

Spring 5-31-1989

A study of employee alcohol and drug abuse programs

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A STUDY OF EMPLOYEE ALCOHOL AND DRUG ABUSE PROGRAMS

BY

PHYLLIS E. WATERS

A THESIS

PRESENTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE

OF

MASTER OF SCIENCE

AT

NEW JERSEY INSTITUTE OF TECHNOLOGY

NEWARK, NEW JERSEY

1989

APPROVAL OF THESIS
A STUDY OF EMPLOYEE ALCOHOL AND DRUG ABUSE PROGRAMS
BY
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FOR
DEPARTMENT OF ORGANIZATIONAL AND SOCIAL SCIENCES
NEW JERSEY INSTITUTE OF TECHNOLOGY

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NEWARK, NEW JERSEY

MAY, 1989

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ABSTRACT

A Study of Employee Alcohol and Drug Abuse Programs

Phyllis E. Waters, Master of Science, 1989

Thesis directed by: Dr. Anthony Kahng

This study is primarily concerned with drugs and alcohol in the workplace, the range and impact of chemical abuse and how companies are coping with this problem.

The purpose of this study is to study organizations which have formal employee assistance or drug rehabilitation programs and what kind of impact such programs have on reducing drug abuse in the work place.

The first chapter tells the history of these early occupational programs and how they evolved into what is commonly known today as Employee Assistance Programs. It also explains how alcoholism and drug abuse became accepted as a disease.

The second chapter studies the elements of a company program. The company policy, and the steps taken in formulating a policy. Other concerns mentioned are Management participation, supervisory training, and referral services

The third chapter explores drug testing procedures used and the reliability of drug tests. It also touches on some of the many drugs that these tests are designed to identify, and some of the legal issues involved.

The fourth chapter investigates referral services, treatment and rehabilitation programs. An In-house program, An outside program, and a community program are studied.

Finally, the fifth chapter is an analysis of the survey results that were sent out to a cross section of twenty Fortune 500 companies. A conclusion is drawn based on these results.

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PREFACE

Substance abuse in the workplace has become a serious problem nationwide. This is evident by the increasing number of Employee Assistance Programs that have been established by the Fortune 500 companies. Drug-induced behavior can threaten the life of not only the abusers, but other employees as well.

Research Triangle Institutes estimates that drug abuse costs in the U.S. are \$25.8 billion dollars of which 16.6 are attributed to lost productivity. It has been estimated that substance abusers file five times as many worker-comp claims as non-abusers.

When an employee is suspected of drug abuse, professional help should be made available and kept completely confidential. Many businesses are establishing within their company policies drug testing as a necessary pre-employment requisite.

Many businesses, both large and small, are currently seeking ways to cut the costs associated with employee turnover, absenteeism, tardiness, on-the-job accidents, and poor job performance. Employee Assistance Programs (EAP) is one method of cutting these costs. The popularity of these programs have grown from 25 percent in 1972 to over 57

percent in 1984. These programs are said to cover more than 10 million workers.

When properly designed and implemented, employee assistance programs can accomplish a great deal. They can help managers to solve job performance problems and can provide a means for troubled employees to become rehabilitated and return to full productivity.

These programs however do not come cheap. Considerable amounts of money will have to be spent in deciding on the precise policy statement to guide EAP activities, in training line managers, and in hiring, directly or indirectly, the services of an EAP counselor.

A company program is not difficult to implement. Its foundation rests on the humanitarian and financial concerns any business should have. It is a practical approach to an unavoidable problem - troubled employees. It places alcohol and drug problems with the host of other problems that have been recognized as trouble areas and that have been handled as a performance problem.

It is the research objective to study organizations which have formal employee assistance or drug rehabilitation programs. This research will also study what impact such programs have on these organizations in controlling and detecting substance abuse.

The hypothesis is that effective programs for alcohol and drug abuse is the most effective way to control the spread of substance abuse in the workplace. The threat of an employee loosing his job as an alternative, can prove to be an incentive to get an employee to voluntarily seek help through a company program.

Also, this research will prove that rehabilitation of experienced employees is less expensive than hiring and training new ones. Employee drug assistance programs positively effect the extent of employee substance abuse in the workplace.

It is an assumption that these employee alcohol and drug assistance programs are designed to assist employees in coping with their alcohol and drug abuse problems.

An Employee Assistance Program is defined as a program through which employees may receive appropriate assistance or treatment when they have a drug, alcohol or chemical dependancy problem. Such programs could be either a sophisticated in-house employee assistance program or when not feasible, outside resources can be made available.

Such programs can include investigations, reasonable searches and administration of chemical tests. For the purpose of this study a Drug Rehabilitation Program is defined as an Employee Assistance Program.

One limitation in this research is the controversial issue of whether or not drug testing should be permitted. This matter is a legal issue and it is not the intent of this study to go into the legal or contractual issues of drug testing. Drug testing will only be mentioned in reference to its use in existing drug programs.

The investigative questions that this research attempts to answer are: Are the cost of Employee Assistance Programs offset by both direct and indirect savings? Is the company program a preventive program or one of detection? What percentage of employees in the workplace are substance abusers in companies with Employee Assistance Programs? Is management an effective tool in referring employees to the company program?

The design of this study involves a descriptive ex-post facto survey. A crossectional field study of Fortune 500 Companies will be surveyed. These companies run the gamut of industries from computers, insurance, transportation, investment and utilities.

The method of this research will be a survey in the form of a questionnaire. This questionnnnaire will be sent out to 20 of the Fortune 500 Companies. One questionnaire will be sent to the principle member of each Personnel or Human Resource Department of these companies. Follow-up phone calls will be made to the companies from whom no response

has been received. Follow-up letters will be sent to the remaining companies who still have not responded.

The questions prepared for this questionnaire will be constructed to assure as reliable of results as possible for a study of this design.

The validity of the questions will be measured through an examination of how well the responses attained support the above assumptions and the information attained from the published research of others.

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CHAPTER I

HISTORY OF OCCUPATIONAL PROGRAMS

Company programs to assist the alcoholic worker have existed since the 1940's. E.I. Dupont de Nemours Company, Kodak Park Works of Eastman Kodak Company and Kemper Insurance established some of the earlier employee alcoholism programs. Yale University sponsored the National Committee for Education which later broke up and formed the NCA (National Council on Alcoholism).¹

By 1947 the Edison Company of New York and the Great Northern Railway Company had developed some form of company program for their employees who had drinking problems. The late 40's also gave birth to the first National Conference on Alcoholism in industry which was held in Chicago.²

This conference focused its attention to alcoholism as a medical problem. By the end of the decade alcoholism was declared a disease.³ By the 1950's, alcoholism was recognized in professional magazines and journals as an occupational health problem.⁴

A. EARLY COMPANY PROGRAMS

Dr. John L. Norris of Kodak was one of the early

pioneers in the development of Industrial Alcoholism programs.⁵

Kodak established back in the mid 1930's an informal program based as a community resource a local A.A. fellowship. Alcoholics Anonymous came into being in 1935, it was formed by William Griffith Wilson and Robert Holbrook Smith who preferred to be called Bill W. and Dr. Bob.⁶

Both men had been alcoholics who found they could help each other. Bill W. had achieved sobriety through spiritual experience. He shared his experience with Dr. Bob. The association of these two men and their long discussions together proved highly beneficial to both. Other alcoholics were invited to join the group.

Dr. Morris sent a supervisor to the local A.A. fellowship as a last resort before he lost his job. The supervisor had at one time been a good dependable worker but his continuous and long term drinking problem had caused him to have absenteeism and work performance problems.

Since A.A. was a relatively new program at the time, Dr. Norris had never been to an A.A. meeting. However, he felt he had nothing to lose and everything to gain. His hunch paid off. The supervisor not only stopped drinking but he returned to work and his job performance was better than ever.⁷

Some other pioneers in the field to develop early organized industrial alcoholism programs, are Allis-Chalmers, Consolidated Edison, Bell Telephone of Canada, Dupont, American Cyanamid, Eastman Kodak, and Kemper insurance.

These early efforts did not initially hit upon the optimum design for their programs, although they still achieved remarkable success.⁸ By using methods designed to identify only the employees clearly marked by alcoholic behavior, they often succeeded in identifying only those in the later stages of the disease whose condition had become so conspicuous that their addiction could no longer be concealed.⁹

Supervisors were later given training in the early identification of those in the work force who were alcoholics. Some major problems developed with the supervisory identification approach. Supervisors as diagnosticians resulted in no one above that level identified, so those identified were non-supervisory employees.

In a study conducted by Harrison M. Trice it was concluded that diagnosed alcoholics were found in low status job situations: Less pay, fewer promotions, more dependents, less education, blue collar jobs of manual nature, requiring mobility rather than a fixed position.¹⁰

This was one of the major problems with using supervisors as diagnosticians, the only people identified were non-supervisory employees.¹¹ It is understandable that supervisors were not comfortable in this new, unfamiliar responsibility of diagnosing what they basically felt was a matter of moral weakness or character deficiency.

Oftentimes, they avoided making this identification by covering up the problem until the employees' health and work performance deteriorated and his symptoms were easily recognized by everyone.¹² In the National Industrial Conference Board, Stephen Habbe wrote:

"The more many supervisors thought about confronting an employee about drinking, the more inclined they were to postpone that confrontation just as long as they possibly could. Only when it was plain to everyone that a particular employee was a confirmed alcoholic or when failure to act would clearly be a dereliction of supervisory duty, e.g. when an employee came to work in an obvious drunken condition, would many supervisors finally act."¹³

By not confronting the alcoholic employee and allowing the problem to continue to grow, eventually led to disciplinary action and termination. This course of action was costly and painful to both employer and employee. a more practical approach that would lead to earlier action by the supervisor was desirable.

Another problem with the supervisor identification method was that it usually came too late, and too often the employee was terminated before getting help, his or her capacity to function on the job having been almost completely destroyed.¹⁴

Under grants by the Smithers Foundation, a greater understanding of identification procedures by management developed. Education and efforts by National Council on Alcoholism's Labor-Management Services Department sought to apply these findings in developing programs during the 1960's, while striving simultaneously to reduce the effect on management policies and procedures of the stigma surrounding the employee identified as alcoholic.¹⁵

B. THE DISEASE MODEL

Dr. William Ducan S. Silkwood, director of Charles B. Towns Hospital in New York, a private facility specializing in alcoholism and drug addiction was convinced after studying thousands of alcoholics who he treated as patients that Alcoholism was a compulsion, not merely a bad habit, but a pathological disease.¹⁶

Essentially, the disease concept, or medical model, sees alcoholism as a cumulative process in which the individual gradually increases his consumption over the years, from occasional to habitual intoxication, and

ultimately to a state of complete physiological and psychological dependence on alcohol. This belief has been widely accepted and used to define alcoholism.¹⁷

By the end of the fifties and the early sixties alcoholism was recognized in professional magazines and journals as an occupational health problem. The medical profession defined alcoholism as a disease which affects the central nervous system, and is brought about by systematic and long term drinking which is excessive.¹⁸

E.M. Jellinek pioneered the disease model of alcoholism. This model uses phases that an alcoholic must go through in the drinking process. The use of the Disease Model enables alcoholics the right to receive medical and therapeutic treatment. It also makes society as a whole more receptive to the treatment and rehabilitation of alcoholics.¹⁹

This model uses phases that an alcoholic must go through in the drinking process. Jellineks' unidimensional mode of the alcoholic influenced the way people conceptualized the chronic or problem alcoholic. Others used his model and expanded on his assumptions.²⁰

According to Jellinek the symptoms of the disease was:

- a) Marked stages of social deterioration
- b) Family and marital disruption
- c) Anti-social acts
- d) Work and financial troubles

This approach was later criticized by Wanberg and Knapp in a paper they wrote in 1970. They claimed this approach seemed too simplistic. However, it is generally still used when describing the disease.²¹ On the other hand, the profile of the drug addict falls somewhere along a criminal-sick gradient.

The addict profile often consists of individuals who are unable to support their drug use through conventional means and who resort to deviant behavior which often ends in incarceration, and of individuals who are unable to afford private confidential care and who seek out or are sent to rehabilitation facilities where they become part of the profile.²²

The addict is perceived as either immoral, amoral criminal, and weak willed or psychologically sick. There is little ambivalence in American Society about the misuse of drugs. It apparently seems that American society will not tolerate drug abuse. However, Alcohol does show an ambivalence in our society about certain drinking behavior. In The Alcoholic Employee, Ashton Brisolara in referring to the attitudes toward drinking alcohol states:

The controversy continues, even today. There are those who feel that alcohol should be abolished to eliminate the problems that are associated with its abuse. Others feel that "for those

who can, drinking can be fun," and should not be eliminated because of a minority of abusers and pathological drinkers.²³

This liberal attitude towards drinking may be one of the reasons why it is still considered to be one of the most widely abused drugs in our society today.

L. F. Presnall became the first director of industrial services for the National Council on Alcoholism (NCA). Presnall started a company program which focused primarily on the disease of alcoholism and also used a written policy on alcoholism which was issued to all employees. His program succeeded in identifying over 8% of the total payroll as "problem drinkers" in a period of four years.²⁴

The NCA suggested that supervisors should look for causes of poor job performance and not be diagnosticians. By using this approach of detecting poor job performance rather than alcoholics, Presnall was using supervisor observation to identify deteriorating job performance which is something they were much better trained to do.²⁵

EMPLOYEE ASSISTANCE PROGRAMS

The Employee Assistance Program (EAP) movement which began in the 1930's and '40's with a handful of progressive companies, is in full bloom on most corporate and

governmental levels across the country. According to two Opinion Research Corporation surveys, the number of Fortune 500 companies with employee assistance programs has increased from 25 percent in 1972 to a 1980 level of over 57 percent. Another survey taken in 1979 indicated that there were more than 5,000 programs in the public and private sectors, covering approximately 10 million workers.²⁶

Stanley K. Day designed and installed the first Program for Alcoholic Recovery (PAR) in the U.S. Postal Service. Mr. Day retired from the Postal Service in 1975 his program which was later named Employee Assistance Program (EAP) still remains.²⁷

The Postal Service recognized that alcohol and drug abuse are serious health problems which can adversely affect an employee's job performance as well as personal life. The Employee Assistance Program in the Postal Service is designed to help postal employees recover from alcohol and drug abuse, and to help eliminate the harmful effects these substances may have caused to the employee's personal life.

A well-designed and implemented employee assistance program should achieve certain goals and be compatible to the organization's objective, policies and procedures. It should utilize existing community resources whenever

possible and it should respect the privacy of participating employees.²⁸

Implementing an EAP for an organization involves several steps:

A written policy statement should be formulated designating alcoholism and drug abuse as a treatable illness and stating that employees affected by this illness and other problems are eligible for services through the Employee Assistance Program.²⁹

A trained and qualified program coordinator needs to be designated, whether this person is employed by the company directly or is contracted. This individual will be responsible for determining the program approach and developing and implementing programs, policies, procedures, and services.

This person might function under the umbrella of a medical department, personnel department, as its own department, or at an outside service agency.³⁰

Orientation and training sessions need to be offered to supervisors, managers, union stewards, and, when possible, to employees at every level in the organization. These training sessions have as their goal helping people utilize the employee assistance program or coordinator in order

to get help for personal problems. They are critical to the success of any program.³¹

The employee assistance program is a method of intervention that focuses on the decline in job performance, not on the nature of the employee's problem. The combination of early assessment and referral services allows the employer to confront the troubled employee when documented performance changes justifies the employer's intervention.

Such documented performance can be for example, the worker who is always getting into fights with fellow workers, or constantly coming in late; or who don't come in at all. Some other signs may be overly long lunch breaks, or unexplained absences from the workroom floor, or never being where they are supposed to be.

The greatest motivation for an alcoholic employee is the threat of job loss.³² When the job is directly threatened the alcoholic or drug dependent worker comes face to face with the most crucial of all decisions either further into alcoholism or drugs and inevitably out the door or to finally accept the fact that they need help.

At this point they are finally willing to turn to the labor-management company program or the Employee Assistance Program. The need for employee assistance programs has

emerged from the increasing incidence of employee problems, such as alcohol and other drugs, depression, job burnout, and marital or family problems.

R.A. Greenburger in "Firms Are Confronting Alcoholic Executives with Threat of Firing" reported that about 9 percent of american workers have an alcoholic problem. Of the 500 executives reporting in the study, 9.3 percent were admitted problem drinkers.³³

EAP's offer various services to help workers cope with alcoholism, drugs or any other problems that might adversely affect an employee's work performance. A program aimed at dealing with a wide variety of employee problems is sometimes referred to as "broad -brush" in nature to distinguish it from narrower, often stigmatized programs that are oriented exclusively toward employees who are alcoholics or drug abusers. Among the usual EAP services are counseling, diagnosis, and referral for advice, or when necessary, treatment.

The main intention is to help the employee solve his or her problems, or, at least, to prevent the problems from turning into crisis. However, if emergencies do arise many hotlines offer 24-hour service.³⁴

The Employee Assistance program in the Brooklyn Post

office has a confidential help line for employees who have difficulty in abstaining from drug abuse and are seeking help. When the EAP counselor is unavailable, the person can leave a message on a recording device or, if the employee wishes to discuss his or her situation with the Medical Officer instead, his number is also available.

There are various mechanisms for providing EAP services. For instance, such services may be provided primarily by outside agencies such as Family Services Associations. More often than not, counseling and diagnosis by outside providers are done in their office, a "neutral site" away from the company premises where the employee who is being counseled actually works.

The opportunity of having EAP services provided off company premises is often given as a key advantage to using outsiders. Many employees may be too embarrassed or frightened to avail themselves of EAP services that are furnished in-house. It can be quite a financial burden for an organization to pay all the cost associated with an EAP. For this reason, many organizations, particularly small and medium-sized ones, have pooled their efforts and cooperated in establishing a "consortium-type program.

The consortium-type arrangement enables EAP service to be available to employees of all the cooperating organi-

zations. The largest arrangement of this type in the country is at the JFK Federal Center in Boston. There are many firms that provide all counseling and diagnosis services internally, through they still make referrals to A.A. or some similarly unique outside agency.

In those firms that operate an EAP on company premises, the company's medical department often plays the key role in employee assistance programs. A Postal Supervisor can recommend a fitness for duty examination with the physcian on staff or a selected medical physcian that the post office has contracted for services.

In the Brooklyn Post Office the medical unit maintains current listing of all local community federally-approved drug treatment agencies for referral. The medical officer makes the necessary referrals upon recognition that the employee has a non-hard core drug problem.

In keeping with postal policy it is absolutely imperative that the enrollee in EAP be assured that their confidentiality will be protected to the maximum extent possible during the period of recovery. Of course, in certain supervisory referrals, and in most disciplinary cases, the problem will be known to others. As well as their participation in the EAP Program.

The EAP counselor interviews the referred or the

self-referred employee privately, In conducting such interviews, the EAP counselor in the Postal Service must guarantee the confidentiality of everything he or she discusses with the employee. The confidential nature of medical/counseling records for this non-hard core drug abusers program is preserved in accordance with the Privacy Act of 1974, Public Law 93-579.³⁵

When properly designed and implemented, employee assistance programs can accomplish a great deal. They can help managers to solve job performance problems and can provide a means for troubled employees to become rehabilitated and return to full productivity. Consequently, in saving the valuable skills of experienced workers, EAP's save companies money. Harvey Shore, Associate Professor of Management at the University of Connecticut states "...a company usually spends 60 percent less to rehabilitate than to replace a worker who's performing poorly because of personal problems."³⁶

In the case of many troubled employees, their jobs represent their only good hold on reality. Fear of losing their jobs, coupled with their employer's promise that assistance will be provided confidentially, usually makes employees receptive to EAP's and the treatment they offer.

Introducing an EAP into an organization is neither free

nor trouble free. Considerable amounts of money will have to be spent in deciding on the precise policy statement to guide EAP activities, in training line managers, and in hiring, directly or indirectly, the services of an EAP counselor.

Trouble may arise when trying to maintain strict confidentiality, or when referrals are made too late to be helpful. In the Postal Service, the enrollee may choose to enter the Program or may choose not to. It must be his or her own decision. If they do not choose to enter the EAP, they are free to leave at any time and their confidentiality will be protected.

A well-run EAP will be cost-effective. It will more than pay for itself by significantly reducing the costs associated with employee absenteeism and medical care, on-the-job accidents and errors, and recruitment, selection, and training of replacement employees.

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CHAPTER II

ELEMENTS OF A COMPANY PROGRAM

There are several alternatives a company or business can take when it is confronted with drugs and alcohol in the workplace. One alternative is to deny that the problem exist within the organization.

This stand is not realistic and reflects an attitude of sticking one's head in the sand and ignoring a problem that is prevalent throughout our society.

This denial will be disguised as fiscal impossibility, personnel problems, naivete' and hopelessness. Some of the excuses used to rationalize this denial are:

- * We don't have a drug or alcohol problem in our organization
- * Our employees are too intelligent (sensitive, aware) to get involved with drugs
- * The supervisors will never be able to handle the responsibility
- * The unions will never cooperate
- * We don't have the staff to manage a program
- * There will be too much paperwork
- * We can't afford it!¹

These alibis are ways of turning away from one's own fear and problems. It is an immature stand that strips the company and staff from facing reality.

A second method of dealing with the problem of alcohol and drug abuse is by firing drug users. If this policy is carried out consistently it will probably rid the work force of most of the employees who are having visable problems with alcohol and drugs.

However, this policy can be wasteful, inhumane and financially disastrous. If a company or business does not have a strong and precise policy that spells out specifically what type of action it will take when confronted with an employee who is a substance abuser, it could open the company up to lawsuits and grievance procedures.

Alcohol and drug dependance has been recognized as a "handicap" under various state and federal employment discrimination laws.² Under these laws an employer must reasonably accomodate an employee who is having problems with alcohol and drug abuse.

Employers are obligated under these laws not to discharge, refuse to hire, or otherwise discriminate against an employee because of alcohol or drug dependence. Most

reasonable accomodation laws cover federal employees, these laws may not be necessarily binding on private employees.

Arbitrators are likely to rule in favor of the employee if employers do not aggressively offer some variety of treatment in lieu of termination for impaired performance.³

Employees who are absent for prolonged periods while seeking drug or alcohol treatment may claim protection from discharge under those state worker-comp laws that prohibit discrimination or retaliation against employees who have been industrially injured. These issues are still being resolved in the courts.⁴

In many of the cases,, arbitrators believed that the employee's career might be salvageable through rehabilitation. Schachter and Geidt state in "Across The Board":

"At minimum, the duty of reasonable accomodation probably requires employees to give employers who are willing to acknowledge a chemical dependence an opportunity to rehabilitate themselves through employee assistance programs or community resources, unless the granting of such an opportunity would impose an undue hardship on the employer."⁵

The only sensible approach is to have a written company policy and program offering assistance capable of returning the employee to his or her full potential.

A. COMPANY POLICY

A comprehensive statement of the organizations policy regarding the use of drugs and alcohol by employees should be established. This policy should be circulated throughout the company so it can be known to both employees and management.

It should state who is responsible for implementation and what levels of authority will be accountable. For instance, the medical department may work in liaison with the first line supervisor in identifying an employee who has a substance abuse problem.⁶

The written policy should make the role of the supervisor clear, especially when it comes to recognition and confrontation. However, it should be made clear that higher management fully supports the first-line supervisor and will back him if there is a consultation between management and labor.

The Postal Service has formulated a policy statement that spells out the steps it will take when an employee is found to be using or in possession of illegal drugs or alcohol. It defines what is considered improper or uncontrolled use of alcohol and drug abuse and dependency.

It further recommends getting help through the EAP program. It explains what behavioral problems are considered indicators of substance abuse. It also states that referral programs and treatment centers are available for employees who seek their assistance.

If an employee loses his job and has fully recovered from his alcohol or drug dependency he can request to be reinstated. The decision to rehire the employee will be the responsibility of the local management. The employee's work history and the nature of the charges which led to removal or resignation will also be factors in rendering a decision.

The policy statement also explains the disclosure policy of any information pertaining to the employee. The Postal Service has published it's policy in the Employee and Labor Relations Manual (ELM) and in Postal Bulletin 21509 date 4-11-85.⁷

A good company policy not only spells out the companies rules and regulations regarding substance abuse, but it also defines the steps to be taken in regards to disciplinary action and the support systems available for employees with problems.

The program should solicit the support of top management down to the first-line supervisor. Training

should be made available to help supervisors identify negative changes in job performance.

Finally, a referral system should be established to aid in the recovery of the employees emotional and physical health. If the company is unionized there should be a joint labor-management agreement towards motivation and acceptance of needed treatment.

The Chrysler Corporation in conjunction with the United Auto Workers (UAW) jointly formed a policy statement. The statement reads:

"Chrysler Corporation and the UAW recognize alcoholism and drug dependency as diseases which may impair the ability of the individual employee to perform an efficient and meaningful role in his family, in industry and in society as a whole. These diseases can be treated by existing medical and therapeutic methods.

Neither party is concerned with social drinking rather with the disease of Alcoholism.

We recognize that supervisors and union representatives do not have the professional qualification to diagnose or treat alcohol or drug abuse problems. Therefore, referral for diagnosis and treatment should be based on job performance.

We believe employees having these diseases should receive careful consideration and an offer of treatment with insurance coverage as provided in the insurance Program of the applicable Chrysler-UAW agreement.

The decision to request diagnosis and treatment for these diseases is voluntary and the personal responsibility of the employee. The confidential nature of the medical records of employees with alcohol or drug abuse problems will be strictly preserved.

Employees participating in these programs will be expected to meet existing job performance standards

and established work rules, and nothing in this statement is to be interpreted as constituting a waiver of management's rights to maintain discipline or the right to take regular disciplinary measures within the framework of the collective bargaining agreement in the case of misconduct or failure to perform satisfactorily that may result from the use of alcohol or drugs."⁸

The Chrysler Corporation recognizes that labor representatives must be included as early as possible in the writing process. The willing and cooperation by the union locals reinforces and supports the company's commitment in helping the employee to seek the necessary assistance to deal with his problem.

B. SUPERVISORY INVOLVEMENT

The supervisory staff is the key to a successful industrial program. Supervisors hold a unique position in the company, they are the liaison between labor and management. Upon them rests the dual responsibility of looking out for the welfare of the company and of the work force.

Alcoholism or drug addiction is progressive if left to go undetected for any length of time, the condition worsens until the employee's livelihood becomes threatened.⁹

In dealing with substance abusers, the supervisor learns to recognize job related problems, such as absenteeism, poor work quality, symptoms of poor job

attitude, high accident rates, changes in personal habits and poor relationships with coworkers.¹⁰

By being objective a supervisor can use an employee's work performance to evaluate and identify problem employees without making any personal accusations. The supervisor does not need expert knowledge about substance abuse in order to intervene positively when a subordinate's work is affected.

It is essential that the supervisor remain alert to changes in work patterns and behavior, and to be able to document signs of failing performance. Therefore, a substance abuse program adds nothing new to the supervisor's job responsibilities.¹¹

In dealing with substance abusers, the supervisor should only be concerned with problems that are job related. Special training may be needed to help them identify any deviations in work behavior. Some common signs of problems that are exhibited early are:

1. Absenteeism - especially if it shows a pattern, for instance, Mondays, Fridays or after payday.
2. On the job absences - employees frequents the rest room or locker room or is found in odd places around the plant.
3. High accident rate - flagrant neglect of safety rules and regulations.
4. Poor job performance - sporadic changes in

supervisor can do this verbally or in writing. However, he only expresses his concerns for the individual in regards to work performance standards.

The medical officer will make the determination as to whether or not a hard core drug abuse or alcohol problem may be involved. Should the medical officer decide in the positive, then the supervisor will establish an interview with the employee explaining his deficiencies in job performance and recommending consultation with the medical officer in an effort to seek assistance and a solution to the problem.

Union stewards can also assist supervisors in the identification and eventual referral of employees who may have substance abuse problems. The employee is never terminated for not participating in the EAP Program but he may be terminated or suspended if his work performance continues to deteriorate.¹⁴

If poor job performance results in termination, a trained supervisor must have good, objective, written records.¹⁵ There is a better chance of obtaining positive results if action is initiated well before the situation has deteriorated to the point where suspension or discharge of the worker seem to be the only alternatives.

When supervisory detection and intervention is successful the employee corrects his deteriorating job performance, and the supervisor can take satisfaction from having saved the company substantial costs.

C. LABOR PARTICIPATION

In order to ensure success of a company program, the union and management should be in agreement on the implementation and enforcement of the company policy.

When the program is developed jointly the role of the union representative can play an important and valuable part in the success of the program. For instance, the shop steward usually is in the employees peer group and will frequently detect a problem long before work performance is affected.

It has been found that EAP's are more effective when they have union support.¹⁶ When unions are supportive of the company's policy and it is viewed as another means of helping troubled employees with their problems, grievancies are significantly reduced.¹⁷

The employee may be more inclined to accept the judgement and recommendation of labor and management

combined than he or she would accept a program presented solely by management. A sole program may be perceived as just one more corporate regulation, and might not be fully supported by the work force.

The union as well as management gets some benefit from the company's program. The program reduces absenteeism, accidents and health care costs, this generates more dollars for member's salaries and benefits. Also, it can provide more job protection by increasing the quality of work and reducing the need for employee discipline and arbitration costs.

Brisclara states, in "The Alcoholic Employee":

"Labor, too, has a stock in the program. It is a real contribution to the welfare of the worker, and added insurance of stability in employment, and a health benefit in its truest sense that will help both labor and management to safeguard the well-being of workers, to facilitate the handling of employee problems, and to increase the productivity and hence the appreciation of employees."¹⁸

Whenever a union is involved, refusal of an employee to take advantage of the constructive offer of help must be managed within existing contractual agreements relative to job performance.

Since union opposition can cause a company program to be unsuccessful. It would be in the best interest for management to have a strategy that would be in favor of

approaching those situations with the highest likelihood of joint union management cooperation.

Management should convince the union that alcohol and drug abuse are problems in which each has a stake. A stable union, operating without divisive internal politics, adds to the likelihood of success.¹⁹

Increased communications and education are the key elements determining the success of joint union-management programs. As labor starts to play a more integral role in the EAP, there is an increasing need for union spokespeople and management representatives to relate closely if a truly constructive approach in dealing with employees with alcohol and drug abuse problems is to be effective.

D. COUNSELORS

A professional occupational program consultant can play a valuable role in establishing a program. The consultant should have a plan to assist the company and union in the complete implementation of the employee assistance program.

Counselors should have clinical experience, and some are recovered alcoholics or drug abusers. They discuss the

problem with the employee calling in, but do not provide therapy. Instead, they refer the employee to an outside resource.

Confidentiality in all cases is maintained. Employees names and complaints are not revealed, unless written permission is granted. It is important that this is emphasized by the counselor in the first interview and subsequent practices.²⁰

In the Postal Service the role of the EAP specialist is to assist the employee in the recovery program. The counselor is not to interfere with or assume the responsibilities of other functions to any greater extent than would medical personnel in treatment of any health program.

This does not restrict the EAP specialist in consulting with or assisting other authorities in their efforts or responsibilities to support the EAP within approved guidelines. It has been long recognized by authorities on the disease of a alcoholism or drug addiction that each addicted employee directly affects on the average of at least five other persons lives; at home, at work, and in the community in which he lives.²¹ Consequently, these people

and particularly the family, have a vital interest in lending support to the employee's program of recovery in their own interests as well as in the interest of the substance abuser

In light of the above, it is important that the EAP specialist, assist in bringing the understanding counseling service and support to these people and to assist the employee in opening lines of communication, reconciliation, and assistance within the affected areas of their life.

To a greater or lesser extent, resources for assisting the addicted employee are available in every major city and should be utilized to the fullest extent possible in the EAP program.²² In every major city, there are active groups of Alcoholics Anonymous that have been primary sources for recruitment of recovered alcoholics who are qualified and can afford to be EAP counselors.

The Alcoholics Anonymous Fellowship contains the largest number of recovered alcoholics ever identified. EAP specialists are well established in the use of the resource, and maintains contracts with the central inter-groups in order to assure maximum cooperation of the worldwide fellowship.

It is the purpose of the EAP specialist to assist the enrollee in the selection of the specific program of recovery to which they will be committed.

This may not necessarily evolve from a first session of counseling or even a second or third session. But, this must be an early objective for both the EAP specialist and for the enrollee to agree on such an individual program of treatment. This matter will require judgement on the part of the EAP counselor based on their own experience.

Credentialed doctors and nurses are always available in the first-class programs because drug and alcohol addiction are frequently accompanied by physical ailments that must be monitored from the first stage of treatment.

Some counselors are themselves recovering addicts and alcoholics. These men and women have received some professional training and demonstrate such skill when working with their fellow addicts and alcoholics, that a fully licensed doctor or therapist is willing to supervise and take responsibility for them.²³

These counselors who have experienced drug and alcohol addiction themselves are frequently more effective because they possess the insight that can only come from having "been there" and recovered.

The Postal Service uses these "life experience" counselors in their EAP program. These counselors are often able to see through the cons and manipulations of the addict-alcoholic in early recovery.

One of the requirements for a Postal EAP Counselor is to have moderate experience in dealing with people with drug and alcohol problems and he must be a recovered alcoholic addict with a continuous period of sobriety of not less than three years.

A Postal Service EAP Coordinator/Counselor provides confidential non-medical assistance to postal employees or their families members who are seeking help to recover from their addiction.

This person makes frequent contact with the employees immediate families, physicians, ministers, judges, police and union representatives involved with the affected employee to gain information and cooperation in establishing the individuals recovery program, and with representatives of government and non-government agencies to make available facilities and services for the treatment of alcohol and drug abuse.²⁴

In "An Addicts Story" from the Postal Life, A magazine for postal employees and their families, an employee by the

name of Roderick told of his experience with drug addiction and his first encounter with the EAP counselor:

"When I walked into the EAP office, I had the feeling that the counselor saw right through me. He knew all about men because he had been there. After we talked for a while, he said something that hit me harder than anything I ever experienced: "Whats the matter?" Are you afraid if you get sober you won't be able to have a drink or take drugs again for the rest of your life?

I'm not sure what happened, but suddenly, in a burst of clarity, I saw the contrast between how I saw myself and what I actually was. My abilities were gone, I was no longer reliable, and as hard as I worked, I was not the example I pictured myself to be. It seemed like all things I'd been saying to myself subconsciously for several years came to the surface."²⁵

The EAP counselor was the catalyst that turned this employee's life around. he felt that the EAP counselor cared, and that he had found someone who understood his agony the only way someone could understand it - because he had been there too.

The counselors act as role models and for some there is an early period when staying sober like the special counselor becomes a matter of pride, of wanting to make the right impression on a particular therapist.

Pride and wanting to make the right impression will not keep anyone sober for long. However, it will often keep an individual in early recovery long enough to break through the denial. Beyond that, they must build a sober,

drug-free life on their internal motivations.

FOOTNOTES

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CHAPTER III

DRUG TESTING

Conducting chemical tests to detect alcohol and drug use by employees has become a timely yet controversial issue. This is due in part to the lack of understanding by employees and management about the tests themselves and what the test results mean. The attitudes of society against promiscuous alcohol and drug use, as evidenced by the national outcry against drunk driving, and the growing awareness by employers of the financial impact of alcohol, and drug-related accidents, has prompted a rapidly growing demand for chemical testing of job applicants and employees.

The statistics on substance abuse is staggering. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that at least 10% of the work force is afflicted with alcoholism or drug addiction. Another 10% to 15% is affected by the substance abuse of a family member. Still more bear the scars of having grown up with an addicted or alcoholic parent. The bottom line is that at least 25% of any given workforce suffers from substance abuse - their own or someone else's.¹

Many corporate leaders think the drug problem justifies vigorous preventive measures. Some companies conduct tests for drug use as part of the physical requirement for employment, but without telling applicants that they'll be screened for drugs. If the test is positive, most companies simply don't offer that candidate a job.

There are a variety of methods available to employers in investigating suspected substance abuse. Sobriety and drug tests, such as breathalyzers, urinalysis, and blood tests are some of the more frequently used methods.

Questions about the reliability of testing and the work-related significance of the nature and levels of the drugs found should be asked prior to the initiation of a testing program. Careful planning and administration are essential when drug-testing initiatives are called for.

A. URINALYSIS

Urinalysis is considered the least intrusive test for chemicals. Another advantage of urine screens is that proof of chemicals remains in the Urine longer than the blood. An employee who snorts a little cocaine before work can have evidence of the drug gone from his blood within three to four hours, five at most. But levels of it can be found in the urine for the next two to five days depending on certain variables.

You can have urine samples tested in medical laboratories, hospitals or you can run a urine-testing program of your own using any employee you have selected and a drug detection system made by the Syva Company.² These drug detection systems include the Emit-St, which is a simple, compact system that can be used to test urine samples one at a time for the presence of any one drug or for the presence of a whole series of drugs.

At the Roche Biomedical Laboratory in Raritan, New Jersey, one of the nations largest drug testing centers, Mark L. Powell, director of toxicological and pharmaceutical testing said roughly 15% of the quarter million samples screened annually test positive for one of eight drugs: amphetamines, barbiturates, marijuana, cocaine, methaqualone, opiates, phencyclidine (PCP) and benzodiazepine.³ Of the positive samples, 90 to 95 percent indicate the use of marijuana or cocaine.

The question of making chemical decisions about the test results must be addressed. To make a good and reasonable decision about a positive drug test you must have a knowledgeable assessment of all the information available. In chemical testing which embodies some measurement of a signal whether it is a colored spot on a plate, a Gas Chromatography (GC) tracing, radioactivity or light absorption, there is an inherent variability in the measure-

ment. Powell stressed that all positive test samples be retested. If the results are positive again, a more sophisticated test should be performed to confirm and quantify presence of the drug.

The decision to distinguish between "positive" and "negative" are often arbitrary. Negative may not mean negative in the chemical sense, but only by some administrative standard. Drug screens can often be opened and closed to detect more or fewer drug users, as the situation dictates.⁴ Many laboratories will only report that the drug was "present". Sometimes, the actual concentration of the drug will be given. The laboratory usually will tell what the lowest limit of detection is for the method being used.

What the tests results really mean and does the result indicate use or intoxication becomes the big question. This can be a very important issue when a law or labor contract specifically prohibits being "intoxicated" or "under the influence" on the job. If the test result is the quantitative measurement of the "active" drug in a blood specimen, then it is easier to determine if the results indicate use or intoxication.

As with alcohol, studies have been conducted with many drugs in which their blood or plasma concentrations have

been correlated with performance decrements. These performance measures, are usually on laboratory tests, although a number of studies have been performed in cars or driving and flying simulators. The tendency is to prohibit the use of drugs that are known or suspected to inhibit physical or mental processes that are important for safe or efficient functioning.

It is estimated that one-third of the nation's largest corporations are requiring job applicants to undergo testing for drug use.⁵ Employee drug testing has met with strong criticisms from unions and civil liberties group. The San Fransisco city government recently barred drug tests in employment; a few states are considering similiar legislation. But even some of the strongest opponents of current tests concede that employees need help with their problems.

The dilemma confronting lawmakers and others who try to regulate drug testing in the workplace is how to assure employers a safe and productive work enviornment without infringing on the personal rights of workers.

Random drug testing has not been looked upon favorably by the courts and arbitrators. Courts are in general agreement that requiring an employee to submit a urine or blood sample for analysis constitutes a search under the

4th amendment of the U.S. Constitution and must meet constitutional standards of reasonableness.

However, when implementing a drug testing program certain guidelines should be followed. First you should treat all job applicants fairly. For instance, if you are testing applicants for a particular position you should not single out a particular sex, race nationality or only those who have long hair, beards or wear leather jackets. It is wise to test all applicants for the position.

Secondly, inform your employees if you will be testing randomly. Let them know why you have chosen this method and attempt to win their support rather than encouraging an adversarial relationship. Finally, treat all tests confidentially. A workplace where confidentiality is not upheld can lead to grievances and costly lawsuits.⁶

B. TESTING PROCEDURES

The technology for testing urine for drugs of abuse is reliable if performed by a reputable laboratory that has properly trained technicians and ensures the accuracy and integrity of its tests by instituting numerous "chain of custody" safeguards to prevent mistakes, accidents and tampering.⁷

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Company in Palo Alto, California that can be run by a company on its own premises. This drug detection system includes the EMIT ST, which is a simple, compact system that can be used to test urine samples one at a time for the presence of any one drug, or for the presence of a whole series of drugs.

The Emit drug detection system can process up to 65 urine samples per hour with the addition of an automated component, and can provide estimates of sample drug levels. The EMIT systems can test for the presence of the following drugs in employee urine samples:

* Marijuana	* Tranquilizers -
* Cocaine	(Valium, Librium) etc.
* PCP	* Ethyl Alcohol
* Barbiturates	* Methadone
* Amphetamines	* Methadone
* Methaqualone (quaalude)	* Opiates

The EMIT system comes with all the equipment needed to run tests except disposable material, some of which is included with some detection systems. When a company purchases a system, the Syva company will train whatever staff it wants trained to use the system.

Testing takes 90 seconds and will result in a written report. This system is priced between \$3,000 to \$10,000, depending on how large the testing program is. The larger system can process many samples per hour. The EMIT system can detect the presence of drugs in the urine to an accur-

acy of 95% to 99%, depending on the drug in question.⁸

Mark L. Powell of Roche's biomedical laboratories, stressed that all positive samples for any drugs are retested by Roche laboratories. If the results are positive again, a more sophisticated test is performed to confirm and quantify presence of the drug. The initial screening costs about \$15 and the confirmatory tests cost roughly \$60.

The confirmatory tests employ a process known as Gas Chromatography coupled with Mass Spectrometry (GC MS). Powell criticized laboratories that do not use the GC-MS method, which requires highly trained technicians and a computer that can cost as much as \$600,000, to confirm results. Roche laboratories has one GC-MS computer and expects another pair to arrive soon.

In just one year, the number of drug screenings performed by the Raritan laboratory has increased more than 300 percent. From 80,000 samples in 1985 to roughly 250,000 in 1986, according to Mr. Powell, who is Roche's director of pharmaceutical and toxicological testing.⁹

To ensure the accuracy and integrity of its tests, Roche has instituted numerous "chain of custody" safeguards to prevent mistakes, accidents and tampering. Urine samples are brought to the laboratory by Roche's own nationwide courier service in tamperproff containers sealed in tamperproff plastic bags.

The drug testing laboratory is located in a restricted access area behind electronically coded doors. Only certain employees, most with at least a bachelor's degree in medical technology, have access to the room and only during their assigned work shifts. Every employee who touches a sample must note the time and reason the sample was handled.

Powell feels that the "blind testing" program that Roche has instituted to further ensure accurate results, will become an industry standard. In the program, company officials place several "control samples" laced with known amounts of certain drugs in each batch of samples tested.

If the technicians do not detect each of the control samples and accurately determine the drug present, the entire batch is retested with new control samples. Roche also hopes to begin "double blind testing". Under this program, outside agencies would periodically submit control samples without notifying anyone at Roche. The accuracy of Roche's test results would then be evaluated by the outside agency.

The American Board of clinical chemistry has set up urine screen testing standards that they say should be done at medical facilities by medical personnel. These practices are required in order to assume the integrity of the specimen and the confidentiality of the person giving it.¹⁰

- * The employee should choose a collection bottle from a quantity of bottles supplied by the medical facility.
- * The toilet cubicle has a single door.
- * The employee giving the sample wears only a hospital gown.
- * An employee of the medical facility stands outside the cubicle and checks to make sure the sample in the collection bottle is warm.
- * The employee or applicant watches as the sample is transferred from the collection bottle to a bottle furnished by the laboratory. The cap is taped shut with a tamperproff shield encoded with identification.
- * The employee or applicant signs a chain of custody form, asserting that the sample is his, a photo identification is taped to the top of the form.
- * The sample is assigned a number to ensure confidentiality, only the medical facility keeps the portion of the form that corrolates picture, name and number.
- * A lab courier checks the tamperproff seal and signs on the chain of custody form.
- * The specimen is checked for anomalies in the lab. If the sample or seal appears to be altered it is discarded and another requested.
- * The chain of custody continues to be tracked as the specimen moves through the laboratory.
- * In the case of a positive screen, the original sample is kept in a locked refrigerator while futher confirming tests are run.
- * Negatives are discarded within two weeks, confirmed positives are kept in a locked forensic freezer for 90 days, after which they are discarded, unless the employer requests that they be kept for additional time.¹¹

Unfortunately, not all laboratories are as careful as Roches Biomedical Laboratories or the American Clinical Laboratories. Results of a laboratories carelessness can be costly. Challenges to the accuracy of the results can give rise to a whole set of problems.

An office manager for Southern Pacific charged that he was forced to attend a drug rehabilitation program and submit to further testing in order to keep his job even though he claims his first test incorrectly showed a positive result and a second test was negative.

We should not assume that a positive or negative test result will help us to identify problems and limit their effects. The tests in use today are not 100% reliable and many practiced drug abusers know how to beat them.¹²

However, when used properly, urinalysis - an initial screen followed by the sophisticated confirmation test - is an accurate measure of recent drug use.

C. RELIABILITY

Screening plus confirmation seems to be the approach that is favored by the testing companies when the results are positive from an initial test. One of the most common

initial screen tests, EMIT (Emzyme Multiplied Immunoassay Tests) is the method most commonly used to detect drugs. Its manufacturer, the Syva Company, describes it as 97% to 99% accurate, critics of the test say it is far less reliable in practice, because samples are not always properly stored or handled by lab personnel.¹³

The Federal Centers for Disease Control (CDC) has released information that disputes the reliability of the results of urine tests. A study conducted by the CDC in 1985 of 13 large laboratories that analyze urine samples showed that because of human error, all labs performed unsatisfactorily and failed to indentify correctly even half of the samples for four out of five drugs tested.¹⁴

A high-level commission found serious problems with the results produced by military testing laboratories in 1982 and 1983, and the services have conceded that thousands of men and women may have been disciplined as a result of incorrect tests.¹⁵

An internal military investigation uncovered sloppy practices in its own lab testing which left in doubt the results of 46,000 positive urine samples in 1982 and 1983. The US Army is reviewing claims being made by any discharged or penalized soldiers who allege they were wrongly labled as drug users during that time.

The services now use a complex laboratory method for confirming test results, the new method is reasonably accurate but it is far more expensive.

There has been speculation that nasal sprays can cause positive results, also, because of the similarity between the chemical composition of the pigment melanin found in high levels in blacks and hispanic people and the active ingredient in marijuana, can result in false positive results.¹⁶

In San Francisco, a manager for Southern Pacific was required to enroll in a rehabilitation program after urinalysis indicated the presence of cocaine. The manager contends that the test was a false positive. He said his asthma medication may have been the cause.

Syva the manufacturer of the Emit Assay, warns that certain anti-inflammatory drugs can cause a false positive for marijuana, specifically the painkiller ibuprofen found in "Advil" and other over-the-counter products. In addition, a person who eats enough food containing poppy seeds, which naturally contain morphine, could be accused of using heroin, as a result of a false-positive test.

The Syva company also stated that other non-aspirin

pain medication, such as nuprin might test positive for marijuana. Pharmacologists have found that cold-symptom remedies, such as Sudafed and Contac, turn up as amphetamines.

The Syva Company lost a lucrative Pentagon contract to test servicemen and women for illegal substances due to complaints that the laboratory results were inaccurate, poorly controlled and unfairly implicating innocent service men.¹⁷

Syva argued that the inaccuracies were due to bad lab work, not to its EMIT kits. The contract has since been awarded to Roche Diagnostics Systems Inc. Roche Diagnostics uses the Abuscreen test kit, which was similar to EMIT, but relied on a slightly different technology.

But even the Abuscreen test used by Hoffman-La Roche, which measures the radioactivity in chemicals to determine the presence of drugs in the body, can mistake some over-the-counter medications for illegal drugs.

Syva protested but the General Accounting Office ruled that the Pentagon had not been unfair in giving the test contract to Roche. The legal documents filed by both sides revealed some interesting facts about drug tests being

administered by government agencies, schools and corporations across the country.

One claim is that the Urinalysis tests being given are not only inaccurate but can not detect the difference between legal and illegal substances in many cases. Syva 's claim - undisputed by Roche - is that neither the Emit nor abuscreen test can "distinguish" between use of heroin or codeine", and would simply identify the presence of "Opiate" in the tested person's body.

Heroin is highly addictive and illegal; codeine is a common ingredient of prescription cough syrups and other medications. The documents show a similiar problem with testing for amphetamines. Abuscreen detects the presence of amphetamines, but doesn't single out the presence of the "abused drug methamphetamine" Syva acknowledged, its Emit identifies Methamphetamine but doesn't isolate other abused offshots of the parent drug amphetamine.

In addition neither test does well in singling out the presence of PCP, an extremely dangerous substance that has caused widespread crime and violence in many U.S. cities. Both tests gave positive results for "closely related analogst" of PCP, but also for high concentrations of a common cough medicine ingredient called dextromethorplan.

The company documents also detail other problems in drug tests, such as variations in testing temperatures and presence of other substances in the bloodstream. For example, a pinch of salt added to a urine sample can neutralize the testing chemical and result in a "clean" test.

The problems revealed by the companies' documents is not that innocent parties will be wrongly identified as drug users, but just the opposite: Drug users will escape detection because of the other companies faulty test kit.

The best approach for evaluating a labs performance is to submit to the lab a set of quality control samples, which are natural appearing specimen that contain known amounts of one or more drugs. The lab must then blindly identify and quantify, if required, the drugs present. The evaluation is best done if the lab does not know it is being tested.

It is essential when evaluating a lab to review in depth their standard set of operating procedures that spells out in detail exactly how each test is conducted, how the results are determined, and what measures the lab takes to prevent and detect errors.

It is also important to document that the results being

provided by the lab are credible. The simplest way of doing this is to occasionally split a specimen into two containers and submit the second under a bogus name or identifier. The results should be the same for both specimens.

The chain of custody and specimen collection is also a very important aspect of a alcohol and drug testing. It is imperative that proper evidentiary measures be employed to collect the specimens, to identify them with adequate labeling, keep them under strict security and be able to account for them at all times.¹⁸

Each specimen must be collected and handled as if it were going to end up in court. If such precautions are taken, it rarely will.

D. LEGAL ASPECTS

Unlike other areas of labor law, such as sexual harassment or union policies, for example, the legal issues regarding drugs and alcohol in the workplace are for the most part, more speculation than clearly defined legal precedent.¹⁹

On September 15, 1986, President Reagan issued his executive order on drugs. The executive order called for

mandatory tests for federal workers in sensitive jobs and voluntary screening for the rest of the civilian federal workforce.

For the federal workers who must undergo mandatory testing, the agency head must establish a testing program based on the agency's mission, the employee's duties and the potential consequences of employee drug use to public health and safety or to national security. Among those to be tested in this category would be political appointees, federal employees engaged in law enforcement functions and workers with access to classified information.

Under Regan's order, the agency heads were also directed to set up voluntary employee drug testing programs for workers not covered by the mandatory setup, and were authorized to test "any applicant" for illegal drug use. The agencies must announce their drug testing program 60 days in advance but individual workers won't necessarily be given further notice before being ordered to submit to a test.

Those federal employees caught using drugs will be subject to penalties ranging from private reprimands to suspensions. Federal employees in sensitive "positions" as defined by their agency heads, will not be permitted to

remain on duty if they are found to be using illegal drugs.

All employees using drugs will be referred for counseling treatment or rehabilitation, the order says. The justice Department identified 1800 employees for random urinalysis at the rate of 126 per year. After the Justice Department announced its drug testing plan, 42 agency attorney's filed suit challenging the program on constitutional grounds.²⁰

The interior Department drug testing program also came under assault in two lawsuits filed in federal court in Washington D.C. The lawsuits charge the tests violate employees' Fourth Amendment rights.

A class action by the Interior Department, and a union filing, challenge random testing of about 17,000 employees under President Reagan's 1986 executive order. The lawsuits charge the tests violate employee's Amendment rights. The Interior plans on testing 2,250 employees on "sensitive jobs" the first year, with 300 employees slated for tests during the first run in Denver and Washington D.C.

The lawsuits contend Interior failed to show a drug abuse problem among its employees. To the contrary, the Secretary of Interior has stated that the Interior's drug testing program gives assurance to our employees and to the

american tax payers that ours is a drug-free organization.

Both suits noted drug testing under the plan cannot show whether an employee's performance is impaired nor how much or how often a drug has been taken. Opponents also argued the program will force employees taking medicine to divulge personal medical information.

The suits were filed by the National Federation of Federal Employees and a group of Interior employees. NFFE filed on behalf of employees it represents at the Bureau of Indian Affairs.

The class action was filed by the Washington law firm Hogan and Hartson with the American Civil Liberties Union. The action was filed on behalf of all employees subject to random testing not already covered by the NFFE suit. Both actions were filed in District of Columbia District Court with Judge Joyce Hens Greene.²¹

The Fourth Amendment provides that the right of the people to be secure in their persons, houses, papers and effects against unreasonable searches and seizures, shall not be violated and no warrants shall issue, but upon probable cause, supported by oath, or affirmation, and particularly describing the place to be searched, and the

persons or things to be seized. All searches pursuant to a warrent must be supported by a probable cause, and there is an independent requirement of reasonableness.

The Forth Amendment teaches, then, that no matter how compel ing the government's need to pursue a given policy, the indivi dual's right to privacy must serve as a check. However, under the emerging doctrine of the "administrative search," courts sometimes allow broad scale searches to be conducted without a warrant or individualized suspicion.

A Federal Court of Appeals in California upheld pre-boarding screening of all airplane passengers and their carry-on luggage because of the indisputable need to prevent the hijacking of airlines. The court acknowledged the danger of airport searches being subverted into consti-tutionally prohibited general searches for evidence of a crime, but was satisfied that the inspections were to prevent hijacking rather than to prosecute individuals for illegally possessing firearms.²²

In the airport search case, the United States Court of Appeals for the Ninth Circuit noted that all authorities searched all passengers and had no power to single out travelers. By analogy, a drug-testing program may appear more reasonable when it applies to all employees within a given group, not just those, who fall out of favor with their boss.

The constitutional status of a drug-testing program, similarly, may hinge in part on the purpose to which the program is put. If designed merely to identify and rehabilitate drug users, as the President recently maintained, the danger of a general search for evidence of crime is avoided.

If criminal investigations or prosecutions were the primary purpose of the tests, one could argue that the searches would be subject to the warrant and probable-cause requirements of the Fourth Amendment.

When the Fourth Amendment rights are implicated, courts will also make inquiries into the intrusiveness of the method of drug testing.²³ The government is frequently required to employ the least restrictive means available to achieve its interest. Civil liberties groups, have argued that to insure authenticity workers must be observed while given urine samples, creating embarrassment and humiliation.

The courts are extremely sensitive to the factual context surrounding the testing. A United States District Court in Atlanta ruled that employees of a public utility who worked on high voltage electric wires could be forced to submit to urinalysis. The tests were administered after an undercover agent planted among the workers by management

reported that some of the employees had been smoking marijuana at work.

The court found the tests reasonable in light of the extremely dangerous nature of the work and the careful nature of the investigation. In another case however, the Appellate Division of the New York State Supreme Court ruled that probationary teachers in a Long Island school district could not be compelled to submit to urinalysis without reasonable suspicion of drug abuse. The court said, the tests would be an unconstitutional invasion of privacy.²⁴

Public employees such as police, firefighters and corrections officers who are responsible for protecting the lives and safety of the public appear to have a greater constitutional right to resist drug testing than private employees. A U.S. District Judge ordered 16 firefighters and a civilian police employee reinstated to their jobs after they were suspended without pay following a mass drug testing program in Plainfield New Jersey.

The Judge, H. Lee Sarokin declared there are "substantial constitutional questions" about the legality of random drug testing of public employees. In issuing his decision, Sarokin explained that in the Plainfield case "long-time employees were coerced into testing without notice, without standards and without probable cause or reasonable suspicion."²⁵

In a 32 -page opinion, Sarokin held that Mass drug testing without probable cause is not legally justified, and charged that such techniques are "George Orwell's 'Big Brother' society come to life." The judge held that the key constitutional provision that distinguishes our democracy from a totalitarian government is the freedom from warrentless searches and seizures. The public interest in eliminating drugs in the workplace is substantial Sarokin said, but to invade the privacy of the innocent in order to discover the guilty establishes a dangerous precedent, on which our constitution mandates be rejected.

Proponents of drug testing argue the sensitivity of the drug problem outweighs concerns about employee privacy. David. F. Linowes, a professsor at the University of Illinois, says personal privacy rights must bow to the common good in the case of drug testing. He said, "Society as a whole has a claim on some information, certain types of diseases have to be reported to government agencies - the interests of society are paramount over the right of privacy. Testing for drugs is of that nature."²⁶

In the private sector the only legal protection a drug-dependant employee has is the Federal Rehabilitation Act and similiar state laws that prohibit dismissal of workers for drug or alcohol addiction-unless their work is

deficient. The federal law affects only those companies that do business with the government. These various state and federal employment discrimination laws, requiring employers to "reasonably accomodate" employees having an alcohol and drug dependence, but are considered to be in recovery.

This means in essence that employers who are governed by these laws may not discharge, refuse to hire, or otherwise discriminate against an employee because of alcohol or drug dependence if, after reasonable accomodation is made to his condition, the employee is qualified to perform the job.²⁷

The law also states that employers are not prohibited from discharging or refusing to hire people who, because of their current use of alcohol, are unable to perform their duties or whose performance would endanger their safety or the safety of others.

At a minimum the duty of reasonable accomodation probably requires employers to give employees who are willing to acknowledge a chemical dependance an opportunity to rehabilitate themselves through employee-assistance programs or community resources, unless the granting of such an opportunity would impose an undue hardship on the employer.

FOOTNOTES

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25. Robert Rudolph and Gabriel H. Gluck, The Star Ledger 19 September 1986, p. 19.
26. Hoyt Gimlin, ed., Editorial Research Reports, p. 212.
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CHAPTER IV

REHABILITATION PROGRAMS

It is important to know that recovery is a developmental process. A recovering addict/alcoholic must pass through periods of emotional growth marked by particular problems and behavior. The first stage is the recovery stage. The person may have physical or neurological problems that require monitoring by medical personnel. They may also suffer from withdrawal agony requiring prescribed medication.

When the patient reaches the second stage of recovery his physical and neurological problems may have been stabilized but in many cases they must still be monitored by medical personnel. The patient has also become emotionally stabilized to the point where he or she can choose to make a commitment to recovery. At this point, through the guidance of trained therapists the patient begins to attain the beginning of self-awareness and insight into the role chemicals have played in his or her life.

In the third stage of recovery the patient begins to make significant steps in personal growth. With the help of

regular group and periodic individual therapy the patient begins to understand the connection between chemicals and their behavior. The patient is ready to experiment with new ways of coping with life situations and to examine personal and family issues.

The last stage of recovery is the high-growth period in recovery. The recovering addict/alcoholic is in fair to excellent physical health and as each day passes in sobriety their life is strengthened. The patient has more than average personal insight, a growing independence and is willing to rebuild relationships and continue too experiment with new ways for coping with life.

These four stages of recovery are generally approached from one or more treatment perspectives. The medical perspective on treatment is concerned with biological, chemical and genetic factors of addiction. The psychological perspective focuses on the disease as a form of motivational and emotional disfunction.¹ A good treatment center looks after the emotional and physical well-being of the alcoholic/addict and those people closely linked to him through upbringing or marriage.

A. IN-HOUSE PROGRAMS

The Postal Service's EAP Specialist makes it known to the Alcoholic/addict that treatment is available and that it

is his/her decision to decide on their specific program for recovery. This program may not involve medical or psychiatric treatment. It must however involve a continuing program of counseling, either individually or group oriented.

This matter will require judgement on the part of the EAP Specialist based on their own experience and the advice of his peers in their own continuing program of recovery, as well as in the EAP organization. Once the individual's treatment program is established then the following steps will apply:

1. The employee will choose whether or not to undergo a physical examination to establish the need for a program of medical treatment.
2. The employee is to select from facilities or medical professionals recommended by the EAP Specialist.
3. The means of payment for medical treatment will also be established.²

In the event that health and medical insurance is subscribed to by the employee, no problem should present itself since most such insurance policies now cover such treatment. In the event that such insurance is not available, a payment plan will necessarily have to be established.

A newly established EAP Group consists of enrollees and the Coordinator/Specialist. The group meets regularly during off-duty hours at the EAP Office. As the EAP Group grows, a more suitable meeting place may be obtained. If an element of this group wishes to become an official group of Alcoholics Anonymous, it must do this separately.

These EAP meetings are based on counseling only Postal Employees and must retain its identity. However, EAP enrollees are introduced to principles and practices of A.A. and a sponsorship with A.A. can be arranged if desired. In addition, the EAP Coordinator is available at all times to pursue any questions that the EAP members may wish to discuss about any aspect of their program of recovery.

The counselor is not to disclose any information regarding the enrollee without the written consent of that individual. Generally, there are two types of information disclosures made by EAP staff members:

1. Reports to the source which referred the employee to the program.
2. Information disclosed when EAP personnel are called to participate in grievance hearings or are called as witnesses at arbitrations or in Civil Service Commission Hearings.³

Under no circumstances are EAP Coordinators to render any opinion or make any recommendation to supervisory personnel regarding any disciplinary action that may be instituted against an EAP member.

EAP personnel are not medical men, and do not have the capability of diagnosing the actual physical condition of a person who has abused his body and mind by the excessive use of alcohol or drugs. The alcoholic and drug abusers, because they are sick, will be primarily referred to the medical profession.

The medical department is an integral part of the treatment team. If the alcoholic or drug abuser is indeed sick, he or she belongs in the capable hands of a physician. In some isolated cases the physician will be the only therapist needed.

B. OUTSIDE PROGRAMS

When the progressiveness of the addiction has reached the point that outpatient treatment is not sufficient, in-patient care may be required - getting away from the environment in a retreat setting where in-depth therapy is administered. There are long and short-term treatment centers located in hospitals, mental health centers, mental hospitals, and special facilities in private and government-funded facilities.

If the employee is sick and approaching D.T.'s or convulsions the EAP Specialist will recommend that the client be hospitalized. The period of detoxification should be limited to a maximum of ten days. Upon completion of the detoxification, there are presented a few alternatives; return to work, or further hospitalization.

In the Postal Service, we are dealing with the employed substance abuser and not the indigent or skid row alcoholic. These people do not need vocational training, extensive therapy and adjustment that the indigent requires. They do often require a structured program of recovery.

Conifer Park, is one of the treatment facilities used by the Brooklyn Post office. It is a 195-bed residential alcohol and substance abuse treatment facility located near Albany in Scotia, New York. Conifer Park provides comprehensive treatment for alcoholic and substance abusing adults and adolescents, their families, friends, employees, and significant others.

The Staff believes that recovery from alcoholism and other drug dependencies requires physical, mental, and spiritual treatment in a warm caring atmosphere. The ultimate goal is restoring the addicted person to a life of total abstinence and a meaningful and productive role in society.

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been effected and a holistic evaluation determines the patient is able to engage in intensive rehabilitation. These five programs consists of Programs for Alcoholism, Cocaine and other substance abuse, Chronic Relapse and Adolescent.

Building on the foundation laid during Primary Care, Intermediate Care seeks to expand the process of self assessment, indentify and initiate the personal changes necessary to maintain abstinence, and improve functioning in all areas of life. During Intermediate Care, the patient receives individual counseling, participates in daily group therapy, and attends educational lectures and multi-media presentations on a variety of topics, including the twelve steps of recovery.

These twelve steps of recovery constitute the platform upon which the fellowship functions.⁵ On premises Alcoholic Anonymous, Narcotics Anonymous and Al-Anon meeting provide important support during treatment and help motivate patients to continue with these groups after discharge. A part of all treatment programs is activities. These activities consist of therapy designed to improve fitness while teaching healthy ways to relieve tension and use leisure time pleasurably.

Recovery progresses as patients, guided by staff and supported by family and peers, begin to identify and deal with their problems, learn healthy new behaviors, and plan

for continuing care after discharge.

The Continuing Care Program is designed to consolidate the gains made during residential treatment, and provide as smooth a transition as possible back to the home and community. Continuing care begins during Intermediate Care with transition groups, continuing care planning and the development of a continuing care contract between staff and patient.

Continuing Care counselors function as members of the treatment team and take part in both the formulation and implementation of these recommendations for continuing care. All patients are, at minimum, referred to a specific Alcoholics Anonymous, Narcotics Anonymous or Al-Alnon in their community, as well as to other appropriate therapeutic services. In addition, the staff are available to former patients and family members for consultation at any time.⁵

C. COMMUNITY PROGRAMS

One of the most successful community treatment programs is Alcoholics Anonymous. A.A. is a fellowship of men and women who have a common problem - they are all alcoholics. They support each other in their sobriety, by a simple 12-step program. Members attend meetings on an anonymous basis, using only first names to protect the identity of the alcoholic.

Open meetings can be attended by anyone and are open to the public. Closed meetings are for alcoholics only. Membership is open to any alcoholic who wishes to overcome alcoholism. There are no dues.⁶ Alcoholics Anonymous remains the most available and successful resource in practically all communities across the country.

An employee in early recovery will benefit from membership in A.A.. It will keep fresh what is learned in the treatment center. It will help the recovering addict to make friends who do not use chemicals. It also provides a place to go where problems at home and on the job can be discussed without fear of reprimand or reprisal.

A review of the A.A. program indicates that successful adherence to the 12 steps will promote much more than sobriety. It is a program of perfection. The 12-steps of Alcoholics Anonymous are:

- Step 1 "We admitted we were powerless over alcohol - that our lives had become unmanageable."
- Step 2 "Came to believe that a Power greater than ourselves could restore us to sanity."
- Step 3 "Made a decision to turn our will and our lives over to the care of God as we understood him."
- Step 4 "Made a searching and fearless moral inventory of ourselves."
- Step 5 "Admitted to God, to ourselves, and to

another human being, the exact nature of our wrongs."

- Step 6 "Were entirely ready to have God remove all these defects of character."
- Step 7 "Humbly asked Him to remove our shortcomings."
- Step 8 "Made a list of all persons we had harmed, and became willing to make amends to them all."
- Step 9 "Made amends to such people wherever possible, except when to do so would injure them or others."
- Step 10 "Continued to take personal inventory and when we were wrong promptly admitted it."
- Step 11 "Sought through prayer and meditation to improve our conscious contract with God as we understood him, praying only for knowledge of His will for us and the power to carry that out."
- Step 12 "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."⁷

Alcoholics Anonymous members endeavor to maintain sobriety, one day at a time, which accumulates into days, weeks, months, and years if successfully pursued. The principle that makes A.A. work is identification. The point of A.A. is to learn from shared experiences how to live soberly.

How often one attends a meeting is a matter of choice. A.A. members told about the need for a new person in recovery to attend 90 meetings in 90 days. The reasoning behind this is the more meetings a recovering person attends,

the more quickly he begins to feel a part of the group and to make friends.

Gradually, the feeling of being out of step with the sober world, diminishes in a new feeling of community. A.A. can be called a form of community group therapy where recovering addicts and alcoholics learn to help themselves as they hear how others have solved their problems and been able to live comfortably in their own skins through the use of the Twelve Steps of Alcoholics Anonymous.

FOOTNOTES

1. Campbell and Graham, Drugs and Alcohol In The Workplace, p. 137.

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4. Louis Wiggins, Interview held in the Postal Services's EAP Office in Brooklyn New York, October 1987.

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6. William Griffith Wilson, A.A.'s Legacy Of Service, (New York,: A.A. Anonymous World Services, Inc. 1969) p. 11.

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CHAPTER V

DRUG AND ALCOHOL PROGRAMS: COMPANY RESPONSES TO AN INVESTIGATIVE SURVEY

In September 1988, 20 questionnaires were mailed to Human Resource Directors who were employed by "Fortune 500" companies. The selection was taken from the 1988 Standard and Poors Register. The companies chosen were selected from a cross selection of industries consisting of computer companies, airlines, banks, broadcasting companies, insurance companies and automobile manufacturers.

A response rate of 70% was received (14 out of 20). The two page survey was designed to gather information about the companies' Drug and Alcohol Programs, and to answer these four investigative questions:

1. Are the cost of Employee Assistance Programs offset by both direct and Indirect savings?

2. Is the company program a preventive program or one of detection?

3. What percentage of employees in the workplace are substance abusers in companies with Employee Assistance Programs?

4. Is management an effective tool in referring employees to the company program?

A. SURVEY RESULTS

The question concerning the direct and indirect savings related to employee substance abuse programs came back with an overwhelming response (75 percent) said that the greatest direct savings was in sick leave and benefit costs. The greatest indirect savings were productivity and absenteeism reduction.

Although 54 percent of the companies that responded had no union they all had Employee Assistance Programs or similiar programs that dealt with employee substance abuse. Seventy five percent called their programs by the title of EAP the other 25% had similiar programs but they called them by different names.

When asked whether their substance abuse program was a preventive program or one of detection, 46 percent of the respondents said their program was a preventive one, 31 percent said it was one of detection and 23 percent said it was both. However, only 42 percent of the respondents said they would rehire a former employee who had been discharged because of drug abuse, but had been rehabilitated.

Only 15 percent of the respondents who had detection-

only-programs said they would rehire a former substance abuser, while 30 percent of the "preventive-only-programs" respondents said they would rehire a former substance abuser who had been discharged because he/she had prior alcohol or drug problems.

It can be assumed however that these employees would have an opportunity to participate in their company's Employees Assistance Programs before their discharge, but continued to be alcohol or drug abusers until they no longer could satisfactorily perform their duties.

When asked what percentage of their employee population was perceived to have alcohol or drug problems 50 percent of the companies who replied, said between 5 to 10 percent of their employees. The remaining half said they did not know how many of their employees had alcohol or drug problems (33 percent) or they said it was either under 5 percent or over 10 percent.

When asked if drug testing was being used as part of the company's program to detect and prove drug abuse an overwhelming number of respondents (75 percent) said yes, 23 percent said no and the other 2 percent was considering using drug testing to detect substance abuse.

Most of the companies (77 percent) had a formal written

policy on alcohol and drug abuse and of the companies that were unionized (38 percent) the policy and program was jointly agreed upon between management and the union.

Forty six percent of the companies thought supervisory referrals in their EAP Program of employees who abused alcohol and drugs, was adequate. Thirty one percent said they could not estimate how successful their supervisory referrals were, while 15 percent said they were not successful in getting their supervisors to refer employees to their EAP Program. A small percentage (8 percent) said they were very successful in getting supervisory referrals.

A majority of these companies (69 percent) had their alcohol and drug abuse programs located under the Personnel Department or Human Resources. Thirty three percent said their program was located in the medical department, and almost 8 percent had their EAP as a separate entity to oversee their program.

B. CONCLUSION

This current study, although much smaller than the study done in 1981 that was reported in the Personnel Journal in June 1983, coincides with the results obtained in this earlier study. Alcohol and drug abuse remains to be a serious problem in our organizations. It impacts productivity, absenteeism and overall job performance.

There were two major differences in the earlier survey, the respondents reported having difficulty in getting management interested in their drug program. In this current survey, management's involvement was reported as adequate.

Finally, in the earlier survey one of management's most important concerns in trying to develop an effective organizational policy on substance abuse, was in detecting and proving drug abuse.¹ In this current survey, drug testing was primarily used as part of the companies program to detect and prove drug abuse.

These statistics indicate that alcohol and drug abuse is a problem that management has recognized and is dealing with through Employee Assistance Programs, management involvement, and drug testing.

These alcohol and drug abuse programs more than pay for themselves in savings by reducing operating costs, due to improved job performance, a reduction in absenteeism and accident costs.

It would take a long-term study to determine if the efforts being put forth by management in these organizations today, will reverse the trend and reduce drug and other substance abuse.

FOOTNOTES

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