Recognizing Substance Abuse in the Workplace
NATIONAL TRAINING INSTITUTE - ANN ARBOR MICHIGAN
AUGUST 2016

Substance Abuse in the Workplace
Depending where you’re standing in the US determines the most prevalent drugs. Where are you from? What drug are you reading about in the papers?

Goals for Today’s Training:
• Interactive Discussion
• Learn From Each Other
• Take Something Back You Can Apply at Work and/or Your Personal Life
• Have a Better Understanding of the Drug Culture in the US
More than six percent of the population over 12 years of age (13.9 million people) has used drugs within the past thirty days. Rates of use remain highest among persons aged 16 to 25—the age group entering the workforce most rapidly.²

Seventy-three percent of all current drug users aged 18 and older (8.3 million adults) are employed. This includes 6.7 million full-time workers and 1.6 million part-time workers.³

¹ Working Partners: Substance Abuse in the Workplace. US Department of Labor
More than 14 percent of Americans employed full- and part-time report heavy drinking, which is defined as five or more drinks on five or more days in the past 30 days. The heaviest drinking occurred among persons between the ages of 18 and 25 years. Of the 11.2 million heavy drinkers in 1997, 30 percent (3.3 million) also were current illicit drug users. 


Construction workers (15.6%), sales personnel (11.4%), food preparation, wait staff, and bartenders (11.2%), handlers, helpers, and laborers (10.6%), and machine operators and inspectors (10.5%) reported the highest rates of current illicit drug use. Protective service workers reported the lowest rate of current drug use (3.2%).


According to a national survey conducted by the Hazelden Foundation, more than sixty percent of adults know people who have gone to work under the influence of drugs or alcohol.

5 Addiction in the Workplace Survey. Hazelden Foundation. Center City, MN.
The economic and human costs of drug and alcohol use are astounding. In fact, the National Institutes of Health recently reported that alcohol and drug abuse cost the economy $500 billion in 2010, the most recent year for which economic data are available. In addition, numerous studies, reports and surveys suggest that substance abuse is having a profoundly negative affect on the workplace in terms of decreased productivity and increased accidents, absenteeism, turnover, and medical costs. Following are notable statistics that highlight the impact of substance abuse on the workplace.

- Problems resulting from the use of alcohol and other drugs cost American businesses an estimated $250 billion in lost productivity due to premature death and illness; 86% of these combined costs were attributed to drinking.
- According to results of a NIDA-sponsored survey, drug using employees are 2.2 times more likely to request early dismissal or time off, 2.5 times more likely to have absences of eight days or more, three times more likely to be late for work, 3.6 times more likely to be involved in a workplace accident, and five times more likely to file a workers’ compensation claim.
- Full-time workers age 18-49 who reported current illicit drug use were more likely than those reporting no current illicit drug use to state that they had worked for three or more employers in the past year (32.1% versus 17.9%), taken an unexcused absence from work in the past month (12.1% versus 6.1%), voluntarily left an employer in the past year (25.8% versus 13.6%), and were fired by an employer in the past year (4.6% versus 1.4%). Similar results were reported for employees who were heavy alcohol users.

The cost of Substance Abuse?

Results from a U.S. Postal Service study indicate that employees who tested positive on their pre-employment drug test were 77 percent more likely to be discharged within the first three years of employment, and were absent from work 66 percent more often than those who tested negative.10


A survey of callers to the national cocaine helpline revealed that 75 percent reported using drugs on the job, 64 percent admitted that drugs adversely affected their job performance, 44 percent sold drugs to other employees, and 18 percent had stolen from co-workers to support their drug habit.11

11 National Cocaine Helpline. “1-800-COCAINE.” Summit, NJ.

Alcoholism causes 500 million lost workdays each year.12

12 “Treatment is the Answer: A White Paper on the Cost-Effectiveness of Alcoholism and Drug Dependency Treatment.” National Association of Treatment Providers. Laguna Hills, CA.

Why do you think substance abuse is high amongst construction workers? Do you think it is lower amongst skilled trades?
Alcoholism

Warning Signs

Leave and Attendance

- Unexplained or unauthorized absences from work
- Frequent tardiness
- Excessive use of sick leave
- Patterns of absence such as the day after payday or frequent Monday or Friday absences
- Frequent unplanned absences due to "emergencies" (e.g., household repairs, car trouble, family emergencies, legal problems)
- The employee may also be absent from his or her duty station without explanation or permission for significant periods of time.

Performance Problems

- Missed deadlines
- Careless or sloppy work or incomplete assignments
- Production quotas not met
- Many excuses for incomplete assignments or missed deadlines
- Faulty analysis
- In jobs requiring long-term projects or detailed analysis, an employee may be able to hide a performance problem for quite some time.
Alcoholism Warning Signs

Relationships at Work
- Relationships with co-workers may become strained
- The employee may be belligerent, argumentative, or short-tempered, especially in the mornings or after weekends or holidays
- The employee may become a "loner"
- The employee may also have noticeable financial problems evidenced by borrowing money from other employees or receiving phone calls at work from creditors or collection companies.

Behavior at Work
- The appearance of being inebriated or under the influence of alcohol might include:
  - The smell of alcohol
  - Staggering, or an unsteady gait
  - Bloodshot eyes
  - Sore of alcohol on the breath
  - Mood and behavior changes such as excessive laughter and inappropriate loud talk
  - Excessive use of mouthwash or breath mints
  - Avoidance of supervisory contact, especially after lunch
  - Tremors
  - Sleeping on duty

Not any one of these signs means that an employee is an alcoholic. However, when there are performance and conduct problems coupled with any number of these signs, it is time to make a referral to the EAP for an assessment so that the employee can get help if needed.

Things to Avoid... and things to do.

Things to Avoid
- Avoid being an "enabler". An enabler is someone who allows the alcoholic to continue the addiction without being held responsible for his or her actions. Supervisors often think that they are being kind, when actually they are hurting the alcoholic employee by letting him or her continue to engage in self-destructive behaviors. In addition, failing to hold the alcoholic employee accountable can have a negative effect on co-workers' morale. Examples of supervisory behavior that might be considered enabling include:
  - Covering up for the employee;
  - Lending the employee money;
  - Allowing the employee's spouse, rather than the employee, to call about the employee's absence;
  - Failing to refer the employee to the EAP;
  - Taking the employee's work to other employees;
  - Trying to counsel the employee on your own;
  - Making excuses to others about the employee's behavior or performance; and
  - Adjusting the employee's work schedule, for example, allowing the employee to continually come in late and make up the hours later.
Alcoholism
Things to avoid....and things to do.

Active Countermeasures to Consider:
- Document, Document, Document
- Know your CBA – What can do? What is prohibited?
- Confront the with your observations
- Refer to EAP and/or Human Resources
- Consider putting them on leave
- Consider a contract when they return to duty
  - Random alcohol test (Get a PBT)
  - Have a written plan both agree upon

Alcoholism - The Eyes Never Lie
Horizontal Eye Gaze Nystagmus (HGN)

Alcoholism
Workplace Breath Test
Marihuana/Marijuana

Other than alcohol, marijuana is the most commonly abused drug in the United States. Marijuana is a dry, shredded mix of the flowers, stems, and leaves of the hemp plant cannabis sativa. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour odor.

Behavioral changes that may be symptoms of marijuana addiction include:
- Distorted perceptions
- Impaired coordination
- Difficulty in thinking and problem solving
- Ongoing problems with learning and memory
Marihuana/Marijuana Warning Signs

Additionally, several other signs of marijuana abuse are frequently visible in users:

- Red, blurry, bloodshot eyes
- Constant, mucus-filled cough
- Rapid heartbeat
- Hunger, referred to as munchies
- Dry mouth
- Anxiety, paranoia, or fear
- Poor memory
- Poor coordination
- Slow reaction time
- Loss of control
- Addiction

Marihuana/Marijuana Paraphernalia

Challenges of Medical Marihuana and Legalized Marihuana

Occupational Safety Health Act
- The act has a general clause requiring employers to provide a safe work environment.
- Employers who allow impaired employees to work in safety sensitive positions where others may be harmed may be in violation of this requirement.

Drug Free Workplace Act
- Applies to employers who receive certain federal funds
- Requires a zero tolerance policy.
Marihuana/Marijuana Workplace Issues

According to the American Society of Safety Engineers, Marihuana users are:

- 3.6 times more likely to be involved in a workplace incident
- 5 times more likely to file a workers’ comp claim
- 2.2 times more likely to request early dismissal or time off
- 2.5 times more likely to be absent eight days or more annually
- 3 times more likely to be late for work.

Marihuana Use – The Eyes Never Lie

Red Eyes

What Marihuana is being laced with:

- Phencyclidine (PCP)
- Crushed Opioid Pills
- Embalming Fluids
- Ecstasy
- LSD
- Viagra
- Heroin
What are Opioids???

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain. Morphine is often used before and after surgical procedures to alleviate severe pain. Codeine, on the other hand, is often prescribed for mild pain.

How do people become addicted to opioids?

- Sports injuries (children)
- Particular types of medical procedures
  - Knees
  - Hips
  - Back
  - Dental
- Over prescription of opioids medication/Pill Mills

Opioid Abuse Warning Signs:

- Reduced social interaction
- Drowsiness
- Poor memory and concentration
- Anxiety
- Constipation (may try to acquire remedies)
- Slowed breathing
- Slow movement and reactions
- Mood swings
- Apathy and depression.
Lifestyle and Behavioral Changes:
- Whatever money they have will go for drugs so they may not have required items
  that they would normally be expected to have.
- Alternately, some people begin to sell drugs to support their addiction; they
  may have unexpected money or expensive items.
- They will begin to be preoccupied with obtaining drugs and maintaining their
  addiction and so will drop out of touch with family and friends. They may have a
  whole new set of friends who are drug users.
- They may commit illegal acts to get money for drugs and may be arrested.
- They probably will begin to neglect work and school.

Lifestyle and Behavioral Changes (continued):
- They probably will begin to neglect work and school.
- They may show change in overall attitude and have outbursts of bad temper.
- The person may talk about partying or drinking more than before.
- The person may appear jittery and be secretive.
- They are likely to allow grooming and physical appearance to deteriorate.
- Loans of money may be asked for and items from the homes of family members may go
  missing.
- Long sleeved clothes may be worn if the person is an intravenous drug user.

Opioid Intoxication: What do others observe?
- Drowsiness or “the nod”
- Constricted or pinpoint pupils
- Slurred speech
- Impairment in attention or memory
Heroin Epidemic in America
ABC News Special

OPIOIDS

OVERDOSE DEATH RATES IN AMERICA

Heroin
Heroin

Heroin Quick Facts:
- Same or greater issues as opioids
- The Purity
- The Cut
- Supply and Demand – Cheaper than Opioid Pills on the Street
- It is Vogue
- The Unintended Consequence of Narcan

The Eyes Never Lie

The Eyes Don’t Lie

Narcotic Analgesics – Heroin, Pain Pills

Meth, Cocaine, Ritalin, Diet Pills, Hallucinogens

Cocaine
Cocaine

Signs of Cocaine Addiction

- Repeated nosebleeds
- Manic behavior
- Aggression
- Severe paranoia
- Constant scratching or complaints of itching
- Collapse of nostrils

Cocaine

Signs of Cocaine Addiction (continued)

- Insomnia
- Depression
- Anxiety
- Loss of sense of smell
- Chronically hoarse voice
- Exhaustion or difficulty functioning during day-to-day activities
Excited delirium syndrome (ExDS) is a serious and potentially deadly medical condition involving psychotic behavior, elevated temperature, and an extreme fight-or-flight response by the nervous system. Failure to recognize the symptoms and involve emergency medical services (EMS) to provide appropriate medical treatment may lead to death. Fatality rates of up to 10 percent in ExDS cases have been reported.
Excited Delirium

Methamphetamine

Physical Warning Signs of Crystal Meth Abuse
- Dilated pupils
- Bloodshot eyes
- Weight loss
- Uncontrolled twitching or jerking, such as eye twitching
- Chronic nasal problems - i.e. deviated septum, nosebleeds
- Bad breath
- Dry, cracked skin, especially lips and fingertips
- Dry mouth
Employers should be alert to the following signs that may signal an employee's use of methamphetamine or other controlled substances, as well as abuse of alcohol:

- Recurring absences on Mondays or unexplained absences during working hours, especially at the end of a day.
- Sudden changes in behavior or performance that cannot be explained by intervening events.
- Excessive agitation, which methamphetamine users call "tweaking," or its opposite: fatigue.
- Unusual impairment in attention or memory.

Hallucinogens/LSD/Acid:
Extremely dilated pupils, warm skin, excessive perspiration, and body odor are symptoms. Distorted sense of sight, hearing, touch, distorted image of self and time perception, mood and behavior changes, the extent depending on emotional state of the user and environmental conditions. Unpredictable flashback episodes even long after withdrawal (although these are rare). Hallucinogenic drugs, which occur both naturally and in synthetic form, distort or disturb sensory input, sometimes to a great degree. Hallucinogens occur naturally in primarily two forms: (peyote) cactus and psilocybin mushrooms.
**Other Drugs**

**Ecstasy**

Ecstasy:
Confusion, blurred vision, rapid eye movement, chills or sweating, high body temperature, sweating profusely, dehydrated, confusion, faintness, paranoia or severe anxiety, panic attacks, trance-like state, transfixed on sights and sounds, unconscious clenching of the jaw, grinding teeth, muscle tension, very affectionate. Depression, headaches, dizziness (from hangover/after effects), possession of pacifiers (used to stop jaw clenching), lollipops, candy necklaces, mentholated vapor rub, vomiting or nausea (from hangover/after effects).

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**Other Drugs**

**Hallucinogens/LSD/Acid**

Several chemical varieties have been synthesized, most notably LSD, MDA, STP, and PCP. Hallucinogen usage reached a peak in the United States in the late 1960s, but declined shortly thereafter due to a broader awareness of the detrimental effects of usage. However, a disturbing trend indicating resurgence in hallucinogen usage by high school and college students nationwide has been acknowledged by law enforcement. With the exception of PCP, all hallucinogens seem to share common effects of use. Any portion of sensory perceptions may be altered to varying degrees. Synesthesia, or the “seeing” of sounds, and the “hearing” of colors, is a common side effect of hallucinogen use. Depersonalization, acute anxiety, and acute depression resulting in suicidality have also been noted as a result of hallucinogen use.

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**Other Drugs**

**Phencyclidine**

PCP:
Unpredictable behavior; mood may swing from passivity to violence for no apparent reason. Symptoms of intoxication, disorientation, agitation and violence if exposed to excessive sensory stimulation. Fear, terror, rigid muscles, strange gait, deadened sensory perception (may experience severe injuries while appearing not to notice). Pupils may appear dilated. Mask-like facial appearance, floating pupils appear to follow a moving object. Comatose (unresponsive) if large amount consumed, eyes may be open or closed.
The Eyes Never Lie
Phencyclidine (PCP)

Inhalants
Whipped Cream, Paint and Cement

**Inhalants**
Substance odor on breath and clothes, runny nose, watering eyes, drowsiness or unconsciousness, poor muscle control. Prefers group activity to being alone. Presence of bags or rags containing dry plastic cement or other solvent at home, in locker at school or at work. Discarded whipped cream, spray paint or similar chargers (users of nitrous oxide). Small bottles labeled “incense” (users of butyl nitrite).

**Pupils:** Normal to Dilated

**Drug Testing**
- Know what your CBA/Policy allows
- Understand the behaviors associated with various drugs and how to articulate the workplace use/abuse
- Know what type of test is best:
  - Saliva
  - Urine
  - Hair
Workplace Substance Abuse
Questions???

It's All About the Nomenclature
Drugs or Electricity
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