
The Supervisor's Guide to DRUG & ALCOHOL AWARENESS

*Pipeline Testing
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Contents

Introduction

The Supervisor's Role	ii
What Are Drugs?.....	1

Controlled Substances

Amphetamines	2
Cocaine.....	3
Cannabinoid (Marijuana).....	5
Opiates (Narcotics)	7
Phencyclidine.....	9

Alcohol

Introduction	10
Effects on Health, Work, Personal Life.....	12
Intervening	12
Available Methods of Resolving Problems Associated With Alcohol Misuse	13

Case Scenarios for the Supervisor

Introduction	14
The Careless Welder.....	14
The Wobbly Worker.....	15
The Shared Cigarette	15
The Violent Employee	16
The Cocaine Confession	17

The Supervisors' Checklist: Possible Indicators of Substance Abuse

Reasonable Cause Observation Checklist.....

Pipeline Testing Consortium, Inc.

Introduction

The Supervisor's Role

Drug and alcohol abuse is one of the fastest growing problems in the country. It affects our families, schools, businesses and industry. Socially, the effects can be devastating. Traffic accidents, family disputes, violent crime, and medical problems are all societal concerns related to abuse.

Drug and alcohol abuse also brings a financial burden to business and industry. Literally billions of dollars are spent annually due to loss of productivity, accidents, absenteeism, health and medical costs, damaged and destroyed property, lowered quality of goods and services, morale, theft, security risks, employee turnover and retraining (*National Institute on Drug Abuse*).

The role of the supervisor continues to be a critical one in the ongoing war against drugs and alcohol in the workplace. Full preparation for any kind of contingency, coupled with a thorough knowledge of drugs and your company's policy against them, is the best way for a supervisor to be prepared.

This booklet will explain what drugs are, how and why drug use can start, and the physical and psychological effects of drug use. It also contains some additional information that will be useful for dealing with drug and alcohol abuse in a work environment. It is designed to assist supervisors in evaluating the risks of involvement with these chemical substances in an effort to establish environments that are free from the adverse effects of alcohol and drugs.

What are Drugs?

There are many drugs that affect the mind or behavior, and are either legal or illegal. Legal drugs are those that have been approved for sale either by prescription or over the counter. Alcohol, which is legally available in beverages to anyone over the legal drinking age, is a drug. Illegal drugs are those substances whose manufacture, sale, purchase for sale, or possession is prohibited by law. These include such drugs as marijuana, cocaine, PCP, opiates and amphetamines, or those drugs approved, but obtained by illegal means or used for illicit purposes.

Prescription drugs are drugs that have been determined to be safe, effective, and legal only when given under the direction of a licensed physician. Both the manufacture and dispensing of prescription drugs are regulated by laws enforced by the Food and Drug Administration, and the individual States. If used improperly, people can become physically dependent upon some prescription drugs (i.e. morphine and Valium).

Illegal drugs are sold and used against the law. They may harm those who use them, not only in terms of the physical and emotional damage they do directly, but also in terms of the criminal and financial consequences they bring. Many illegal drugs are manufactured clandestinely in the United States.

Amphetamines

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in crude laboratories.

Description

<i>Forms</i>	<i>Appearance</i>	<i>Trade/Street Names</i>
Amphetamine	Counterfeit capsules or white flat double scored "mini-bennies"	Chetrol Speed Meth Crank Crystal Monster
Methamphetamine	Creamy, white or granular powder or in lumps in aluminum foil or plastic bags	Ritalin Black Beauties Biphetamine

What are the signs and symptoms of use?

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid perspiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior

What are the health effects associated with amphetamine use?

- Regular use produces strong psychological dependence and increasing tolerance to drugs. High doses may cause psychosis resembling schizophrenia. Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

Workplace Issues

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.

Low dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Cocaine

Description

Cocaine is one of the most powerfully addictive drugs abused and it is a drug that can kill. No individual can predict whether he or she will become addicted or whether the next dose of cocaine will prove fatal. Cocaine is a very strong stimulant to the central nervous system, including the brain. This drug produces an accelerated heart rate while at the same time constricting the flow of blood. Pupils dilate and temperature and blood pressure rise. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest or stroke.

The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.

<i>Forms</i>	<i>Appearance</i>	<i>Paraphernalia</i>	<i>Trade/Street Names</i>
Cocaine Hydrochloride (snorting coke)	White granular or lumpy powder chopped into fine powder	Razor Blade Small Mirror Half Straw or Tube Screw Top Vial Folded Paper Packet	Coke Crack Rock Candy Snow Blow
Cocaine Base (crack cocaine)	Crystalline rock size of a small pebble	Crack Pipe (small glass smoking device) Alcohol Lamp Butane Torch	Flake Smoke Freebase

Cocaine Hydrochloride “snorting coke,” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in the veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade, a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine. “Freebase” is a form of cocaine that is smoked. “Freebase” is produced by a chemical process whereby Cocaine Hydrochloride is converted to pure base by removing the hydrochloride salt and some of the “cutting agents.” The end product is not water soluble, and so the only way to get it into the system is to smoke it. “Freebasing” is extremely dangerous. The cocaine reaches the brain within seconds, resulting in a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again.. The user usually increases the dose and the frequency to satisfy this craving, resulting in addiction and physical debilitation.

Cocaine Base is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia include a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.

Cocaine *continued*

What are the signs and symptoms of use?

- Financial problems
- Frequent and extended absences from meetings or work assignments
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations and irregular rhythm
- Hallucinations
- Hyper-excitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.

Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.

Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug. **Treatment success rates are lower than for any other chemical dependencies.**

Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years. Cocaine overdose was the second most common drug emergency in 1986 up from 11th place in 1980.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction
- Lapses in attention and ignoring warning signals increases the potential for accidents
- The high cost of cocaine frequently leads to workplace theft and/or dealing
- Developing paranoia and withdrawal create unpredictable and sometime violent behavior
- Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments

Cannabinoids (Marijuana)

Contrary to many young people's beliefs, marijuana is a harmful drug, especially since the potency of the marijuana now available has increased more than 275 percent over the last decade. For those who smoke marijuana now, the dangers are much more serious than they were in the 1960's.

Preliminary studies have shown chronic lung disease in some marijuana users. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

New studies using animals also show that marijuana interferes with the body's immune response to various infections and diseases. This finding may have special implications for those infected with the Acquired Immune Deficiency Syndrome (AIDS) virus, Human Immune deficiency Virus (HIV). Although not everyone who is infected with the virus gets the disease, those who use immune-weakening drugs such as marijuana may increase their risk for developing full-blown AIDS.

<i>Forms</i>	<i>Appearance</i>	<i>Paraphernalia</i>	<i>Trade/Street Names</i>
Leaf Marijuana	Green/light tan dry leaves broken into small pieces Oval seeds with one pointed end	Cigarette papers Roach clip holders Small pipes Bongs	Marinol THC Pot Grass Joint Reefer
Hashish	Compressed tar-like substance or oily liquid		Acapulco Gold Sinsemilla

Description

Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.

Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.

Cigarette papers, roach clip holders, and small pipes made of bone, brass or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

What are the signs and symptoms of use?

- Reddened eyes (often masked by eye drops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

Cannabinoids (Marijuana) *continued*

What are the general health effects of marijuana?

When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.

One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.

Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.

Even small doses of marijuana can impair function, distort perception, hamper judgment, and diminish motor skills. Chronic marijuana use can cause brain damage and changes in the brain similar to those that occur during aging. Health effects also include accelerated heartbeat and in some people, increased blood pressure. These changes pose particular health risks for anyone, but particularly for people with abnormal heart and circulatory conditions, such as high blood pressure and hardening of the arteries.

Marijuana also can have a serious effect on reproduction. Some studies have shown that women who smoke marijuana during pregnancy may give birth to babies with defects similar to those seen in infants born with Fetal Alcohol Syndrome - for example, low body weight and small heads.

More importantly, there is increasing concern about how marijuana use by children and adolescents affects both their short and long term development. Mood changes occur with the first use. Observers in clinical settings have noted increased apathy, loss of ambition, loss of effectiveness, diminished ability to carry out long-term plans. Many teenagers who end up in drug treatment programs started using marijuana at an early age.

Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least four to six hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.

Mental Effects

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (inability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the inability to follow a moving object with the eyes) and visual distance measurement
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as “acute brain syndrome,” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition

Cannabinoids (Marijuana) *continued*

- | | | | |
|----------------------|--|--|--|
| Acute Effects | <ul style="list-style-type: none"> • Aggressive urges • Confusion • Hallucinations • Immobility • Panic • Unpleasant distortions in body image | | <ul style="list-style-type: none"> • Anxiety • Fearfulness • Heavy sedation • Mental dependency • Paranoid reaction |
|----------------------|--|--|--|

Workplace Issues

The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.

A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week equivalent to 15 to 40 joints in 1978.

Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Opiates (Narcotics)

Opiates, also called narcotics, are drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling.

<i>Natural Derivatives</i>	<i>Synthetics</i>	<i>Trade/Street Names</i>
Opium	Meperidine (Demerol)	Smack Big D
Morphine	Oxymorphone (Numorphan)	Horse Juice
Codeine	Oxycodone (Percodan)	Emma Syrup
Heroin		Dollies China White

May be taken in pill form, smoked or injected, depending upon the type of narcotic used.

Heroin is an illegal opiate drug. Its addictive properties are manifested by the need for persistent, repeated use of the drug (craving) and by the fact that attempts to stop using the drug lead to significant and painful physical withdrawal symptoms.

Heroin exerts its primary addictive effect by activating many regions of the brain; the brain regions affected are responsible for producing both the pleasurable sensation of “reward” and physical dependence. Together, these actions account for the user’s loss of control and the drug’s habit-forming action.

Heroin is a drug that is primarily taken by injection with a needle in the vein. This means of drug entry can have grave consequences. Uncertain dosage levels (due to differences in purity), the use of non-sterile equipment, contamination of heroin with cutting agents, or the use of heroin in combination with such other drugs as alcohol or cocaine can cause serious health problems such as serum hepatitis, skin abscesses, inflammation of the veins, and cardiac disease (subacute bacterial endocarditis). Of great importance however, the user

Opiates (Narcotics) *continued*

never knows whether the next dose will be unusually potent, leading to overdose, coma and possible death. Of all illegal drugs, heroin is responsible for the greatest number of deaths.

Needle sharing by IV drug users is fast becoming the leading cause of new AIDS cases. It is conservatively estimated that one in six persons with AIDS probably acquired the virus through needle sharing. The AIDS virus is carried in contaminated blood left in the needle, syringe or other drug-related implements and is injected into the new victim when he or she uses this equipment to inject heroin or other drugs. There is no cure for AIDS and no proven vaccination to prevent it.

What are the signs and symptoms of use?

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, constipation
- Impaired respiration

What are the possible health effects?

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Social Issues

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect
- Strong mental and physical dependency occurs
- Tolerance and dependency creates an increasing financial burden for the user. Cost for heroin can reach hundreds of dollars a day

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the abuser or the legitimate user at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP)

PCP is a hallucinogenic drug; a drug that alters sensation, mood and consciousness and that may distort hearing, touch, smell or taste, as well as visual sensation. It is legitimately used as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP-induced effects may lead to serious injuries or death to the user while under the influence of the drug.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration and judgment are often disturbed. Used chronically, PCP may lead to permanent changes in cognitive ability (thinking), memory and fine motor function.

Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

<i>Forms</i>	<i>Appearance</i>	<i>Trade / Street Names</i>
PCP	Creamy granular powder can be mixed with marijuana or tobacco May be combined with procaine	Angel Dust Dust Hog

Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper “packets.”
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

What are the signs and symptoms of use?

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

Phencyclidine (PCP) *continued*

What are the possible health effects?

- The potential for accidents and overdose is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and the treating with Thorazine, can cause a fatal reaction. Use can cause irreversible memory loss, personality changes, and thought disorders.

There are four phases to PCP abuse:

1. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions and coma. Distortions of size, shape and distance perception are common.
2. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia and agitation.
3. The third phase is a drug-induced schizophrenia that may last a month or longer.
4. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Workplace Issues

PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

Alcohol

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer and distilled spirits. Although there are many kinds of alcohol, the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, a shot of distilled spirits, or a five ounce glass of wine, the amount of pure alcohol per drink is about the same - one half ounce. Ethyl alcohol can produce feeling of well-being, sedation, intoxication or unconsciousness, depending on the amount and the manner in which it is consumed.

A person does not have to be an alcoholic to have problems with alcohol. Every year, for example, many young people lose their lives in alcohol related automobile accidents, drowning and suicides. Serious health problems can and do occur before drinkers reach the stage of addition or chronic use.

In some studies, more than 25 percent of admissions were alcohol related. Some of the serious diseases associated with chronic alcohol use include cancers of the liver, stomach, colon, larynx, esophagus and breast. Alcohol abuse also can lead to such serious physical problems as:

- Damage to the brain, pancreas and kidneys
- High blood pressure, heart attacks and strokes
- Alcoholic hepatitis and cirrhosis of the liver
- Stomach and duodenal ulcers, colitis and irritable colon
- Impotence and infertility
- Birth defects, Fetal Alcohol Syndrome
- Premature aging
- A host of other disorders, such as diminished immunity to disease, sleep disturbances, muscle cramps and edema

Social Issues

Alcohol-related crime and violence has been an issue of concern for quite some time. The following statistics on alcohol reflect an increasing need for alcohol awareness and education.

- Two-thirds of all homicides are committed by people who drink prior to their crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The rate of separation and divorce in families with alcohol dependency problems is seven times the average.
- Forty percent of family court cases are alcohol related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

Issues for the Workplace

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgement can be objectively measured in as little as two drinks in the body.
- A person who is legally intoxicated is six times more likely to have an accident than a sober person.

Effects of Alcohol Misuse on an Individual's Health, Work and Personal Life

Alcohol is a central nervous system depressant. Taken in large quantities it causes not only the euphoria associated with “being drunk,” but also adversely affects your judgement, your ability to think, and your motor functions. Drink enough alcohol fast enough and it can kill you.

Long term overuse of alcohol can cause liver damage, heart problems, sexual dysfunctions, and other serious medical problems.

In some cases, alcohol use can lead to physical and psychological dependence on alcohol. Alcoholism is a serious chronic disease. Left untreated, it will inevitably get worse.

Workers who use alcohol and other drugs affect everyone. Studies show that compared to alcohol, and drug-free workers, substance abusers are far less productive, miss more workdays, are more likely to injure themselves or someone else, and file more workers' compensation claims.

The measurable dollar costs of workplace substance abuse from absenteeism, overtime pay, tardiness, sick leave, insurance claims, and workers' compensation can be substantial. However, the hidden costs resulting from diverted supervisory and managerial time, friction among workers, damage to equipment, and damage to the company's public image mean that workplace substance abuse can further cut profits and competitiveness.

What are the signs and symptoms of alcohol misuse?

Any one or more of the following signs may indicate a drinking problem:

- Family or social problems caused by drinking
- Job or financial difficulties related to drinking
- Loss of a consistent ability to control drinking
- Blackouts or the inability to remember what happened while drinking
- Distressing physical and/or psychological reactions if you try to stop

Why should you get involved?

Although your company may have no history of substance abuse problems, we should recognize that alcoholism and alcohol misuse are problems throughout America. There are three good reasons why you should be concerned if any of your coworkers are using drugs or alcohol on the job.

(1) Your health and safety may be at risk

Workers who misuse alcohol don't function at their full potential. Not only is absenteeism a problem, when they are at work, these employees may have reduced capabilities and productivity.

(2) Alcohol misuse costs you money

According to the National Institute on Alcohol Abuse and Alcoholism, drug and alcohol use on the job cost society an estimated \$102 billion a year. Since most of this cost is passed on to you in the form of higher health insurance rates or in the prices you pay for things, drug and alcohol use on the job costs you and your fellow workers.

(3) Alcohol creates a negative work environment

Absenteeism among problem drinkers or alcoholics is 3.8 to 8.3 times greater than normal. If your fellow workers don't come to work, you may have to do their jobs in addition to your own.

No matter what your position is in the organization, there is something you can do to ensure that drug and alcohol use on the job never becomes a problem at your company. Acceptance of any misuse puts you, this company, and the public at risk.

Available Methods of Evaluating and Resolving Problems Associated with the Misuse of Alcohol

Outpatient programs exist in a variety of settings:

- Community mental health centers
- Family service agencies
- Private physicians' and therapists' offices
- Occupational settings
- Specialized alcoholism treatment facilities

Inpatient services, designed for those with more serious alcohol problems, can be found in hospitals, residential care facilities, community halfway houses, and some alcoholism facilities.

Your local phone directory will list helpful referral organizations such as

- Local council on alcoholism
- Alcoholics Anonymous
- Community alcoholism or mental health clinic
- Social services or human resources department
- County medical society

Information on the locations of substance abuse professionals are outlined in your company's AMPP. The SAP can perform an initial evaluation, recommend any additional treatment if necessary, and refer employees needing assistance for treatment which may be covered under your company's health insurance program.

What Would You Do?

Case Scenarios for the Supervisor

The following cases describe situations related to drug abuse that any supervisor might face on the job. The main issue in each case is how to deal with the situation appropriately. Ask yourself what you would do if you were the supervisor. In the space provided, explain why you chose that course of action.

Although the cases are hypothetical, they reflect the complications and ambiguities of real life. Making decisions about drug abuse in the workplace is often difficult. These cases are designed to help you learn how to make those difficult decisions.

The Case of the Careless Welder

Supervisor David Clark was concerned about one of his workers. It seemed that welder Kevin Winter was taking too many chances on the job. He left hot torches lying around; he dripped an excessive amount of solder when he worked on the second or third levels; he had almost burned a couple other workers by not paying close enough attention to the job.

Clark decided to check his records and saw that Winter had six minor accidents or near misses in the past month. These incidents all happened immediately after the crew's lunch break. Clark thought that Winter may be taking drugs during lunch, and that's why problems happened in the early afternoon. Fortunately, no injuries or major damage had resulted.

As Clark was considering his options, he glanced up and saw Winter returning from lunch. He looked closely and noticed that Winter was staggering slightly. Clark checked his assignment roster; Winter had an important welding job this afternoon.

Clark decided that he would let Winter do the job, but would pay close attention to what the employee did. That way, if Winter slipped up, Clark could discuss the matter with him. He could also make sure that Winter didn't cause a serious accident.

At first, Winter didn't seem to have any problem with the job. *Maybe I overreacted*, Clark thought. Just then another worker came up to him.

"There's a phone call for you," the worker told Clark.

"Thanks," Clark replied as he headed for the office. A few minutes later he returned to Winter's workstation to continue monitoring the employee's performance, only to discover that Winter had walked over to the painting area to chat with a co-worker and left his welding torch, which ignited flammable materials, starting a fire. He hadn't been paying attention - again.

This time Winter's accident was costly, because the fire had damaged a very expensive piece of machinery.

How would you have handled this situation?

The Case of the Wobbly Worker

“But my workers can’t finish until your department completes the scaffolding work,” Jim Carson told supervisor Harry Washington.

“I realize that, Jim,” Washington replied. “You have to understand that I’ve had two people out sick this week and Sam’s on vacation. We’re doing the best we can.”

“I’m under a lot of pressure to get this job done,” Carson said.

“I’ll see what I can do,” Washington sighed. *I can’t ask my people to push any harder than they have*, he thought. *It’s just bad timing with Mark, Ed and Sam out.*

While Washington was trying to come up with a plan, he heard a noise and saw one of his workers, Lynn Sydney, drop the tool tray she was carrying. This was unusual for Sydney, who was one of his best workers. Then he noticed her hands were shaking and that she didn’t seem to be steady on her feet.

“Lynn, are you okay?” Washington asked.

“Sure, uh, I’m fine,” she replied - but she didn’t look fine to Washington.

“I don’t think you should go up on the scaffolding today,” he said. “Why don’t you go down to Medical and then spend the rest of the afternoon organizing the blueprints?”

An hour later Jim Carson called. “Why is one of our people sitting around doing blueprints when there’s real work to be done,?” he demanded.

“Jim, we’ll get the scaffolding work done as soon as we can, but I’m not sending Lynn Sydney up there today,” Washington said.

“Why not?” Carson asked. “You were just complaining about being short-handed and now you’re keeping people on the ground. I hope you have a good explanation for this.”

“I have my reasons,” Washington answered. “But I really don’t want to discuss them with you.”

“We’ll see what the boss has to say about this,” Carson said as he hung up.

What would you have done if you were Washington?

The Case of the Shared Cigarette

“Hey, what’s going on here?” asked warehouse supervisor Rick Rodriguez when, in the middle of the afternoon, he found two employees from another department hanging around outside the door that led from the warehouse to the parking lot.

“Oh...ah...nothing,” said one of the employees. “We’re just finishing up our break,” said the other, tossing away his cigarette. Both of them quickly disappeared back into the building.

Rodriguez stood there for a moment. He’d been a supervisor for years and his sixth sense told him that these two were up to something. Another sense - his sense of smell - told him what that something might be. Drugs. He was sure he smelled the faint, lingering odor of marijuana.

A couple days later, Rodriguez noticed the same two employees again. This time they were standing down at the end of the loading dock. It was just after 11 o’clock, and morning break was long over. While Rodriguez watched from behind a pile of

The Case of the Shared Cigarette *continued*

cartons, they passed a cigarette back and forth. The supervisor wasn't close enough to detect the telltale odor of marijuana, but now he was almost certain that these two employees were smoking pot.

Use of illegal drugs on company property, during working hours, is a direct violation of policy - not to mention the law. Of course, the supervisor really had no evidence to prove that these two employees were actually using drugs on the job. They might have just been sharing a tobacco cigarette.

Rodriguez considered his options.

What would you do in this situation? Why?

The Case of the Violent Employee

I'd better make sure George is in condition to run the drill press, supervisor Ken Hempstead thought, when he saw George Mason staggering toward his work station. *I can't risk having him hurt himself or others or ruining an entire shipment.*

"George, is everything okay?" Hempstead asked as he approached the employee.

"Everything is fine!" Mason replied forcefully.

Hempstead still wasn't convinced. Mason had a glazed look in his eyes and his hands were shaking.

"You'd better take over packing this afternoon and let Sharon do the press run," he said.

"You should mind your own business! *I'll* do the press run!" Mason responded belligerently.

"No," his supervisor said. "Sharon will run the drill press and you'll take over packaging."

"Who's going to make me?" Mason asked.

"Calm down, George," Hempstead told him. "You're obviously not feeling well. Why don't you lie down for awhile?"

"No, I won't lie down! I'm really sick of you picking on me; why don't you get off my back!" the employee replied.

"That's enough," Hempstead said, "I can't let you run the drill press in this condition."

By now, Mason was completely out of control. He began gesturing violently and threatening to hit the supervisor.

If you found yourself in this situation, what would you do next?

The Cocaine Confession

Sue Mackay was working her way through the monthly reports when Jim Oakley burst into her office. Mackay could see that Oakley was upset.

“Sue, you’ve go to help me; I’m in trouble, and I don’t know what to do!” Oakley moaned as he collapsed into the chair opposite his supervisor’s desk.

“What’s the problem, Jim? I’ve never seen you so upset.”

“It’s coke. It’s ruining my life. But I can’t seem to stop.”

“What? What are you talking about?”

“Coke. Cocaine.”

Mackay was stunned. Oakley had been working for her for almost a year. In all that time, she’d never suspected for a moment that this quiet, hardworking, middle-aged family man was taking drugs.

“I’m deeply in debt,” Oakley went on. His hands were shaking and tears were streaming down his face. “Sometimes I think I’m going crazy and last night my wife took the kids and left me. She told me not to call her until I get myself straightened out. I’ve got to stop...but I...I just can’t. What am I going to do?” Oakley sobbed.

Mackay’s first instinct was to tell Oakley exactly what *she* thought he should do - to give him the advice and comfort he so desperately wanted. Her second impulse was to tell him how shocked she was that he was using cocaine. When she finally spoke, she did neither of these things. Instead, she said this: Jim, I think you need professional help with this problem. I’m not qualified to give you that kind of help, but I can suggest that you speak with Tom Post in Human Resources. In fact, if you’d like, I can call him right now and set up an appointment. Tom can refer you to a counselor and help you find the kind of treatment program you need.

Would you have handled this situation as Mackay did? Why or why not?

SUBSTANCES CHECKLIST OF POSSIBLE INDICATORS OF USE

REMEMBER: Many of the following symptoms can be indicative of the following: A mental health problem, a physical health problem, a long-term family problem, or other emotional or personal problem. LOOK FOR PATTERNS IN BEHAVIOR AND NOT JUST ONE ISOLATED INCIDENT, except in cases where there is little doubt and immediate reaction is required for safety of the employee and others and to meet the regulations for reasonable cause.

MARIJUANA

- _____ Increased appetite
- _____ Excessive smoking, talking, chewing gum or food
- _____ Appears to behave in a “dream-like state”
- _____ Slower response time in movement coordination
- _____ Reduce ability to concentrate on tasks
- _____ Clothing or area may smell like burning alfalfa
- _____ Bloodshot eyes indicated by frequent use of Murine, Visine, etc.
- _____ Impaired coordination - responds at a slower rate
- _____ Visual perception altered
- _____ Personal problems: family, legal, financial, work accidents and other performance problems
- _____ Increased health problems

COCAINE

- _____ Reduced appetite - excessive thirst
- _____ Appears to work faster marked by periods of slowness
- _____ Mood swings - “high” and grandiose followed by lethargy and depression
- _____ Irritability and agitation
- _____ Increased talkativeness accompanied by “faster” than normal speech
- _____ Paranoid thinking and behavior
- _____ Aggressive and/or combative behavior
- _____ Financial problems appear and worsen
- _____ Personal and work problems develop and increase
- _____ Memory problems - difficulty remembering/following instructions
- _____ Elevated, grandiose statements and expressions of self-confidence
- _____ Increased health problems
- _____ Periods of depression

AMPHETAMINES

- _____ Use same checklist as for cocaine, a member of the amphetamine family.

SUBSTANCES CHECKLIST OF POSSIBLE INDICATORS OF USE *continued*

OPIATES

- _____ Extreme lethargy
- _____ Reduced motor coordination and movement problems
- _____ Over-relaxation of muscles and walking movements
- _____ Drowsiness/Sleep
- _____ Distorted and impaired thought process
- _____ Difficulty with memory
- _____ Inability to remember and/or follow instructions
- _____ “Loses” time - hours, days, weeks
- _____ Exhibits euphoria-like symptoms when under the influence
- _____ Reduced pain threshold

PCP

- _____ Increased saliva, sweat excretions
- _____ Disassociation from reality, pain, sense of time
- _____ Inability to feel pain when injured
- _____ Difficulty with concentration and memory
- _____ Disorganized thought processes - difficulty in “tracking”
- _____ Exhibits hostile, aggressive, combative or otherwise bizarre behavior
- _____ Movements stiff and rigid under influence
- _____ Irritable, aggressive talk and/or behavior
- _____ Use followed by extreme depression

ALCOHOL

- _____ Slurred speech
- _____ Difficulty in visual focusing - symptoms of rapid eye movement
- _____ Motor coordination impaired - “exaggerates” movement - staggering
- _____ Slower response time and slower movements
- _____ Breath or body odor indicative of alcohol
- _____ Impaired mental reasoning, decision-making, distorted thought processes
- _____ Increased health problems, sick leave, “reasons” for poor performance
- _____ Difficulty in remembering and following directions
- _____ Increased accidents
- _____ Personality and work patterns change

REASONABLE CAUSE OBSERVATION CHECKLIST
(STRICTLY CONFIDENTIAL)

EMPLOYEE:

PERIOD OF EVALUATION

SUPERVISOR #1, NAME AND TELEPHONE

SUPERVISOR #2, NAME AND TELEPHONE

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? Indicate (d) if documentation exists.

A. QUALITY AND QUANTITY OF WORK

YES NO

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Clear refusal to do assigned tasks |
| ___ | ___ | 2. Significant increase in errors |
| ___ | ___ | 3. Repeated errors in spite of increased guidance |
| ___ | ___ | 4. Reduced quantity of work |
| ___ | ___ | 5. Inconsistent, "up and down" quantity/quality of work |
| ___ | ___ | 6. Behavior that disrupts work flow |
| ___ | ___ | 7. Procrastination on significant decisions or task |
| ___ | ___ | 8. More than usual supervision necessary |
| ___ | ___ | 9. Frequent, unsupported explanations for poor work performance |
| ___ | ___ | 10. Noticeable change in written or verbal communication |
| ___ | ___ | 11. Other (please specify) |

B. INTERPERSONAL WORK RELATIONSHIPS

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Significant change in relations with co-workers, supervisors |
| ___ | ___ | 2. Frequent or intense arguments |
| ___ | ___ | 3. Verbal abusiveness |
| ___ | ___ | 4. Physical abusiveness |
| ___ | ___ | 5. Persistently withdrawn or less involved with people |
| ___ | ___ | 6. Intentional avoidance of supervisor |
| ___ | ___ | 7. Expressions of frustration or discontent |
| ___ | ___ | 8. Change in frequency or nature of complaints |
| ___ | ___ | 9. Complaints by co-workers or subordinates |
| ___ | ___ | 10. Cynical, "distrustful of human nature" comments |
| ___ | ___ | 11. Unusual sensitivity to advice or critique of work |
| ___ | ___ | 12. Unpredictable response to supervision |
| ___ | ___ | 13. Passive-aggressive attitude or behavior, doing things "behind your back" |

C. GENERAL JOB PERFORMANCE

YES NO

- ___ ___ 1. Excessive unauthorized absences-number in last 12 months
- ___ ___ 2. Excessive authorized absences-number in last 12 months
- ___ ___ 3. Excessive use of sick leave in last 12 months
- ___ ___ 4. Frequent Monday/Friday absences or other pattern
- ___ ___ 5. Frequent unexplained disappearances
- ___ ___ 6. Excessive "extension" of breaks or lunch
- ___ ___ 7. Frequently leaves work early-number of days per week or month
- ___ ___ 8. Increased concern about (actual incidents) safety offenses involving the employee
- ___ ___ 9. Experiences or causes job accidents
- ___ ___ 10. Major change in duties or responsibilities
- ___ ___ 11. Interferes with or ignores established procedures
- ___ ___ 12. Inability to follow through on job performance recommendation

D. PERSONAL MATTERS

YES NO

- ___ ___ 1. Changes in or unusual personal appearances (dress, hygiene)
- ___ ___ 2. Changes in or unusual speech (incoherent, stuttering, loud)
- ___ ___ 3. Changes in or unusual physical mannerisms (gesture, posture)
- ___ ___ 4. Changes in or unusual facial expressions
- ___ ___ 5. Changes in or unusual level of activity-much reduced/increased
- ___ ___ 6. Changes in or unusual topics of conversation
- ___ ___ 7. Engages in detailed discussions about death, suicide, harming others
- ___ ___ 8. Increasingly irritable or tearful
- ___ ___ 9. Persistently boisterous or rambunctious
- ___ ___ 10. Unpredictable or out-of-context displays of emotion
- ___ ___ 11. Unusual fears
- ___ ___ 12. Lacks appropriate caution
- ___ ___ 13. Engages in detailed discussion about obtaining/using drugs/alcohol
- ___ ___ 14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- ___ ___ 15. Has received professional assistance for emotional or physical problems
- ___ ___ 16. Makes unfounded accusations toward others, i.e., has feeling of persecution
- ___ ___ 17. Secretive or furtive
- ___ ___ 18. Memory problems (difficulty recalling instructions, data, past behaviors)
- ___ ___ 19. Frequent colds, flu or other illnesses
- ___ ___ 20. Excessive fatigue
- ___ ___ 21. Makes unreliable or false statements
- ___ ___ 22. Unrealistic self-appraisal or grandiose statements
- ___ ___ 23. Temper tantrums or angry outbursts
- ___ ___ 24. Demanding, rigid, inflexible
- ___ ___ 25. Major change in physical health
- ___ ___ 26. Concerns about sexual behavior or sexual harassment

Other information observations (please be specific, attach additional sheet as needed.)

Supervisor #1 - Date

Supervisor #2 - Date