follow, for example:

## WHAT SUPERVISORS SHOULD DO:



1. Carefully observe and identify the employee's unacceptable behavior.
2. Document specific work performance - thoroughly, accurately and objectively.
3. Learn the symptoms of drug abuse--not for diagnosis, but to improve perception.
4. Consult with upper management; share documentation and discuss possible action.
5. Confront the employee, discussing specific performance and inviting explanations.
6. Agree upon a date by which performance will improve or another action will be necessary.
7. If performance doesn't improve, document this and take action, following company procedures.
8. Suggest sources of help if an employee seems ready to make changes or asks for assistance.
9. Know what your company can offer in the way of an Employee Assistance Program (EAP).

## WHAT SUPERVISORS SHOULD NOT DO:



1. Moralize, preach or make value judgments.
2. Diagnose the employee's drug problems (*You could be wrong and you shouldn't guess*).
3. Get involved with the employee's personal problems (*Be friendly, but stick to work matter*).
4. Discuss suspicions about drug use with anyone but your immediate supervisor (*You could find yourself accused of defamation of character*).
5. Act alone if you discover drugs on the jobsite--take the information to higher management immediately (*Those little green pills could be perfectly harmless, but a lawsuit might not*).
6. Show favoritism among workers--which risks a discrimination lawsuit (*Be consistent in how you deal with performance problems or suspected drug abusers*).

## 5. What can EAP programs do for drug and alcohol abusers?

Some Employee Assistance Programs handle only drug and alcohol cases. Others assist with a variety of personal problems associated with marriage, family, career, financial crisis, legal issues, stress, depression, sexual abuse, etc., as well as drug and alcohol. The latter are often called "broad brush" EAP programs, which may cover dependents, as well as employees. EAP specialists also provide consultation to managers in developing drug policies, setting up EAP programs, training supervisors and handling referrals. As mentioned in Part I, the firm's legal counsel should review these programs.

Smaller firms generally contract with outside organizations to provide EAP services. In some companies, an internal contact person is assigned, to help troubled employees locate the appropriate community services for their problem. In other cases, supervisors directly provide a brochure or the name of a specialist. EAPs are generally accessed in three ways:

1. **Self-referral:** Employees know what services are available through their employer, know they have a problem, and privately seek help on their own.

2. **Supervisor referral:** Employees may reveal personal problems to their supervisor and ask for advice. In these cases, supervisors should not act as counselors themselves, but encourage use of the EAP and provide necessary information about the program. Job security must not be threatened by a voluntary request for assistance from the EAP.
3. **Forced referral:** If an employee's conduct or performance deteriorates, they may be required to seek assistance as a condition of continued employment. Substance abuse is the most common reason for forced referrals, and typically involves problem assessment, planning, treatment, counseling and monitoring after the employee has returned to work.

In all cases, the strictest confidentiality is to be maintained. The relationship between the EAP, treatment providers and the employee is a legally protected, privileged, communication relationship. Employers who improperly receive or communicate confidential information can be held liable.

## Do Employee Assistance Programs Work?

The return on investment for EAP programs is said to be substantial, both financially and in terms of employee loyalty. A few of the comments from successful programs: "I can't believe this company cared enough about me to help me with a problem I denied for years. I just couldn't stop. Thank you." "I knew I was fired when I got caught using at work. I couldn't believe it when the EAP told me the company wanted me back after treatment. I'll be the best employee they ever had." "My wife and I have been married about ...years and she never saw me straight until I went through treatment. It changed our lives. Thank you." "I'll never work anywhere else." "This is the best company in the whole world."

No one wants to hire a substance abusing employee, but sometimes they slip through the cracks, or become drug dependent later on, and you have to deal with it. If you simply fired them, you face the risk that their replacement will also be a problem employee. As mentioned in Part I, people who have become drug dependent will often give up their friends, family, cars and houses before they give up their jobs. The potential loss of employment motivates many to seek help. Intervention by the employer and help with rehabilitation can save lives as well as company resources.

## This May Be A Good Idea, But Will Unions Cooperate?

Union cooperation increases *when* the union has been involved in the formulation of the drug policy, the EAP policy, and when officials are included in training sessions for supervisors. Cooperation tends to be particularly good when supervisors and stewards work together before formal discipline is imposed (once a grievance has been filed, they become adversaries). One company reported that working with their union on a successful drug abuse program gave them the unexpected spin-off of vastly improved union relationships. They felt this primarily happened because the company "did precisely what they agreed to do, were even-handed and fair with everyone and genuinely cared about their workers. That came through to even the toughest union representative."

## What Resources Are Available To Help Companies?

- A *Model Plan for a Comprehensive Drug-Free Workplace Program* can be obtained from the Drug Free Workplace Helpline. Call 800-967-5752 or see: [www.drugfreeworkplace.gov](http://www.drugfreeworkplace.gov).
- The Department of Labor offers *The Drug Free Workplace Advisor* to help firms create substance abuse prevention programs. Their Web site provides facts and figures about Drugs & Alcohol in the workplace: [www.elaws.dol.gov/asp/drugfree/benefits.htm](http://www.elaws.dol.gov/asp/drugfree/benefits.htm)
- Current statistics on the use of illicit drugs, alcohol and cigarettes in the U.S., plus prevention-related data, are maintained by the *Substance Abuse and Mental Health Services Administration* (SAMHSA): [www.samhsa.gov/oas/NHSDA/2kNHSDA/highlights.htm](http://www.samhsa.gov/oas/NHSDA/2kNHSDA/highlights.htm)

- A *Small Business Workplace Kit* is also available on the Department of Labor’s Working Partners Web page. It offers suggestions for company policies, employee & supervisor training, and drug testing procedures: [www.dol.gov/asp/programs/drugs/workingpartners/Screen5.htm](http://www.dol.gov/asp/programs/drugs/workingpartners/Screen5.htm)
- The Department of Transportation Website lists drug and alcohol testing requirements for the aviation, commercial carriers, railroad, mass transit, pipeline and commercial vessel industries. [www.dot.gov/ost/dapc/regulations.html](http://www.dot.gov/ost/dapc/regulations.html)
- The *Yellow Pages* of telephone books in all major cities list a number of organizations and professionals that will help with policy and program development, training, drug testing and Employee Assistance Programs.

## DRUG DESCRIPTIONS AND EFFECTS

Drug - Description	How Does It Physically And Mentally Affect The Body?
<p><b>1. ALCOHOL</b> Socially acceptable as a recreational beverage. When consumed primarily for its physical and mood altering effects, alcohol is a drug of abuse.</p> <p>Provides relaxation when used in moderation. As a depressant, slows down physical responses and progressively impairs mental functions.</p>	<p><b>SYMPTOMS OF USE/ABUSE:</b> <span style="float: right;"><b>Detectable in Drug Test: 1-12 hours</b></span></p> <ul style="list-style-type: none"> <li>- Lack of coordination; Slowed reaction rate; Poor muscle control</li> <li>- Sleepy or stuporous condition; Dulled mental processes</li> <li>- Slurred speech</li> <li>- Odor of alcohol on breath</li> <li>- Impaired coordination and judgment is measurable with as little as two drinks.</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Hand-eye coordination and manual dexterity are impaired, increasing risks for accidents.</li> <li>* Decreased concentration and sustained attention affect safety and productivity.</li> <li>* A person who is legally intoxicated is six times more likely to have an accident than a sober person.</li> <li>* Heavy drinking on weekends can result in Monday-morning hangover, lowered performance or accidents.</li> </ul>
<p><b>2. AMPHETAMINES</b> Central nervous system stimulant that provides sense of physical energy at low doses, and mental exhilaration at higher doses. Legally used in many weight control drugs.</p> <p>Common forms include Benzedrene, Dexedrene, preludein. Street names include “speed”, “meth”, “crank”, and “crystal.”</p>	<p><b>SYMPTOMS OF USE/ABUSE:</b> <span style="float: right;"><b>Detectable in Drug Test: 24-72 hours</b></span></p> <ul style="list-style-type: none"> <li>- Confusion, inability to concentrate; Hyper excitable, restlessness</li> <li>- Dilated pupils with larger doses; Increased heart rate and blood pressure</li> <li>- Profuse sweating</li> <li>- High doses may induce panics or toxic psychosis resembling schizophrenia.</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Alleviates the sensation of fatigue, but dependency and heavy use can increase fatigue and ultimately reduce productivity.</li> <li>* Heavy use may cause exertion beyond personal physical limits, causing heart attacks, strokes, errors and accidents.</li> <li>* Hangover effect is characterized by decreased alertness, fatigue, and depression, which makes operation of equipment or vehicles dangerous.</li> </ul>
<p><b>3. COCAINE</b> A powerful stimulant that energizes the entire central nervous system, releasing chemicals related to mood elevation.</p> <p>Produced as:</p> <ul style="list-style-type: none"> <li>- “Coke”: white powder that is snorted into the nose, rubbed onto gums or injected into veins.</li> <li>- “Crack, Rock or Free Base”: crystalline rock that is heated into a vapor and inhaled.</li> </ul>	<p><b>SYMPTOMS OF USE/ABUSE:</b> <span style="float: right;"><b>Detectable in Drug Test: 12-48 hours</b></span></p> <ul style="list-style-type: none"> <li>- Difficulty in concentration; Restlessness</li> <li>- Dilated pupils and visual impairment; Runny or irritated nose</li> <li>- Increased energy, but ultimate, postponed fatigue</li> <li>- Secretive behaviors</li> <li>- High blood pressure, heart palpitations. Can lead to ruptured blood vessels, strokes and heart attacks.</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Extreme mood and energy swings create instability in performance.</li> <li>* Sudden noises can cause a violent reaction.</li> <li>* Lapses in attention and ignored warning signals increase accident potential.</li> <li>* Developing paranoia can create bizarre, unpredictable and sometimes violent behavior.</li> <li>* High cost of dependency may lead to company theft and/or “pushing” drugs to other employees.</li> <li>* Extremely dangerous and unpredictable behavior when taken with alcohol or other depressants.</li> </ul>
<p><b>4. DEPRESSANTS</b> Sedatives and other anti-anxiety drugs slow down the mind and body. Most have a legitimate medical use, but may impair one’s ability to do safe work and lead to dependency..</p> <p><b>Sedatives</b> include barbiturates, such as Seconol, Nembutal and others.</p> <p><b>Tranquilizers</b> include Xanax Equanil, Activan, and others.</p>	<p><b>SYMPTOMS OF USE/ABUSE:</b> <span style="float: right;"><b>Detectable in Drug Test: 48-96 hours</b></span></p> <ul style="list-style-type: none"> <li>- Sedation, drowsiness, sleep</li> <li>- Slurred speech</li> <li>- Mental confusion, inattention</li> <li>- Staggering, loss of balance</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Decreased concentration and sustained attention</li> <li>* Decreased vision and hearing acuity</li> <li>* Impaired hand-eye coordination and manual dexterity; Slowed reaction time</li> <li>• Impaired short-term memory and learning difficulty</li> </ul>

Drug - Description	How Does It Physically And Mentally Affect The Body?
<p><b>5. MARIJUANA</b> Does not depress central nervous system reactions. Acts almost exclusively on the brain, altering the proper interpretation of incoming messages. Smoked or mixed in food and swallowed. Distinctive odor when smoked. Over the last few years, a 500% to 800 % increase in THC potency has occurred.</p>	<p><b>SYMPTOMS OF USE/ABUSE: Detectable in Drug Test: 1-4 weeks</b></p> <ul style="list-style-type: none"> <li>- Delayed decision making; Distortions in time estimation</li> <li>- Impaired concentration and short-term memory</li> <li>- Impaired ability to visually track moving objects and measure distance.</li> <li>- Chronic fatigue and lack of motivation; lackadaisical, "I don't care" attitude.</li> <li>- Irritating cough, chronic sore throat; Reddened eyes (may be masked by eye drops)</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Effects of off-the-job use are long lasting. Judgment and skill can be affected for up to 12 hours.</li> <li>* Driving or using heavy machinery is extremely dangerous. Users believe they are functioning normally but have impaired ability to perform complex tasks.</li> </ul>
<p><b>6. NARCOTICS</b> These depress body functions and reactions, and have a legitimate medical use in reducing pain. In large doses, they cause a strong euphoric feeling.</p> <p><b>Natural narcotics</b> include: Opium, Morphine, Codeine, and Heroin. <b>Synthetic narcotics</b> include: Demorol, Numorphan and Percodan.</p>	<p><b>SYMPTOMS OF USE/ABUSE: Detectable in Drug Test: 24-72 hours</b></p> <ul style="list-style-type: none"> <li>- Constricted pupils</li> <li>- Depression and apathy; Mood changes</li> <li>- Impaired coordination; Impaired mental functioning and alertness</li> <li>- Nausea, vomiting and constipation</li> <li>- Physical fatigue and drowsiness</li> <li>- Effects are multiplied when used in combination with other depressant drugs and alcohol.</li> </ul> <p><b>POTENTIAL EFFECT ON WORK:</b></p> <ul style="list-style-type: none"> <li>* Workplace use may cause serious impairment of physical and mental functions necessary for safety and productivity.</li> <li>* Increased pain tolerance can lead to injury or failure to seek medical attention after an accident due to lack of pain sensitivity.</li> <li>* Side effects may include dizziness, mental clouding and drowsiness--placing users and co-workers at risk for accidents.</li> </ul>
<p><b>7. PCP (Phencyclidine)</b> Originally used as an anesthetic, PCP can act as a depressant, hallucinogen, and sometimes as a stimulant, depending upon the dosage. This very dangerous drug can result in sudden, large mood changes, extreme excitation, violent behavior and even coma, in larger doses. Common name: "Angel Dust"</p>	<p><b>SYMPTOMS OF USE/ABUSE: Detectable in Drug Test: 1-8 days</b></p> <ul style="list-style-type: none"> <li>- Extreme mood shifts; Severe confusion and agitation</li> <li>- Impaired coordination</li> <li>- Muscle rigidity; Profuse sweating</li> <li>- Nystagmus (jerky eye movements);</li> <li>- Dizziness</li> </ul> <p><b>IMPLICATIONS FOR WORK:</b></p> <ul style="list-style-type: none"> <li>* Unpredictable behaviors and moods that occur while under the influence make accidents to the user or co-workers a serious possibility.</li> <li>* Long-term after effects, including hallucinations, making PCP users a safety and security risk.</li> </ul>