

# **Drug Use in Organizations**

## **Perspectives & Opportunities**

### **for the 80's**

A SURVEY OF ORGANIZATIONAL EXPERIENCE  
WITH ALCOHOL & OTHER DRUGS, 1981

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The scenario of the drug problem (alcohol and other drugs) in organizations has changed rapidly over a ten-year data tracking developed from a sample of Midwest, national, and international organizations. The critical changes include:

- an increase from 50% to 80% of firms having to deal directly with drug problems
- an increase from 67% to 84% of firms which feel that the drug problem within their organization is the same or more serious than it was five years ago.
- an increase from 26% to 34% of firms who feel that the drug problem is growing among women.
- reported "crisis levels" of drug abuse in military organizations; reported widespread use of cocaine in the television and movie industry; and numerous charges of widespread use in professional sports
- continued dominance of alcohol, and in some segments a shift back to alcohol, as the major drug of abuse.
- a widespread availability of packaged programs and program components for "employee assistance" efforts to curb drug use.
- the entry of new drugs, i.e., cocaine, into the regular use/abuse patterns of employees.
- new attempts to integrate employee assistance efforts into broad based employee health efforts.
- an estimated 45-billion-dollar impact of illegal drugs on the "underground economy." (Business Week, April 5, 1982)

## **Background**

Organizations in the 1980's face a variety of economic and business problems highlighted by the recessionary impact of the economy and changing employee values. Throughout the 1970's, many organizations adopted the personal problems of their employees as organizational concerns. Companies developed programs to assist employees with their legal, medical, social, financial, and personal problems. Problems with drug abuse including alcoholism have become a major focus of many of these employee assistance programs.

The response of management to these problems has changed in recent years due to changes in the thinking of the general public, changes in legislative emphasis, changes in employee and managerial value structures, and changes in government programs in the areas of alcoholism and other drug abuse. Nineteen eighty-one, therefore, represents an important time to re-examine the problem of drug abuse including alcoholism within organizations. There is a need to look back to see what has been done, to see how the problem has changed in recent years, and to critically examine the solutions that have been proposed.

### **The Terminology Problem**

Throughout this report various terms are used to describe the problems of drug abuse including alcoholism within organizations. It would be easier on the reader if a single term, drug abuse, could be used throughout the report. It would be the correct term because drug abuse includes, by definition, the abuse of alcohol. However, society in general and organizational policies do not allow for this simplification. If this report used the term drug abuse throughout, it would be interpreted by many readers as being concerned only with illegal drugs other than alcohol. On the other hand, the use of the term alcohol and drugs offends those knowledgeable in the field who indeed recognize that drug abuse includes alcoholism.

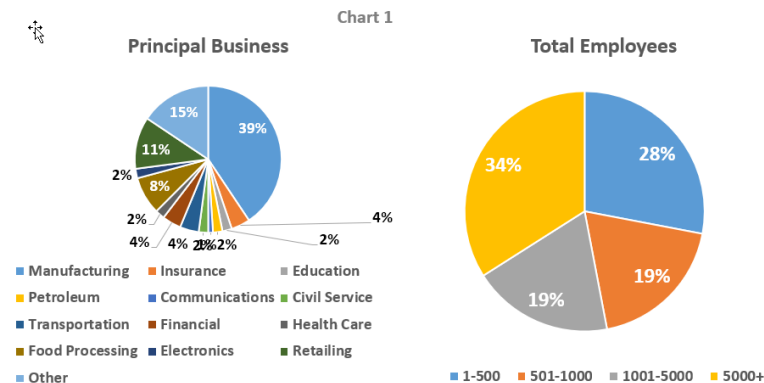
Because this debate cannot be solved within the context of this survey terms will be used to consistently clarify that alcoholism is considered a form of drug abuse and that alcoholism is considered part of the survey of organizational policies. While this adds several words to the text it will serve to emphasize that alcoholism is indeed part of drug abuse and to continue the educational efforts to make this information widespread. Other terms will also be used to imply drug abuse including alcoholism. They include chemical dependency problems and behavioral medical problems. "Chemical dependency problems" is perhaps the best term although it too seems to exclude alcohol in some people's minds. "Behavioral medical problems" is a broader scoped concept including many other non-chemically related ailments. For the sake of emphasis and clarity, however, a variety of terms will be used. Essentially, they mean the abuse of any chemical substance, legal or non-legal, including the abuse of alcohol.

While the problem of chemical dependency (drug abuse including alcoholism) in organizations is not new, recent years have brought new concerns over the use of drugs other than alcohol within organizations. This problem, associated with reported increases in drug usage in society general, has brought about a campaign of research, education, and public response from the business community. In 1970 and 1971, major studies were conducted into the problem of alcoholism and drug abuse within industry. These surveys reported that, while alcoholism was still the major problem within firms, the increasing incidence of other drug abuse was becoming a serious concern. Studies reported increasing economic losses attributable directly to chemical dependency problems and, in general, companies reported their own inability to successfully deal with the problem. The results of these surveys and the corresponding educational efforts that were undertaken resulted in numerous employee assistance programs designed to aid employees with chemical dependency problems.

In the time period covered by the data base generated for this research, extensive evidence has been gathered that the problem of employee drug abuse including alcoholism exists in most organizations and there had been a general consensus among professionals in the field on actions that can be taken. An increasing number of employee assistance programs demonstrate the direction of these feelings. However, in 1981 organizations in the United States and perhaps throughout the world are still facing evidence of dependency problems which continue to plague their attempts to operate successfully. A variety of management policies and rehabilitation programs have been formulated, yet there is no conclusive evidence of the success of these programs and no evidence concerning the success of the educational programs which organizations have undertaken to impact on employee chemical dependency problems. In fact, there appears to be significant evidence that many of the efforts attempted in the last few years have failed to achieve satisfactory results.

It is time, therefore, to take another look at the problem of chemical dependency within organizations. This report concerns a confidential mail survey of organizations including manufacturing, service, and non-profit firms. It was conducted during the period of April through November 1981. The study corresponds to similar studies conducted in 1971 and 1976. The first study, done in 1971, was based on 75 responses from firms in the Midwest primarily the Milwaukee, Chicago, and Minneapolis areas. The 1976 study contained the original data base and was expanded to include a more national focus and a sample of smaller organizations. The current study again includes the original database and the smaller organization sample, plus new respondents representing international organizations and organizations hiring primarily high school and college age employees. A complete profile of the responses is shown in Table 1 and Chart 1.

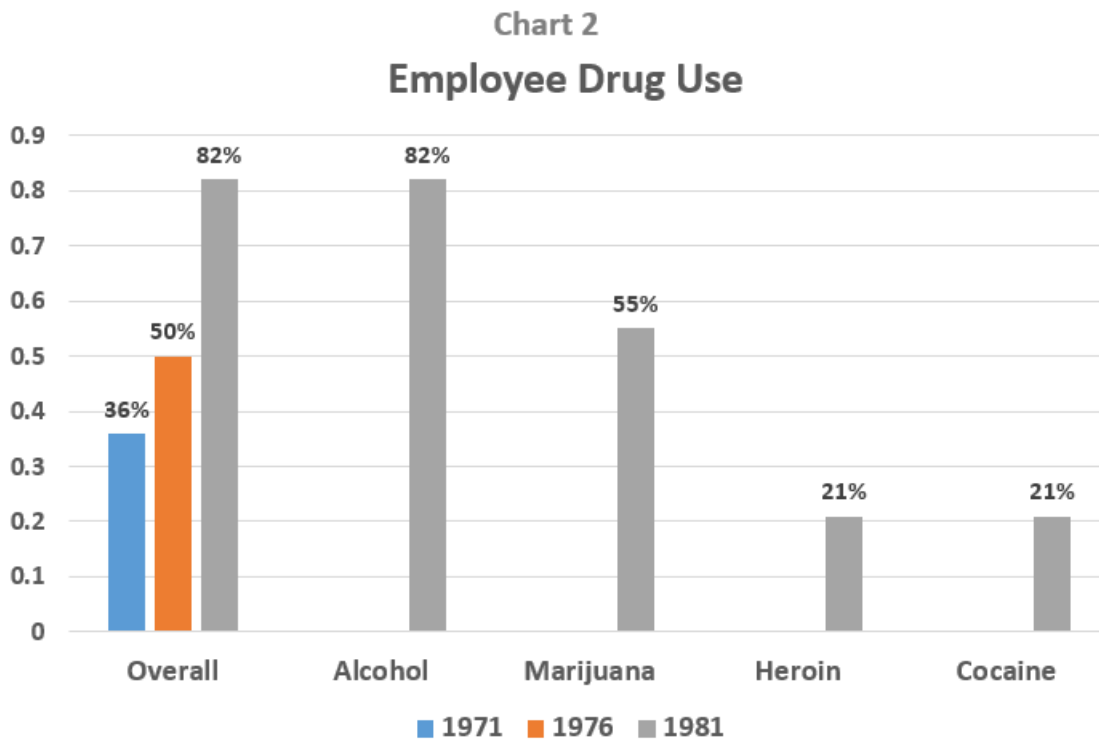
Table 1 Survey Demographics				
Sample	Surveys Mailed	Responses	Response Rate	Percentage of Total Responses
Midwest/National	200	93	46%	66%
Youth	100	25	23%	16%
International	100	23	25%	18%
Principle Industry		Total Employee Payroll		
Manufacturing	39%	1 – 25	5%	
Retailing	11%	26 – 50	4%	
Insurance	4%	51 – 75	6%	
Education	2%	76 – 100	2%	
Civil service	2%	101 – 250	5%	
Communications	4%	251 – 500	4%	
Transportation	4%	501 – 1000	19%	
Food processing	8%	1001 – 5000	19%	
Petroleum	2%	5000+	34%	
Electronics	2%			
Healthcare	2%			
Financial	4%			
Other	15%			



## Incidence of Drug Abuse including Alcoholism

Well over 80% of the firms responding to the survey reported that since 1975 they have had to deal directly with drug problems. This, in comparison to the 1976 figures when only 50% of the firms reported actual incidents of drug abuse within their organization, represents a substantial increase. The original 1971 data base included only 36% of the firms reporting actual incidents. Table 2 and Chart 2 provide the specific breakdown on the drugs most commonly confronted. While alcohol leads with 82% of the firms having to deal with an actual situation of drug use or misuse on the job, marijuana incidents have been documented in over half the firms and both heroin and cocaine use have been documented in one-fifth of the reporting firms.

	1981
<b>Alcohol</b>	82%
<b>Marijuana</b>	55%
<b>Barbiturates/Amphetamines</b>	41%
<b>Heroin</b>	21%
<b>Cocaine</b>	21%
<b>Other Drugs</b>	31%

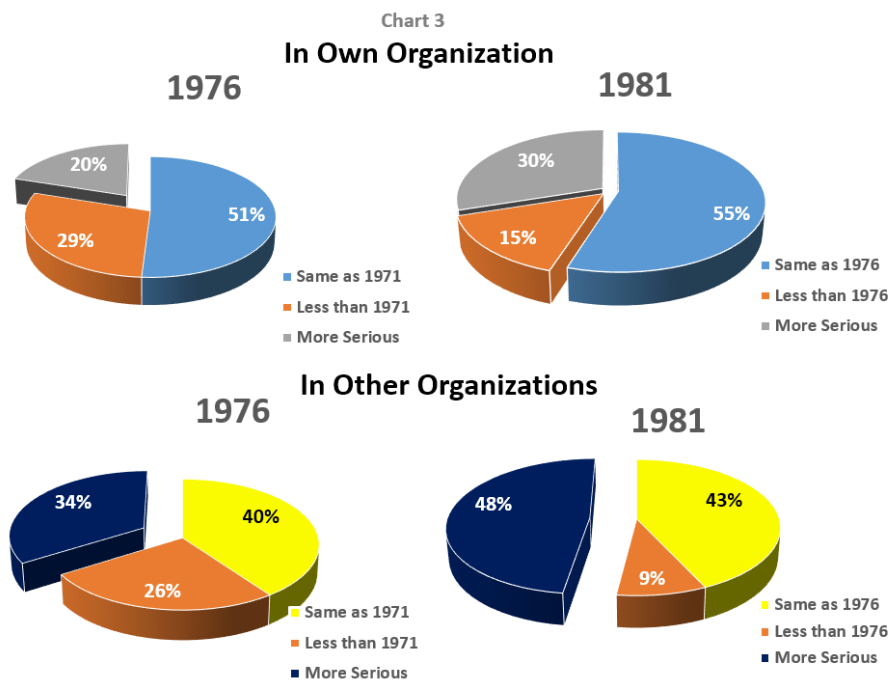


Organizations were then asked to compare their experience and perception of chemical use on-the-job to that in the years 1975 and 1976. These data, also available from the 1976 study, show how organizations feel about the "drug crisis" of the years 1968-1971 and the subsequent period of employee assistance programs in the mid 70's. Table 3 shows the responses to these questions and, again as in 1976, the responses indicate that:

- Management's perception of a problem with alcohol and other drugs within organizations is that of a serious problem and one that is getting more serious.
- Managers still believe that the problem is more serious in other organizations than it is in their own.

Although making the conclusion that these feelings indicate the continuing need for educational efforts concerning the scope and seriousness of chemical usage problems within organizations is repetitious, this conclusion must be strongly emphasized simply because it is the same conclusion made five years ago.

Table 3 Perception Of Substance Abuse Problem				
In Own Organizations			In Other Organizations	
1976	1981		1976	1981
29%	15%	Less Serious	26%	9%
51%	55%	Same	40%	43%
20%	30%	More Serious	34%	48%



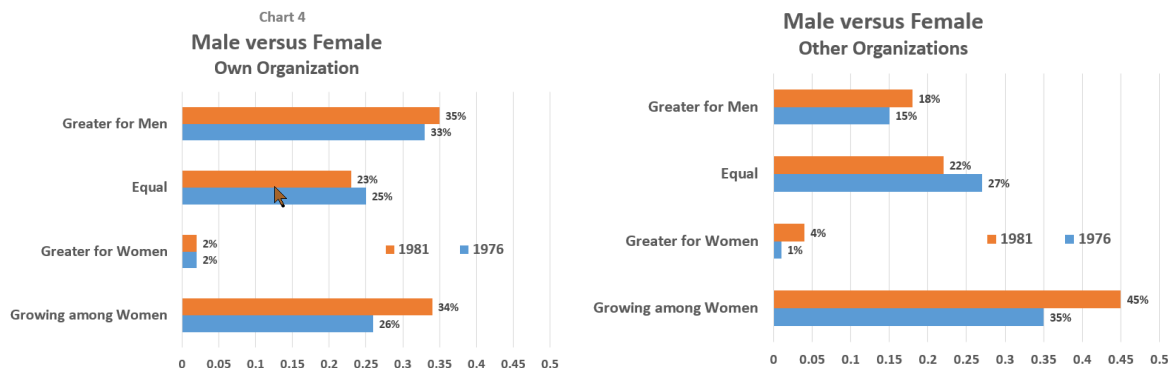
## Male versus Female

*"Alcohol abuse in our country is predominantly a male problem, abuse of prescription medicine is greater for women, illegal drug abuse is a male problem."*

In the first studies done on alcohol and drug abuse in organizations the populations were unfortunately confined primarily to males. Since that time, increasing evidence suggests the growing problem or recognition of the problem among women. Organizations were asked both in 1976 and 1981 to respond to this possibility. As in the previous question, the organizations were asked to respond from their own experience and from their perceptions of the experience of other firms. Table 4 and Chart 4 present the responses to this question. While it can be seen that in both 1976 and 1981 a significant percentage still perceived the problem to be greater for men, a large percentage perceived that the problem is the same for men and women. In 1981 the percentage of people feeling that the problem is growing among women is higher than in 1976.

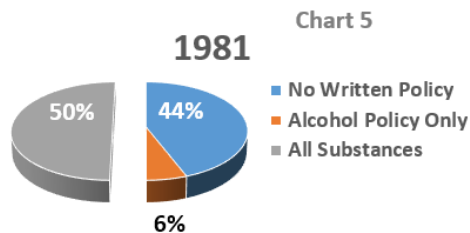
In Own Organizations			In Other Organizations	
1976	1981		1976	1981
25%	23%	Equal	27%	22%
33%	35%	Greater for Men	15%	18%
2%	2%	Greater for Women	1%	4%
26%	34%	Growing among Women	35%	45%

This would indicate not only increasing incidence of chemical dependency problems among women, at least an increase in the incidents spotted within organizational settings, but also success in the awareness programs of the last few years. It can be expected in the next few years that as women continue to gain greater access to the work force and as women continue to fill higher positions within organizations, positions with more responsibility and stress, increasing incidence of chemical dependency among women will continue. Continued attention will need to be given to those aspects of the working world which can foster problems with alcohol and other drugs. Both men and women need to be prepared for situations in which job fatigue, boredom, and stress need to be faced and dealt with in ways that are not harmful to the employee and/or management personnel.



## Organizational Policies

In 1971, 80% of the firms surveyed had an official policy concerning alcohol while only 35% had taken an official stand on other drug abuse. In the 1976 survey, only 35% of the firms reported a written policy which covered both drugs and alcohol abuse, while an additional 10% of the firms had a policy which covered alcohol only. In the most recent survey, 50% of the firms reported a written policy which covers both drug and alcohol abuse while only 5% of the firms have a policy that covers alcohol only. This



leaves 44% of the firms, a slight decrease in 5 years, with no written policy. It again appears that one of the major aspects of the educational programs conducted over the last decade, the effort to get companies to formulate written policies on alcohol and drug abuse, has not been completely successful. While many companies may have informal policies, there has been only a slight increase in the number of formal policies

developed. It is considered critical to the success of an organization's chemical dependency program to adopt a clear cut written policy on alcohol and other drugs. Organizations which have developed clear cut written policies have reported greater ease in dealing with chemical dependency when they occur.

Table 5 shows that most organizations with written policies developed them before 1975. However, it also shows that a significant number of organizations have developed policies in the last five years. The vast majority of companies with policies, 89%, have policies which cover all employees. Most of these policies were developed by management alone, with less than 20% being developed by both management and workers or labor unions.

**Table 5**

**Year of Policy Implementation**  
Organizations with Policies

Before 1975	55%
1976	12%
1977	12%
1978	5%
1979	8%
1980	3%
1981	4%

## Policy Statements

Several companies responding to the survey enclosed copies of their policies on alcoholism and other drugs. The examination of these policies, in comparison to those of five to ten years ago, indicates that companies have adopted a variety of philosophies for dealing with the problem. Some of the policy statements are brief, providing only a general outline of a company's attitudes and procedures. Other policies are part of lengthy references and pamphlets describing a company's attitudes toward chemical dependency, the services that the company offers, and the support that the company will give to the affected employee. Excerpts from company policy statements reveal these various philosophies:



The philosophy of ...’s alcoholism and other drug dependencies programs is that it is not necessary for an individual to experience the continuing disruption in life created by chemical dependency, nor that the illness must be allowed to progress until the individual is motivated in some spontaneous way to acknowledge that he or she really needs help. Not only is it not necessary, it is extremely dangerous to let the illness continue.

No persons with a known history of dependence upon alcohol and drugs will be employed or continued in employment unless the company is satisfied that rehabilitation is complete. Any employee reporting for or found on duty under the influence of drugs or alcohol will be subject to discharge.

...recognizes alcoholism or drug dependency as a unique illness. It is a health problem which can be treated successfully. The company is concerned with work-related problem drinking or drug dependencies. It is not interested in social drinking habits of employees, nor is there any desire to intrude upon employees' private lives.

...will give the same consideration to persons with chemical alcohol and other drug dependencies as it does to employees having other health problems. The company is concerned with only those situations where the use of alcohol and/or other drugs interferes with any employee's health, with his/her job performance, where such use adversely affects the job performance of other employees, or is considered serious enough to be detrimental to the conduct of corporate business.

Alcoholic beverages are not allowed on the work room floors at any time. Any violation of this policy is cause for termination of employment.

An employee comes to work under the influence of illegal non-prescription drugs or intoxicants will be violating company policy. This violation will result in disciplinary action and/or discharge from employment.

The possession or use of any alcoholic beverage or abuse of drugs by employees while on the job, is prohibited. Any employee found possessing or using/abusing such beverages or drugs shall be referred immediately to the administrative office for whatever disciplinary action is warranted.

The company recognizes alcoholism as a treatable behavioral/medical illness. Addiction to “dry: drugs is a preventable condition which must be eliminated before the well-being of the affected employee' s co-workers is jeopardized. While recovery depends almost entirely upon the desire and effort of the individual directly affected, the company will provide support to combat such personal problems.

...regards drug abusers as unsatisfactory employees because of their general poor work performance, increased safety risk, increased absence rate and because in many instances, they actively recruit other persons into drug abuse. ...has therefore taken steps to protect that great majority of employees who do not misuse drugs and to ensure that ...’s interests are properly safeguarded.

## **Policy Versus Performance**

A key area of company policy concerns not only the philosophy of the program, but the way in which job performance is designated as a critical factor in determining whether or not the organization will act when an employee is involved with a chemical dependency problem. An examination of the policies submitted with the survey revealed various statements concerning job performance.

Individual work performance can be affected adversely by any number of personal problems: alcohol or drug abuse, marital or emotional, or other socially disorienting situations. Whatever . . . can do to help solve such problems helps not only the employee but also the employer. Through consultation with a fellow employee and/or supervisor trained to recognize and refer employees beset with such problems to the proper community agency, program, or individual with professional expertise in the problem area, the troubled employee's work performance frequently can be improved.

. . . regards any misuse of drugs by employees to be an undesirable practice which results in poor health and unacceptable work performance. Employees using any drug in an improper manner create an increased risk to the safety of themselves and their fellow employees and will not be permitted to work until such practice has ceased.

An employee's dependency on alcohol and other drugs is a company matter when it results in a deterioration of job performance, job safety, and health. With the belief that such dependencies are treatable and in most cases, can be permanently arrested, employees experiencing such problems are encouraged, on their own initiative, to seek assistance from the Medical Department for counseling and guidance.

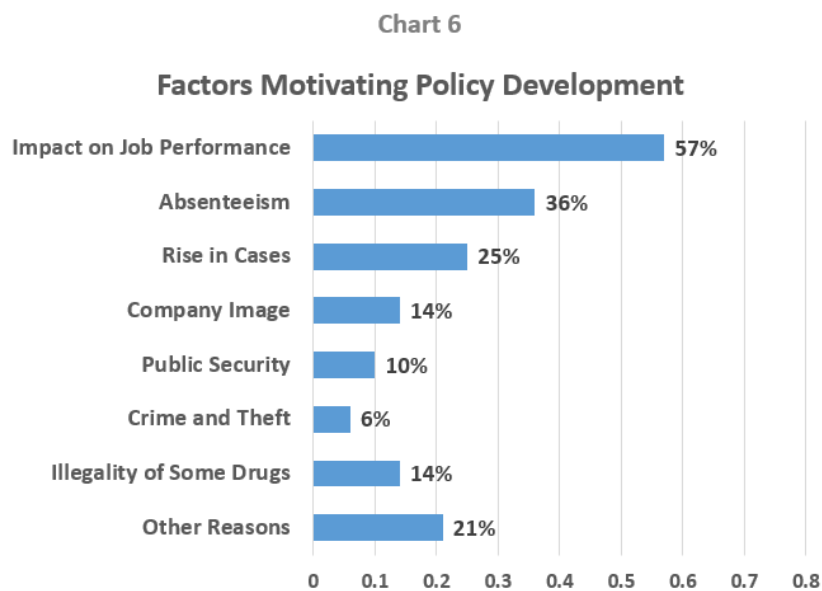
Staff members in trouble with alcohol or other drugs are identified through poor job performance. When a staff member begins to show signs of declining work performance, poor interpersonal relations with fellow staff members, or marked, continuing changes in work patterns, it indicates something of importance has occurred to alter his/her life patterns. Human beings tend to behave in a habitual manner and various corporate studies have shown most individuals establish a pattern of work activity and attendance within the first two years of employment. The individual tends to maintain this pattern throughout the remainder of his/her working tenure with that corporation, except when some crisis or life change occurs, such as the development of alcoholism or other drug dependencies.

## Policy Implementation

Table 6 and Chart 6 shows that organizations are motivated to develop a policy on alcohol and other drugs by several reasons, more importantly the impact on job performance, absenteeism, and the rise in cases employees. While these figures are similar to the data reported in both the 1971 and 1976 surveys, some substantial changes have occurred. For example, there has been a steady decline in the concern of the respondents over the illegality of some drugs. While this may indicate less concern over the illegality of some drugs, it hopefully indicates a greater awareness of the role of law enforcement issues in company policy decisions. Surprisingly, the factors remained in primarily the same order, the number of responses for the factor of job performance and absenteeism were substantially below those of the 1971 and 1976 studies.

	<b>1971</b>	<b>1976</b>	<b>1981</b>
<b>Impact on Job Performance</b>	7.3	7.6	5.7
<b>Absenteeism</b>	5.4	4.4	3.6
<b>Rise in Cases among Employees</b>	1.9	2.9	2.5
<b>Company Image</b>	4.6	2.0	1.4
<b>Public Security</b>	3.8	1.5	1.0
<b>Illegality of Some Drugs</b>	4.6	2.2	1.4
<b>Crime and Loss Due to Theft</b>	2.3	1.2	.6

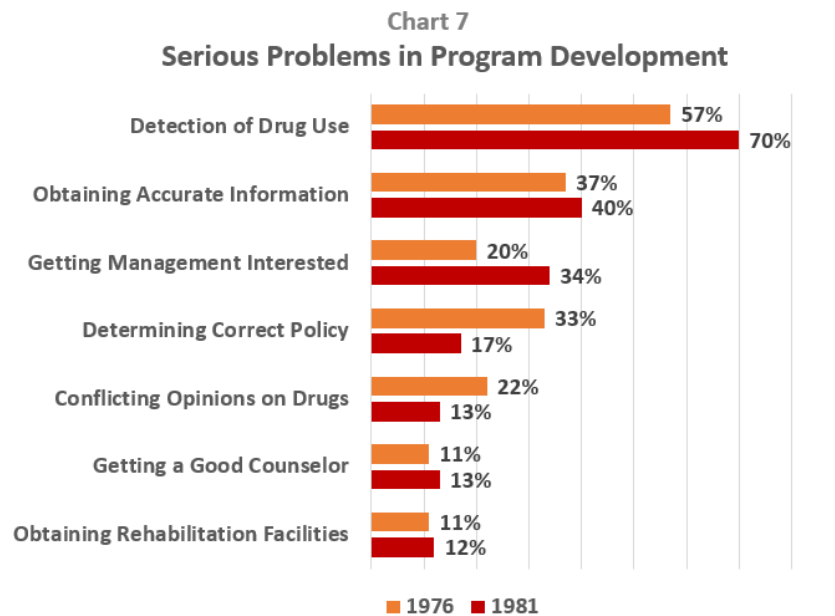
<sup>1</sup> Organizations with policies only.



Companies use a variety of means for announcing their policies. The most widely used technique was through an organizational policy manual (44%), while employee newsletters (27%), special booklets (23%), and employee meetings (23%) were used by other organizations. Several companies use more than one technique, while only 2% of the organizations made no formal announcement.

Organizations were asked about the problems encountered which seriously hampered their efforts in implementing a program. Responses to this question for the 1976 and the current study are shown in Table 7 and Chart 7. Detection of drug abuse was the biggest problem in implementing drug programs in 1976 and appears to have become even more of a problem by 1981. Obtaining accurate information remains a serious problem, while determining the correct policy seems to have declined as a serious problem. Unfortunately, the problem of getting management interested in the drug problem has risen significantly in the last five years.

Table 7 Serious Problems in Program Development		
	1976	1981
Detection of drug use	57%	70%
Obtaining accurate information	37%	40%
Getting management interested	20%	34%
Determining correct policy	33%	17%
Conflicting opinions on medical effects	22%	13%
Facilities for rehabilitation programs	11%	12%
Getting a good counselor	11%	13%



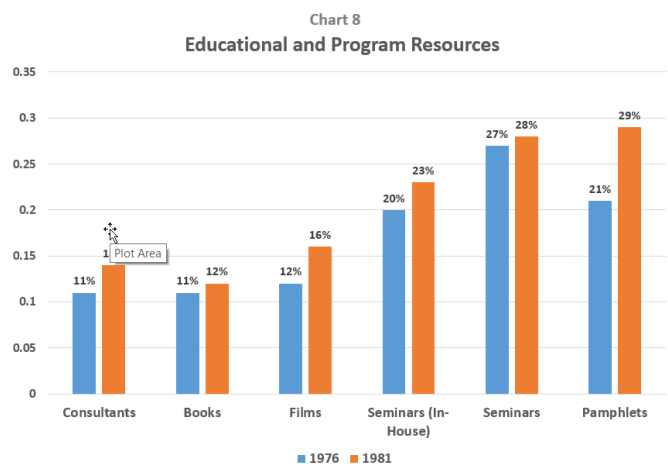
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## Resources

Over the past ten years, organizations have had access to a variety of educational programs dealing with drugs including alcohol. The continued development of new film programs, publication of new educational materials, and textbooks on the subject of chemical dependency in industry, indicate that management continues to seek solutions to the problems. An organization facing a problem for the first time can see from Table 8 and Chart 8 that organizations with educational programs on chemical dependency have used, and are using, a variety of resources. Information available from the 1976 and 1981 surveys is presented showing that the most popular resource is the distribution of books or pamphlets to managers and/or employees. Attending seminars continues to be a strong resource. A high percentage of the firms responding have conducted seminars within their own organizations and use the services of management consultants for developing chemical dependency programs.

	In the Past Six Months		Current Use	
	1976	1981	1976	1981
Attendance at Outside Seminars	39%	44%	27%	28%
Conducted Seminars within Organization	29%	34%	20%	23%
Distributed Books/Pamphlets to Managers/Employees	35%	47%	21%	29%
Purchased or Rented Films on Drug Abuse	15%	24%	12%	16%
Purchased Books on Drug Abuse	16%	17%	11%	12%
Used Services of Management Consultants	20%	23%	11%	14%
Other	15%	5%	10%	3%

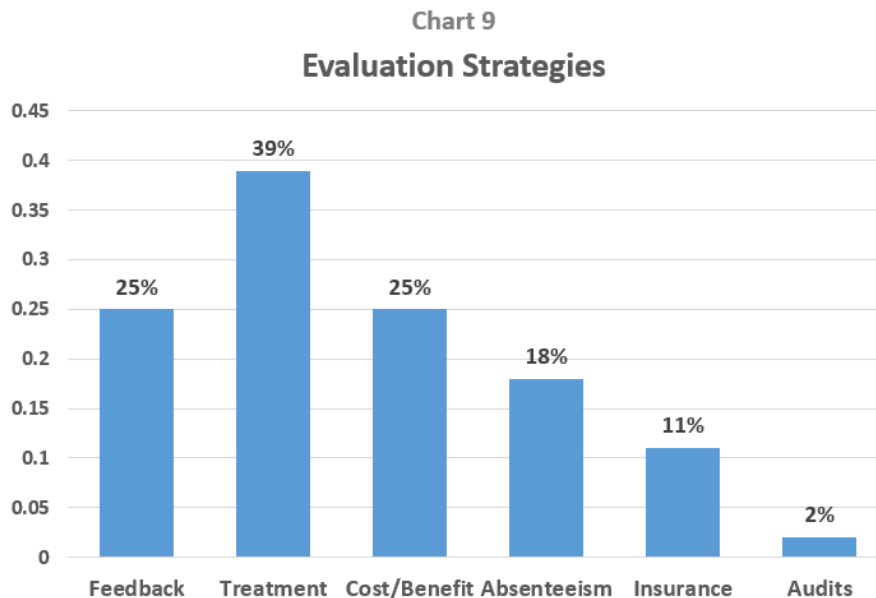
The variety of problems faced by an organization in dealing with chemical dependency problems and the variety of resources available to organizations indicate that the alcohol and drug problem in an organization is a complicated, multifaceted problem. It is not a problem which lends itself to a simple textbook solution. It is a problem to which there are many approaches and many solutions. It would appear, based on the results of this survey, that the problem of developing a program and of selecting resources is unique to each organization.



## Evaluation

The application of a Life cycle concept to employee assistance programming would most Likely Lead to the conclusion that employee assistance models have reached the maturity stage. One of the more important features of a mature approach to employee assistance programming is a greater concern for the success of that program and the use of formal evaluation strategies. The types of evaluations used in employee assistance programs were not included in the previous surveys on drug abuse including alcoholism in organizations. In the 1981 database, however, respondents were asked to identify any formal evaluation of their chemical dependency policy or program effort. Table 9 summarizes the responses to this question. The treatment success of rehabilitation programs for identified drug abusers including alcoholism was the primary evaluation strategy followed by employee feedback and attempts to document cost benefit or absenteeism reduction.

Employee Feedback	25%
Treatment Success	39%
Cost/Benefit Analysis	25%
Absenteeism Reduction	18%
Insurance Claim Reductions	11%
Outside Audits	2%



## Trends

The problems, solutions, and organization programs dealing with alcohol and other drug abuse are subject to rapidly changing social and legal forces. A number of questions were asked of the respondents to test their opinions on a number of possible issues and trends. These questions included titles given to alcohol and drug issues concerning other broad topics might be included in an employee assistance effort, and perceptions of the "alcohol and drug problem in the next five years."

The distribution of titles given to programs dealing with alcohol and drug problems and the feelings of respondents as the most appropriate title are shown in Table 10. The majority of the programs are called employee assistance programs, although some respondents felt this was not the most appropriate title. This feeling was more prevalent for the second most common title, alcohol and drug problems, where a much lesser percentage felt that it was appropriate. If there is any noticeable trend in titles it appears that the significant preference remains with employee assistance programs with increasing numbers feeling that it should be more broadly titled an employee health program. A small percentage of the respondents (7%) felt that the program title does not have any impact on its effectiveness.

	Actual	Preferred
<b>Alcohol and Drug Program</b>	22%	13%
<b>Chemical Dependency Program</b>	6%	5%
<b>Behavioral-Medical Program</b>	6%	4%
<b>Employee Assistance Program</b>	60%	56%
<b>Employee Health Program</b>	5%	14%

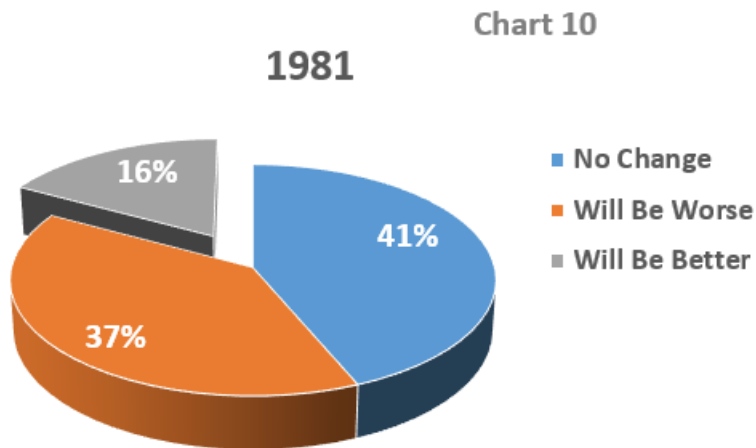
For the majority of organizations, alcohol and drug problems represent major efforts in a broader employee assistance program effort. These programs offer a number of other activities including personal counseling, marital counseling, and financial counseling.

The respondents were asked what other counseling activities were included in their programs. Forty percent of the respondents included personal counseling in the program, 23% included marital counseling, 22% included stress reduction activities, 21% included financial counseling, and 13% included fitness programming. Surprisingly the number of firms including other areas of employee assistance in a broad program was somewhat lower than expected and the number of firms including fitness programming was higher than expected.

One of the significant trends documented in employee health programs is the broader concept of wellness or fitness programming. Many organizations with employee assistance programs, or those organizations starting programs for the first time, have included the alcohol and drug employee assistance activities within a broader wellness or fitness program. Respondents to the survey were asked if they foresaw this as a trend in organizational efforts. Twenty-five percent of the firms responding saw this as a definite possibility and 35% saw this as possibly occurring.

## The Future

Information provided by the respondents shows an alarming failure of current educational and employee assistance efforts in curbing the drug problem. More firms in 1981 feel that the chemical dependency problem in organizations is the same or more serious than it was five years ago, both in their own organization and in other organizations. Equally disturbing, the number of firms with formal written policies has declined and the percentage of firms with actual contact with drug use and misuse in the organization has increased from 50% to 80%. Not surprisingly, these responses do not paint an optimistic picture for the next few years. Forty-one percent of the respondents felt that there would be no change in the next five years and 37% felt that the problem would get worse. Only 16% of the organizations responding felt that the problem would get better. These responses indeed show a need for new strategies and new organizational responses to the alcohol and drug problem.





## Organizational Responses

In the final segment of the survey, organizations were asked to respond to situations in accordance with their organization's policies and/or the respondents' freedom to deal with such problems. The first situation dealt with a manager being informed that a significant loss in terms of dollars, time, or product waste has occurred because of an employee's inability to perform his/her job. This inability was caused by an employee being under the influence of marijuana, barbiturates/amphetamines, heroin, cocaine, or alcohol. Respondents were asked to choose from five alternatives or a combination of these alternatives or offer another solution based on their own policies or ideas. They were also asked to respond to the situation both for a first and second offense. The second situation was that the manager was notified that an employee was under the influence of some drug, however, no direct loss has been suffered. Again, marijuana, barbiturates/amphetamines, heroin, cocaine, and alcohol were the drugs being used in the first offense and second offense categories. These questions were formulated to be short, to provide the respondents with limited choices, and to be consistent with a survey done of 1,000 college business students in 1972. The survey was modified slightly for the 1976 study and again for 1981. The student survey showed that students who admitted to using marijuana and barbiturates/amphetamines still treated job performance as the critical criteria in dealing with drug use on-the-job.

When a significant loss occurs, the students responded with warnings and terminations in the same fashion as those students did not use marijuana, barbiturates/amphetamines, or other drugs. The business students treated alcohol with much less severity than marijuana and other drugs.

In this study respondents to the survey provided a variety of answers to the situation. Many managers returned the surveys with additional comments detailing how their organization's policy would interact with the situation. They described their interaction techniques and the counseling strategies they would use in an attempt to assist an employee.

In the incident a significant loss occurred, a majority of the respondents chose to warn the employee when the drug involved was alcohol, marijuana, or barbiturates/amphetamines. In cases involving heroin, a higher number of immediate referrals to a corporate program and a significantly higher referral to police authorities occurred. In comparison to the 1976 data, a more lenient response, particularly in terms of firing, occurred in the first offenses for both the significant loss and no direct loss cases.

Tables 11 and 12 show selected responses to these questions. Thirty percent of the respondents chose to fire the employee for the second offense in cases involving heroin. Twenty percent, for both the first offense and second offense, would inform the police in addition to firing an employee. Only one percent would ignore the incident all together.

In the case no direct loss has been suffered more of the respondents expressed the willingness to ignore the situation for a first offense. While the majority of respondents still chose to warn the employee on the first offense, many of them decided to fire the employee for a second offense.

Table 11  
Management Incidents - Significant Loss

You have just been informed that a significant loss (\$, time, etc.) has occurred because of an employee's inability to perform his/her job. The inability was caused by the employee being under the influence of...

	<b>Ignore</b>	<b>Warn</b>	<b>Refer to Program<sup>1</sup></b>	<b>Terminate</b>	<b>Inform Police</b>	<b>Other</b>
<b>1981 Results</b>	<b>First Offense</b>					
<b>Marijuana</b>	1%	65%	44%	40%	8%	12%
<b>Barbiturates/Amphetamines</b>	1%	64%	50%	41%	6%	12%
<b>Heroin</b>	1%	46%	58%	53%	20%	16%
<b>Alcohol</b>	1%	66%	55%	30%	10%	14%
<b>Cocaine</b>	1%	48%	53%	51%	11%	9%
<b>1981 Results</b>	<b>Second Offense</b>					
<b>Marijuana</b>	1%	20%	50%	29%	12%	9%
<b>Barbiturates/Amphetamines</b>	1%	20%	53%	26%	9%	10%
<b>Heroin</b>	1%	18%	51%	30%	20%	8%
<b>Alcohol</b>	1%	21%	60%	18%	18%	17%
<b>Cocaine</b>	1%	18%	50%	31%	37%	7%

<sup>1</sup> Your organization's program, a contract referral, or community agency referral.

**Table 12**  
**Management Incidents – No Direct Loss**

You have just been informed that an employee is under the influence of some drug. However, no direct loss has been suffered. What would your reaction be?						
	<b>Ignore</b>	<b>Warn</b>	<b>Refer to Program<sup>1</sup></b>	<b>Terminate</b>	<b>Inform Police</b>	<b>Other</b>
<b>1981 Results</b>	<b>First Offense</b>					
<b>Marijuana</b>	8%	55%	34%	3%	6%	11%
<b>Barbiturates/Amphetamines</b>	6%	53%	36%	5%	6%	11%
<b>Heroin</b>	5%	42%	46%	7%	14%	11%
<b>Alcohol</b>	8%	55%	39%	3%	1%	7%
<b>Cocaine</b>	6%	43%	42%	9%	11%	11%
<b>1981 Results</b>	<b>Second Offense</b>					
<b>Marijuana</b>	2%	23%	46%	29%	8%	2%
<b>Barbiturates/Amphetamines</b>	1%	21%	48%	30%	9%	1%
<b>Heroin</b>	1%	18%	51%	30%	17%	1%
<b>Alcohol</b>	2%	21%	55%	22%	2%	6%
<b>Cocaine</b>	1%	21%	50%	28%	15%	1%

<sup>1</sup> Your organization's program, a contract referral, or community agency referral.

The responses to these questions indicated many firms, like the firms responding in 1976, follow a basic two-step model in dealing with incidents of drug use on the job. In most cases, the employer will warn the employee for the first offense and take stronger action, including termination, for a second offense. Greater leniency is indicated when no direct loss has been suffered. Secondly, the similarity in reaction to both marijuana and alcohol indicates, in comparison to the results of the earlier studies, that management is more tolerant of marijuana in 1981 than they were in 1976 and even more so than they were in 1971. Responses that were not included in the survey choices in 1976 include the specific reference to a program which became the dominant choice for all actions, particularly for those companies with programs in operation. Most of these showed a counseling, employee assistance type effort which provided greater employer/ employee interaction in an attempt to reach a mutual satisfying solution to the problem.

The responses to these questions indicate that management reaction has changed little over the last few years. However, it has become a bit more tolerant and conforming to current societal viewpoints on some drugs. Heroin and cocaine present the problems that were most often referred to police and marijuana received a slightly more tolerant view than five years ago. However, for a significant number of organizations, policy is still geared to a disciplinary approach rather than a counseling treatment approach.

## **Organizational Response Based on Experience and Size**

Two of the critical factors in determining an organization's response to employee assistance programs, particularly in the alcohol and drug abuse area, appear to be the size of the company and whether or not the company has experienced a problem dealing with chemical use on the job. An examination of the responses to this survey, based on employment levels and experience, shows clearly that larger corporations have experienced a much higher rate of drug use. Ninety-three percent of the companies with over 2,000 employees directly experienced a problem only 40% of the companies with less than 100 employees directly experienced a problem. Companies in the range from 100 to 2,000 employees experienced an "alcohol and drug problem" in 87% of the organizations responding. This, however, is significantly higher in all areas than the 1976 data. Clearly, as the size of the company increases, so does the organization's likelihood of having to deal directly with the questions of alcoholism and drug abuse. Equally clear, however, is the increasing concern that all organizations will someday face problems in these areas.

In response to the question which asked respondents to evaluate their perception of the problem today in comparison to the 1976-77 period, larger organizations and those who have directly experienced the problem accounted for a larger proportion of the responses claiming that the problem is more serious today than in 1976-77. Small companies perceive the problem to be more serious in other organizations than in their own. This information could be interpreted in two ways. One, it is possible that smaller companies experience problems with chemical dependency to a much lesser extent, therefore, creating in their minds less of a need to directly confront the problem and a perception that if the problem exists it is not true for their company. A second interpretation, one which is more consistent with the data available on chemical dependency problems in general, would indicate that the companies are practicing reaction rather than preventive policy formulation. Smaller organizations are often times forced to be more selective in hiring than larger organizations. In smaller companies there are also factors in the working environment, for example, the close working relationships, which may help all alleviate the possibility of alcohol and drug problems. Official policies on alcohol and drugs are more likely to exist in companies that have experienced problems; 58% of those companies having direct experience with the problem have formulated a written policy on both drugs and alcohol while 79% of those companies without direct experience with the problem have no written policy concerning either alcohol or drugs. Formal policies are also much more common among medium and large firms.

Organizations reported that they encountered several problems in attempting to implement an alcohol and drug program. For the majority of categories, the responses were the same. Detection of drug use was the most often cited problem followed by obtaining accurate information and determining the correct policy. These responses differ somewhat from the 1976 database. The 1976 study determining correct policy was the most significant problem among small firms while detection of drug use was the most serious problem among large firms and those firms with direct experience. The changes in these responses can most likely be attributed to the larger number of companies in all categories that have experienced the problem. While the 40% of the smaller companies having direct experience with alcohol and drug problems is still the lowest of the three organizational categories, it is now almost equal to the percentages for all organizations five years ago.

The use of resources, both internal and external, also varied among companies of different size and between companies that have experience with the problem and those who do not. Larger companies

have greater seminar attendance, greater use of internal seminars, higher distribution of books and pamphlets to employees, greater film usage, more books purchased, and greater use of consultants. Those companies that have directly experienced the problem have also made greater use of the resources in the area of seminars, book purchases and distribution, and the use of films and management consultants. Similar results were obtained when they reported which educational programs they actively used at this time. Table 13 summarizes the information obtained when the results of the survey are analyzed based on organization size and experience.

Smaller firms face a number of operating constraints indicate their day-to-day enforcement of policies concerning the use of chemicals on the job would differ from those in larger firms. It would be possible to justify several variations of policies based on these constraints. For example, a small company cannot as easily substitute workers to provide for necessary skills if an employee is absent due to problems with alcohol. In a larger company, while the loss of productivity is the same, the effect is not as great. Similarly, small organizations do not command the personnel support staff nor the financial resources to program extensively in the alcohol and drug areas. We would expect, therefore, that the smaller companies would adopt a harsher policy in response to the questions dealing with the specific incidents where an employee is found to be under the influence without a direct loss being suffered.

Organizational response to chemical dependency is clearly related to an organization's past experience and its size. The responses to this survey clearly indicate that organizations are reacting to their past experience with the problem more than they are adopting a preventive education and the development of an effective policy for dealing with potential problems before they occur. Similarly, the small or medium size company faces realistic and serious constraints in its effort to develop effective programs. It must deal with limited economic resources, which would prevent the firm from using extensive materials, consultants, or specialized programs. It must deal with the serious constraints on its manpower productivity due to employee lost time because of a chemical dependency problem. Larger firms have been able to devote more manpower and resources for development and operation of drug education programs.

**Table 13**  
**Selected Responses Based on Organizational Size**  
**and Experience with Drug Problem**

	Overall	Employment			Direct Experience Since 1970	
		1-100	101-2000	2000+	Yes	No
<b>Experience with Problem</b>						
• Yes	82%	40%	88%	93%	N/A	N/A
• No	18%	60%	12%	7%		
<b>Perception of Problem</b>						
<b>Personal Experience</b>						
• Less than 76 – 77	15%	23%	13%	15%	14%	23%
• Same as 76-77	55%	54%	49%	57%	52%	64%
• Greater than 76 – 77	30%	23%	38%	28%	33%	14%
<b>In Other Organizations</b>						
• Less than 76 – 77	9%	0%	5%	13%	9%	10%
• Same as 76 – 77	43%	33%	30%	48%	45%	35%
• Greater than 76 – 77	48%	67%	35%	39%	46%	55%
<b>Policies</b>						
• Drugs	51%	16%	52%	60%	58%	17%
• Alcohol only	5%	0%	7%	5%	5%	4%
<b>Problems</b>						
• Obtaining accurate information	22%	16%	17%	27%	23%	19%
• Detection of drug use	38%	40%	32%	41%	41%	27%
• Determining correct policy	9%	12%	10%	8%	8%	15%
• Getting management interested	18%	0%	12%	28%	20%	12%
• Conflicting opinions on medical effects	7%	4%	5%	9%	9%	0%
• Obtaining good facilities	6%	8%	5%	7%	8%	0%
• Getting a good counselor	7%	4%	3%	11%	8%	4%

**Table 13 (Continued)**  
**Selected Responses Based on Organizational Size**  
**and Experience with Drug Problem**

	Overall	Employment			Direct Experience Since 1970	
		1-100	101-2000	2000+	Yes	No
<b>Resource Utilization Past Six Years</b>						
• Attendance at seminars	44%	4%	32%	64%	51%	12%
• Internal seminars	35%	4%	30%	49%	43%	0%
• Distribution of books to employees	47%	20%	35%	63%	54%	15%
• Use of films	24%	0%	12%	39%	29%	4%
• Purchase of books	17%	0%	5%	29%	20%	4%
• Consulting services	23%	0%	25%	31%	28%	4%
<b>Resource Utilization - Current</b>						
• Attendance at seminars	28%	8%	18%	41%	32%	12%
• Internal seminars	23%	0%	15%	36%	29%	0%
• Distribution of books to employees	30%	12%	22%	40%	32%	19%
• Use of films	16%	0%	2%	29%	19%	4%
• Purchase of books	15%	0%	3%	23%	15%	0%
• Consulting services	15%	0%	12%	21%	18%	0%

Unfortunately, the levels of alcoholism and drug abuse suggested by this survey indicate that no company, large or small, can avoid confronting the problem of the chemically dependent employee forever. Companies need to access to programs that can be adapted to their particular needs while larger firms can develop extensive counseling and educational programs for their employees. They can instruct their supervisors and management staffs in effective identification, intervention, and counseling strategies. The smaller firm needs to consider that it can at least recognize and initially confront the problem of the chemically dependent employee by having short introductory seminars on chemical dependency and employee assistance. It is then free to determine within its own economic constraints and goals an effective policy for dealing with an incident when it occurs.

## Youth Findings

National surveys on drug abuse among high school and college age students show a somewhat more stable but disturbing picture of drug use. Nearly 65% of all college bound high school students have used illicit drugs, 39% of this group have used illicit drugs other than marijuana. The decline or stability in some drug usage, particularly heroin, cocaine, and PCP, is one of the only positive signs in the information available on high school and college age youths. For many organizations, this population makes up a significant part of their work force. High school and college age students employed in part-time positions are significant employee groups in various food service organizations, retail establishments, and some industrial type organizations. The widespread use of alcohol and drugs among these populations could be expected to spill over to organizational drug usage. Consequently, this survey included a sample of organizations hiring primarily high school and college age youth for part-time work and asked respondents to fill out the basic survey questionnaire for this audience only. Table 14 contains selected responses for the youth employment group in comparison to the overall survey responses.

For those organizations employing significant numbers of high school and college age youth, direct experience with alcohol and drug programs was significantly less. Overall survey data reported that 81% of the firms have had to directly deal with drug problems in their organizations. Only 70% of those responding for the youth employers have had to deal directly with job problems. In the area of perceptions of how serious the problem is in both their organizations and other organizations there were no real differences reported by the organizations employing youths. The same basic policy formulations had been developed, however organizations responding to the youth survey reported more of a problem in determining the correct policy and somewhat less of a problem in detection. Basically, many organizations responded that they did not know exactly how to deal with drug usage of teen—age or young adult part—time workers under the existing policy and many employers reported that when drug use did occur it was easier to spot among these groups. One of the more important conclusions, given the high drug use reported overall and even the high drug use recorded by this specific group, was that less use of resources in terms of educational materials, training programs, were reported for youth employee groups.



Table 14  
**Selected Responses for Youth Employers  
and International Organizations**

	Overall	Youth	International
<b>Experience with Problem</b>			
• Yes	82%	70%	84%
• No	18%	30%	16%
<b>Perception of Problem</b>			
<b>Personal Experience</b>			
• Less than 76 – 77	15%	14%	17%
• Same as 76-77	55%	57%	67%
• Greater than 76 – 77	30%	29%	17%
<b>In Other Organizations</b>			
• Less than 76 – 77	9%	10%	11%
• Same as 76 – 77	43%	50%	58%
• Greater than 76 – 77	48%	40%	32%
<b>Policies</b>			
• Drugs	51%	52%	56%
• Alcohol only	5%	5%	6%
• No written policy	44%	43%	40%
<b>Problems</b>			
• Obtaining accurate information	22%	17%	28%
• Detection of drug use	38%	30%	40%
• Determining correct policy	9%	13%	8%
• Getting management interested	18%	13%	24%
• Conflicting opinions on medical effects	7%	0%	4%
• Obtaining good facilities	6%	0%	16%
• Getting a good counselor	7%	0%	12%

Table 14 (Continued)  
**Selected Responses for Youth Employers  
and International Organizations**

	Overall	Youth	International
<b>Resource Utilization Past Six Years</b>			
• Attendance at seminars	44%	26%	52%
• Internal seminars	35%	13%	44%
• Distribution of books to employees	47%	17%	56%
• Use of films	24%	9%	32%
• Purchase of books	17%	4%	20%
• Consulting services	23%	4%	24%
<b>Resource Utilization - Current</b>			
• Attendance at seminars	28%	17%	24%
• Internal seminars	23%	4%	24%
• Distribution of books to employees	30%	13%	32%
• Use of films	16%	4%	20%
• Purchase of books	15%	1%	16%
• Consulting services	15%	0%	16%

## **International Findings**

*The great majority of employees of these companies are nationals of the country. Problems involving alcohol and drugs are handled in a manner consistent with the culture and the type of health care system that the country has in place.*

*Have no program; have no data; have no identifiable responsible person to whom we can turn for information.*

An equally great concern is the growing involvement of United States corporations in international business activity. Because widespread social and cultural differences exist for companies doing business on a multi-national level, alcohol and drug policies may be different and the extent of the problem may be different. Consequently, a sample in this survey was composed of U.S. firms with major international operations in other countries. Again, these firms were asked to complete the survey for their international operations only. This information is also compared for selective responses on Table 14.

The responses from international organizations were highlighted by no real knowledge of the problem because of the separation of facilities and the particular needs of the society and culture. The problem of alcohol and drug use in international organizations appears to be based primarily on societal and cultural values. In addition, these organizations, typically larger in size, tended to exhibit more of the characteristics of the larger organizations in the total sample. Their direct experience with problems of alcohol and drug use on the job was somewhat higher than the overall percentages and the larger percentage of the responding organizations felt that the problem would remain the same in their own and other organizations. The international organizations reported those types of problems that would be expected for organizations that were widely dispersed around the world and separate from high level corporate information, difficulties in getting top management interested in drug programming and getting acceptable facilities and a good counselor. However, despite these difficulties, companies with international focus tended to have greater use of resources.

The international and youth samples showed a somewhat stronger feeling about the expanding health program as part of the efforts to curb alcohol and drug problems and a larger percentage in the international sample felt that there will be no change in the drug problem in the next five years. Key findings for these two areas are highlighted in Table 15.

Table 15

**Key Differences: Youth and International****Youth**

- Less direct experience with alcohol and drugs
- No real differences in policies or perception of problem
- More problems in determining policies
- Less problems detecting drug use
- Less use of resources

**International**

- Higher direct experience
- More problem in:
  - Obtaining accurate information
  - Getting management interested
  - Getting good facilities
- Greater use of resources

## Major Conclusions

In both 1971 and 1976 major conclusions generated from surveys of organizations were that companies were becoming more and more involved in the development of drug abuse and the development of company policies for dealing with chemical dependencies within their organization. It was recommended after both studies that management undertake serious efforts to examine their own organizations and determine the proper reaction to the problem. Recommendations of these studies and other major studies on alcohol and drug problems in organizations were that organizations create and administer formal policies on chemical dependency and chemical misuse within the organization. It was felt that companies have the capability to assist in the solution of the problem of alcohol and drug abuse in society and that organizations, therefore, have a responsibility to take a leading role in the educational efforts and the efforts to rehabilitate their employees and return them successfully to the work force.

In addition to these major conclusions, the 1976 study produced several other key findings. Alcoholism and abuse of other drugs in an organization had not changed since the "crisis" period of 1968 -71. In fact, a significant percentage of organizations responding to the survey felt that the problem was more serious. Another finding in the 1976 study was that the problem among women was not perceived to be as great as the problem among men in an organizational setting. The perception of many respondents is that the problem is growing among women at this time. Efforts to have all companies develop formal policies on chemical usage and chemical dependencies have not been successful. A large percentage of the companies still did not have formal policies on drugs.

The problems which organizations face in developing effective drug programs changed slightly from 1971 to the 1976 study. The detection of drug use, obtaining accurate information concerning alcohol and drugs, and determining the correct policy still remain organizations' most serious problems. Organizations are adopting a reactive policy in terms of the development of chemical dependency programs and policies much more so than they are adopting preventive programs.

Unfortunately, the results of the 1981 survey echo strongly not only the major conclusions and key findings of both the 1971 and 1976 studies but, in fact, point to more serious failures.

The recent history of organizational response to chemical dependency problems includes a focus on alcoholism up until the late 1960's and early 1970's, followed by the inclusion of alcohol and other drugs, followed by the broader employee assistance effort which included marital, financial, and emotional counseling, and followed in the 1980's by broad based health programs. It is possible that part of the reason for low success rates has been the narrow focus of most policies throughout the years. The issue of employee dysfunction on the job may need the broad-based direction of a total employee health program. To some extent the current popularity of employee fitness, which takes a much broader look at employee health, recognizes this concept. Organizations must consider whether a broad approach will be more effective than some of the single focus programs.

There are a number of other job-related issues that may impact on the success of an organizational policy. Management practices which emphasize job satisfaction and employee motivation can all impact on the success of an employee assistance program. Quality circles may hold hope for effective programming efforts. If an organization fails to meet the basic needs of its employees desired to

specifically meet the needs of an alcoholic or a drug abuser is doomed to failure even though the program may have a well-structured design.

Management interest remains a serious problem. Top management must be convinced that the scope of alcohol and drug problems is something management can impact on and something that by necessity effective management requires. Management must be given additional information on the cost effectiveness of chemical dependency treatment. This includes demonstrating to top management that hospital services costs can be reduced by using available rehabilitation treatment facilities. Top management must also be convinced that absenteeism can be reduced and that, subsequently, disability, worker compensation, and salary continuation plans can impact on cost savings. Finally, an awareness that an overall improvement in health of employees will reduce health care costs of the firm must be fostered.

Further work must be developed in the area of program evaluation. Clear evidence must be developed for identifying program success and long-term impact of rehabilitation programs. Organizations need to submit their program information to evaluation and, if necessary, allow outside evaluators to determine program effectiveness.

The data generated for this research study would indicate that program efforts of the last five to ten years have failed and the investments made for employee assistance programming have been ineffective. The statistics indicate that, in fact, drug abuse has increased in organizations and, therefore the effect of programming efforts is difficult to show. Perhaps the problem would be twice as bad as it is now if programming efforts had not been undertaken.

The question remains how serious the drug problem would be without the efforts documented by the database.

The need for chemical dependency programming is obvious. The format for these programs needs to be developed. Particularly, new and creative programming consistent with broader, employee health programs and a greater awareness of basic management concepts needs to be implemented. Critical focus on evaluation must be developed to identify those characteristics of successful programs that will allow for impact on the incidence of alcoholism and other drug abuse in the next five years.

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***This version contains minor grammatical corrections to the original report plus the addition of charts to visually present selected information.***

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