

# Substance Abuse in Organizations

1971 – 1986

Realities - - - - Trends- - - - Reactions



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## Preface

Officially, 1987 represents the seventeenth year that I have been involved with the subject of substance abuse in American organizations. Throughout the years, what began as a very personal motivation became a professional career goal. Then it became an academic research goal, and now again, a personal and professional commitment. It started simply. While inside a large organization in 1969 and 1970, I was shocked to watch disciplinary action taken against young employees who were assigned boring, repetitive tasks. I struggled with why these young, intelligent employees would waste their minds by getting "stoned" every night. I struggled equally with the inconsistencies in management practices. Throughout graduate school, I determined to work helping organizations manage employees in a way that would eliminate the effect of substance abuse.

This newest project is the first conducted without the financial and clerical support of Marquette University. When I began consulting full time, part of that decision was how to continue the substance abuse research that had been planned for 1986. I decided it had to be done.

The project was undertaken by Far Cliffs Consulting, as a no profit commitment to the development of this important data. A variety of people have dedicated their time and effort, without compensation, to making this project a reality. Brian Pugliese provided moral support with the early survey design, and the necessary stuffing of envelopes. Tim Dondlinger has written the computer programs necessary to input and evaluate the data. And, as always, my family was involved. This time, Chris entered all of the survey responses and Erica helped label envelopes. All have earned by deepest thanks and appreciation for their dedication to this effort.

***The report is dedicated to the American worker, a person who deserves to work in a drug free work place and who deserves to work drug free to enjoy the satisfaction of productive employment.***

JWS 1/14/87

### Note (2017)

*This report has been re-formatted to include improved graphics and charts. Minor editing was done to improve grammar and punctuation. Absolutely no changes were made to basic data or interpretations.*

## Introduction

Substance abuse in organizations has been described in the media as a current crisis. It has been portrayed in other sectors as a creation of the media. 1987 is not part of a new period where drug abuse in organizations has captured the attention of the public. Similar media attention has been generated at various times in early 1970's. It is important to examine real organizational experiences, policies, and practices to determine whether or not a real crisis exists. The data contained in this report support that there is indeed a crisis in organizations. Very few organizations have been able to escape the problem.

The results described in this study are based on fifteen years of research using the same data base to obtain consistent results. Surveys done at five-year intervals in 1971, 1976, 1981, and 1986 have gathered data about organizations experience with substance abuse. Information about organization policies, procedures, training efforts, and evaluation techniques are examined. And the report for 1986 includes special, new information on management's viewpoints on cocaine, drug testing, and the call for a "drug free work force." The report also contains a variety of typical situations involving substance abuse and testing. In these incidents, respondents provide insights into their management practices. This information is helpful to any organization trying to define or improve its practices for dealing with employee substance abuse.

This report is organized into sections covering major findings, on-the-job drug use, history and background, policy and practice, trends, drug testing, cocaine report, size issues, youth issues, and supplements. In addition, each major topic is divided into sections presenting the results of the survey, the interpretation of the results, and when appropriate, recommendations for action.

**Special Note:** The **Major Findings** section of this report is available as a separate "Executive Summary" at [www.hr-tracks.com](http://www.hr-tracks.com). The "Executive Summary" can be reproduced and distributed "as is."

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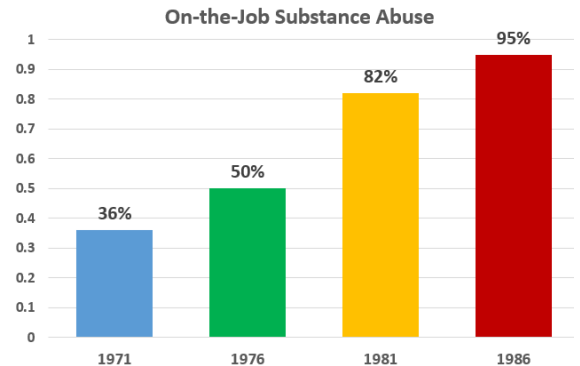
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## Major Findings

1987 is a year that begins with continued emphasis on positive management techniques. Lessons from "Excellence," "One-Minute Management," "Megatrends," and others have shown us that organizations can be successful, good places to work. But within the positive news comes the negative news -- about substance abuse in the workplace. The fourth survey in a fifteen-year collection of information indicates the following major findings.

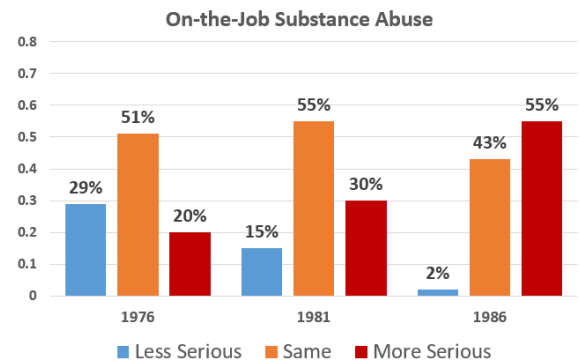
### On-The-Job Substance Abuse Has Increased

- 95% of organizations have had direct experience with employee substance abuse on the job. Fifteen years ago, only 36% of the responding organizations reported direct experience. Ten years ago, it was 50% and five years ago it was 82%.



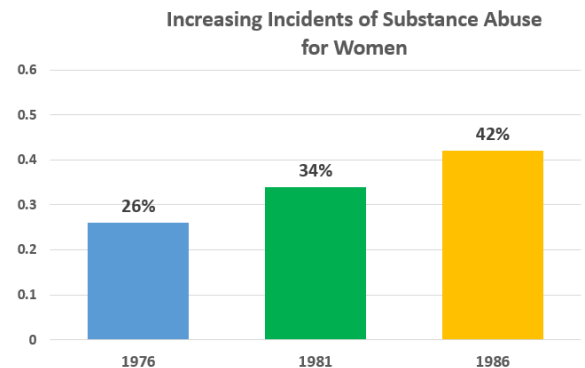
### A Majority Feel the Problem Is More Serious than Five Years Ago

- 98% of organizations feel that the alcohol and drug abuse problem within their own organizations is the same or more serious than it was five years ago. Ten years ago, 71% felt it was the same or more serious. Five years ago, 85% of the organizations felt it was the same or more serious.



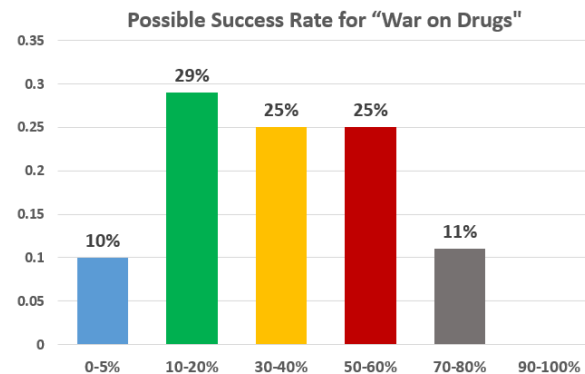
### The Substance Abuse Problem Is Still Growing Among Women

- More respondents, 42%, feel that the alcohol and drug abuse problem among women is growing. In 1976, 26% felt the problem was growing among women. In 1981, 34% felt it was growing among women.



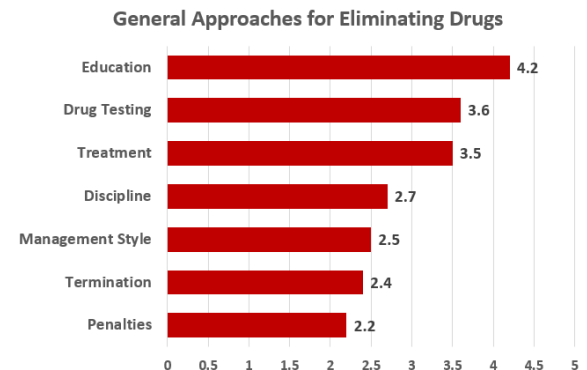
## The Government's War on Drugs Is Not Seen as Very Successful

- For the first time in fifteen years, the Federal Government, led by President Reagan's "war on drugs" has directly targeted the work place. But only 10% of the survey respondents feel that this movement has better than a 50% chance of succeeding.



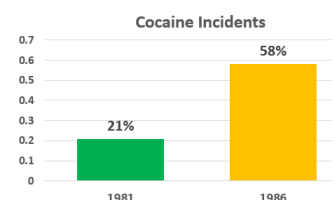
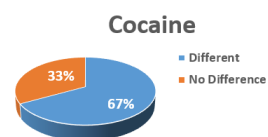
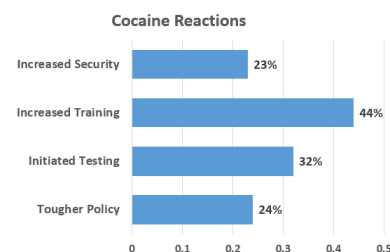
## Education Is the Favored Technique for Eliminating Drugs in the Work Force

- There is some movement toward tougher penalties, stricter policies, and an increased emphasis on testing. But survey respondents still rank education as the alternative with the most potential for eliminating drugs from the work place.



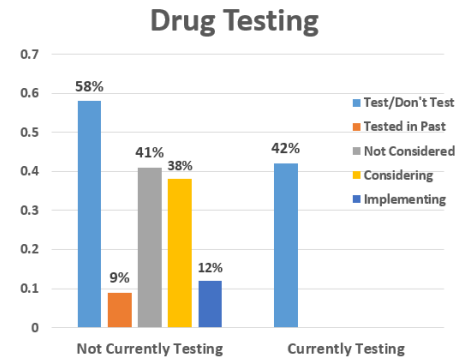
## Cocaine Is Viewed as a Different Drug in the Workplace

- A majority of respondents feel that cocaine is different from other drugs in the work place. 24% of the organizations have changed their policies because of cocaine. 44% increased training. And 32% initiated drug testing programs because of the growing cocaine problem. While on-the-job substance abuse increased in all categories since 1981, the increase in cocaine incidents was the greatest, from 21% in 1981 to 58% in 1986.



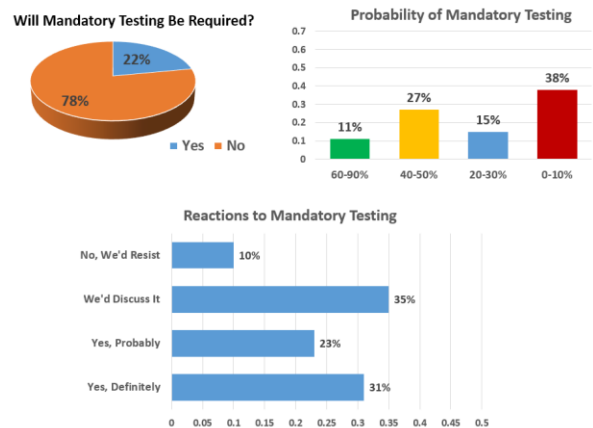
## Drug Testing Is Increasing in Use and Being Considered by Many Organizations

- 42% of the organizations are currently testing for drugs. Of the remaining, 38% are considering drug testing at the present time and an additional 12% have made plans to initiate drug testing within the next year.



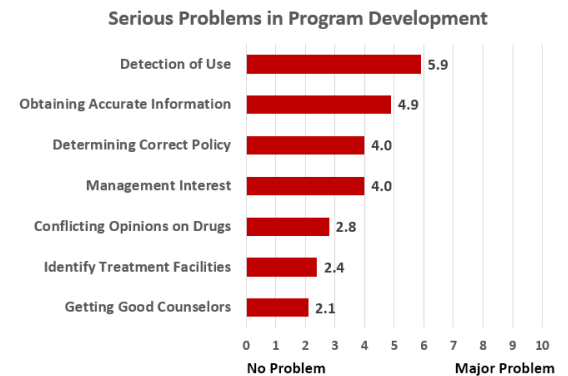
## Organizations Would Drug Test Although Few Think It Will Become Mandatory

- Just over 20% of the respondents feel that an attempt will be made to require drug testing. Most feel it has little probability of becoming a reality. While some organizations wanted to reserve judgement, most feel they would comply if drug testing were made mandatory.



## Detection of Drug Use Is the Most Serious Problem for Most Organizations

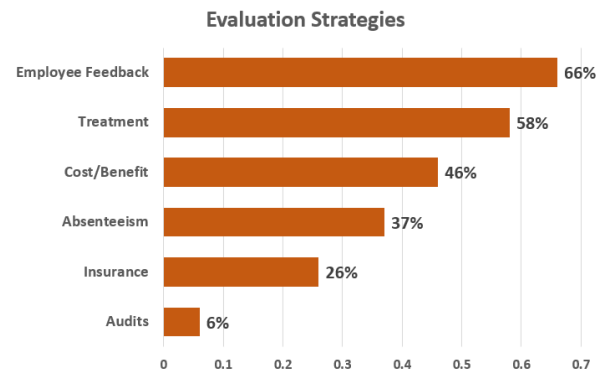
- Detection of drug use has always been the most cited problem by the organizations in the data base. Obtaining accurate information remains the number two problem, followed by getting management interested in the program.





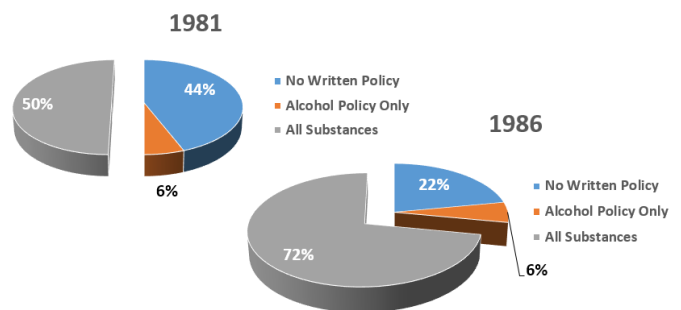
## Employee Feedback and Treatment Success Are Favored for Evaluation

While a variety of techniques are used to evaluate employee assistance and other alcohol and drug programs, most organizations use several techniques. And positive results have been achieved by most organizations. Treatment success and employee feedback have yielded positive results in a large number of organizations.



## A Significant Number of Organizations Still Do Not Have Written Policies

Despite all the available research and despite all the publicity the substance abuse problem in organizations has received, 22% of the organizations do not have a written policy on alcohol and drugs.

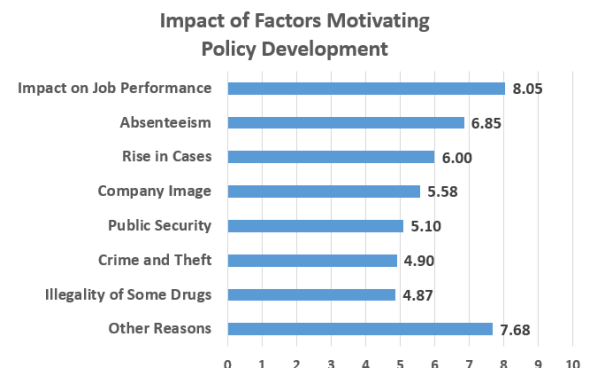


## A Majority of Organizations Have Revised Their Policies in the Last Five Years

78% of the companies have written policies covering alcohol and other drugs. 55% of the companies revised their policies during 1986 and an additional 25% revised their policies since 1981.

## Job Performance Is the Number One Motivation for Policy Development

Job performance has been the number one motivating factor for policy development in each of the four studies. Absenteeism and the rise in cases among employees have had the next largest impact in the most recent study.

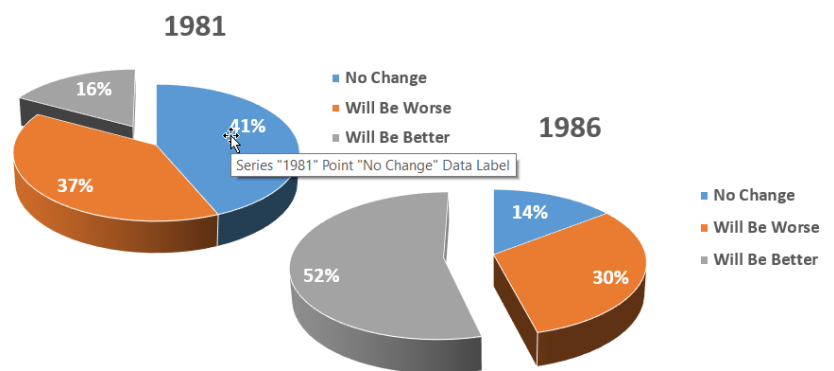


## Major Questions Exist about Drug Testing and New Drugs

- In the last fifteen years, three different "crisis periods" have occurred. The third is occurring right now with major increases in on- the-job drug use, questions about drug testing, and the widespread use of new drugs and/or drugs that were unpopular five and ten years ago.

## Respondents Feel the Drug Problem Will Get Better in the Next Five Years

- It is encouraging that 52% of the organizations feel the drug and alcohol problem will get better in the next five years.



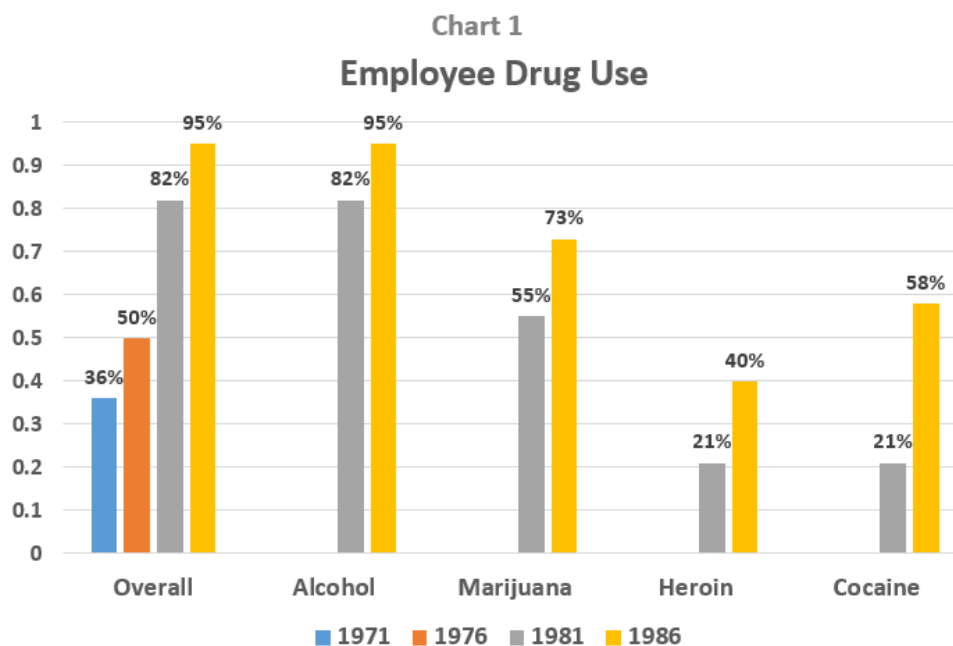
## On-the-Job Drug Use

95% of the organizations responding to the survey reported that since 1981 they have had to deal directly with a substance abuse problem. The question has always been worded very carefully. It asks specifically if the organization has had to "deal directly with." It makes a specific reference to "employee use on- the-job."

The 95% response is up another 13% from 1981 when 82% of the organizations reported actual incidents of substance abuse within their organizations. The original 1971 data base included only 36% of the organizations reporting actual incidents. In the 1976 survey it increased to 50%. Table 1 provides the specific breakdown on the substances most commonly confronted. Chart 1 provides a comparison of the data with the results of the previous studies.

Table 1 Actual Contact with Drug Use/Abuse		
	1981	1986
<b>Alcohol</b>	82%	95%
<b>Marijuana</b>	55%	73%
<b>Barbiturates/Amphetamines</b>	41%	59%
<b>Heroin</b>	21%	40%
<b>Cocaine</b>	21%	58%
<b>Other Drugs</b>	31%	55%

While alcohol continues to lead with 95% of the organizations having to deal with an actual situation of substance use or misuse on-the-job, marijuana has now been documented in 73% of the organizations. Heroin has been documented in 40% of the organizations. And cocaine has been documented in 58% of the organizations --- an increase from only 21% just five years ago.



In the 1971 and 1976 surveys, half of the organizations denied having any direct contact with drug problems on-the-job. Many went beyond the survey denial and provided comments about "never experiencing any drug problems." Most of these emphatic denials were suspect, especially in cases where the nature of the organization was known and the "head in the sand" attitude was so clearly portrayed in the letters. In 1981, 18% of the companies reported no direct experience with drug abuse on-the-job. While some experts might disagree that any organization could avoid the problem, the varied sample including some smaller organizations, makes it possible. But in 1981, no one strongly denied the possibility of drug abuse. Several of those reporting no direct contact admitted it was probably happening but they hadn't encountered it yet. Now they have. Only five percent of the organizations responding in 1986 reported no contact with any on-the-job substance abuse.

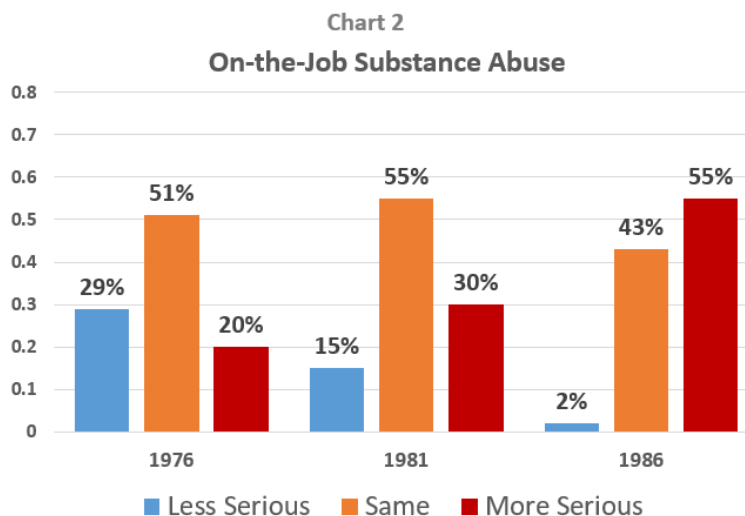
### Management's Perception of the Problem

The 1976, 1981, and 1986 surveys asked respondents to compare their experiences and perception of substance abuse on-the-job to the previous five-year period. Table 2 and Chart 2 show the responses to these questions. The respondents again have indicated that the problem has become more serious. In the 1986 responses there is still a tendency to portray the problem as more serious in other organizations.

In each previous survey, I've concluded that these results indicate a need for continuing educational efforts concerning the scope and seriousness of substance abuse problems. The conclusion has become repetitive. And it was strongly emphasized in the 1981 report simply because it was the same conclusion drawn in 1976. Now it must be emphasized even more. And it must be emphasized with specific recommendations for organizations to take.

**Table 2**  
**Perception Of Substance Abuse Problem**

In Own Organizations				In Other Organizations		
1976	1981	1986		1976	1981	1986
29%	15%	2%	Less Serious	26%	9%	2%
51%	55%	43%	Same	40%	43%	25%
20%	30%	55%	More Serious	34%	48%	73%



For the first time, the 1986 survey asked respondents to identify the single factor which in their professional opinion explains their perception of the substance abuse problem in their own organizations.

For those respondents who felt the problem was less serious than five years ago, sample answers were:

*Less job security in this industry*  
*Organization implemented alcohol/drug policy; formalized EAP*

For those respondents who felt the problem was the same as five years ago, sample answers were:

*The same level of referrals as the previous period*  
*Older employees with the same problems over time*  
*Number of cases reported to EAP the same*

Most importantly, the 55% of the respondents who felt the problem was more serious than five years ago cited some important factors:

*Increased level of stress*  
*Higher level of awareness*  
*Accessibility of drug of choice*  
*Cocaine and crack epidemic*  
*Increased absenteeism*  
*Establishing EAP made the problem more visible*  
*Increase in the number of performance related problems*  
*We've had more discipline cases*  
*Public awareness*  
*Increased workload during layoffs and plant closings*  
*EAP use went from 5% to 10% of total employees*

These comments provide some key insights. First of all, there was an awareness that organizations will mirror society. If substance abuse is more prevalent in society, it will be more prevalent in an organization. Secondly, the implementation of an Employee Assistance Program may initially bring more cases to light. This does not mean there are more cases, simply that educational efforts make them visible. Finally, there is a new awareness that some management practices, like increased workload and increased stress, can cause substance abuse problems.

## Male versus Female

Early studies on alcohol and drug abuse in organizations were confined primarily to males. Or the data was never analyzed for differences based on sex. In society there has always been concern for about alcoholism apparently as a male problem. Abuse of prescription drugs is apparently a female problem. And illegal drug abuse is predominantly a male problem. Most studies have shown that there are some gender-based patterns of substance abuse. However, it is impossible to draw any clear conclusions. Management must be concerned about any employee potentially abusing a chemical substance.

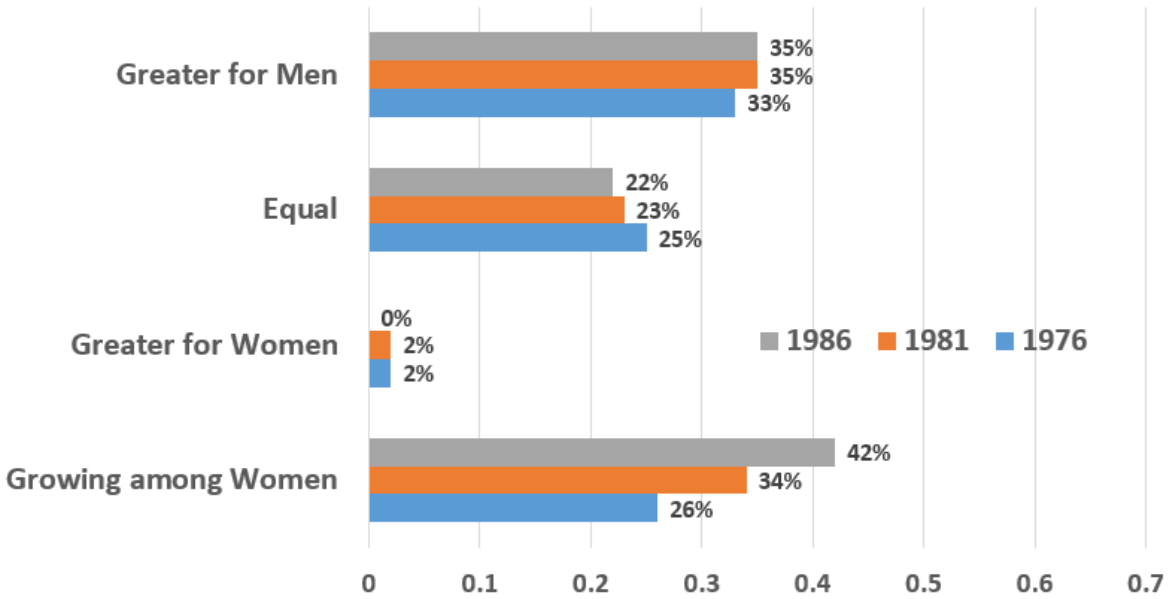
Organizations were asked in the 1976, 1981, and 1986 surveys to provide their perception of the substance abuse problem for males versus females. They were also asked to provide their responses for their own organization and their perception of the difference in other organizations. Table 3 provides a summary of the responses for these questions. these results. Chart 3 provides a graphic representation of these results.

Table 3 Substance Abuse Problem – Male versus Female						
In Own Organizations				In Other Organizations		
1976	1981	1986		1976	1981	1986
25%	23%	22%	Equal	27%	22%	25%
33%	35%	36%	Greater for Men	15%	18%	12%
2%	2%	0%	Greater for Women	1%	4%	2%
26%	34%	42%	Growing among Women	35%	45%	61%

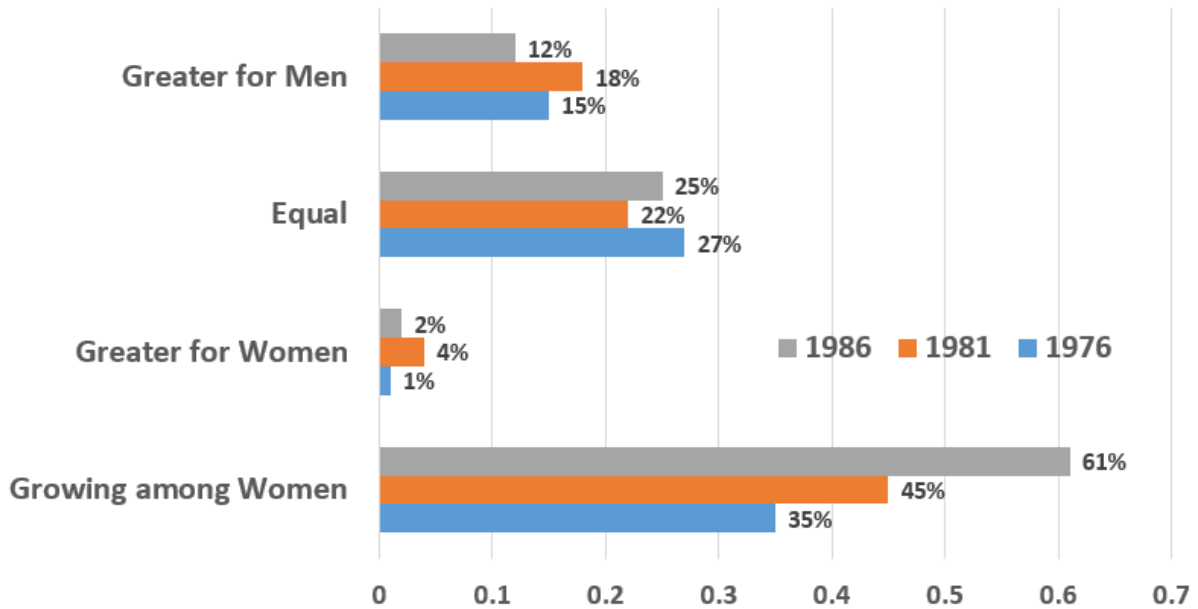
In 1981, I wrote "It can be expected in the next few years that as women continue to gain greater access to the work force and as women continue to fill higher positions within organizations, positions with more responsibility and stress, increasing evidence of chemical dependency among women will continue." The consistency of the responses to these questions confirms this statement. The major change is in the category "Greater for men, but growing among women." If there are factors in the working world that foster substance abuse, both women and men must be aware of them. Job fatigue, boredom, and stress are problems which both individuals and organizations must face to effectively combat the possibility of increased substance abuse.

Chart 3

### Male versus Female Own Organization



### Male versus Female Other Organizations



## Conclusions and Recommendations

One of the numbers that readers of this report and the media will react to is that 95% of the responding organizations have experienced substance abuse on-the-job. But this number is not really the most important finding in the report. Substance abuse on-the-job is something which every organization is likely to have already faced - or will face in the very near future. The fact that more and more organizations are admitting the experience may be more important.

The rise in certain types of substance abuse incidents is important. While cocaine has been the drug of the 1980's, I did not expect 58% of the organizations to have to deal directly with cocaine on-the-job. I expected, or hoped, that marijuana incidents might be stable, or even be done slightly if respondents hadn't had any noticeable incidents lately.

The increases in certain types of substance abuse and the perception of the drug problem as more serious than five years ago are clearly disturbing. We are living in an era where we know more about management, more about dealing with employee problems, and more about the nature of alcohol and drug problems. Where is the impact of this knowledge?

I must conclude that the substance abuse problem in organizations is indeed worse than it was five years ago. Whether or not it is a crisis is a matter of debate and whatever someone's definition of a crisis is. But it is a critical problem, one that is costing organizations untold amounts of money in lost productivity, sales, morale, damaged goods, and most importantly, the loss of employees.

If the problem is more serious than five years ago, my recommendations in the area of substance abuse on-the-job are simple. All organizations must admit to the problem and take steps necessary to deal with the problem. No organization can afford to ignore the problem or deal with it in a superficial way. The problem must be attacked with the reality that failure to curb the increasing levels of substance abuse will prove damaging to the health of any organization.

A second recommendation will be developed in later sections. Briefly, organizations must develop creative, broader solutions to the problems of substance abuse.



## History and Background

Organizations in 1987 face a variety of social, financial, economic, and cultural problems. Employee needs continue to change. New problems with the plateaued employee, the aging of the work force, and continued efforts to end employment discrimination have placed on new emphasis on human resources management. Economic pressures from international competition and U.S. economic policy have forced many organizations into major cost-cutting programs. In spite of, and because of these factors, organizational efforts to confront substance abuse problems have increased. Employee assistance programs, designed to meet a variety of employee problems, have flourished. Legal, medical, health and fitness, financial, child abuse, stress, and many other topics have become part of the employee assistance movement. And alcohol and drugs remain one of the major areas of all employee assistance programs.

Management's response to alcohol and drug abuse on-the-job has changed over the years. Management experts and the press have shown new attention to the substance abuse problem in organizations. Values in society have continued to change. Government programs have been adjusted. And every available piece of information says that the substance abuse problem in organizations has continued to grow. It is time to re-examine the problems of alcohol and other drug abuse in the workplace.

In 1971, when this research was begun, there was one survey on drug abuse in industry already conducted in New York. Another was being done at the same time in California. In 1986, surveys on drug abuse in organizations appear regularly. Graduate students and college professors do research. Special human resource research organizations and employee assistance programs do research. And magazines, newspapers, television, and radio take public opinion polls. In 1971, data on drug abuse in organizations was scarce. In 1986, it is plentiful.

But few studies on substance abuse have been repeated over the years. This research has included many of the same questions asked of many of the same organizations in four different surveys. Response rates have changed. Questions have been added. But the base of fifteen years of data make this survey valuable no matter how many other surveys have been conducted in the last few years.

### The Terminology Problem

Throughout this report various terms are used to describe the problems of substance abuse within organizations. In the first survey, fifteen years ago, the term "drug use and abuse" was used. Five years later, chemical dependency was a popular term. In the last survey in 1981, drug abuse including alcoholism was a term used throughout the report. In this report, substance abuse is the most widely used term.

It might be easier on the reader if a single term, drug abuse, could be used throughout the report. It would be a correct term because drug abuse, by definition, includes 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 can offend 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 clarify that alcoholism is considered a form of drug abuse. While this adds several words to the text it will serve to emphasize that alcoholism is indeed substance abuse. And it will continue the educational efforts to make this information widespread.

Other terms will be used to imply drug abuse including alcoholism in the workplace. These include chemical dependency problems and behavioral medical problems. Substance abuse is the currently popular term. Behavioral-medical problems is technically correct in some people's minds because it is broader and includes many other non-chemically related ailments.

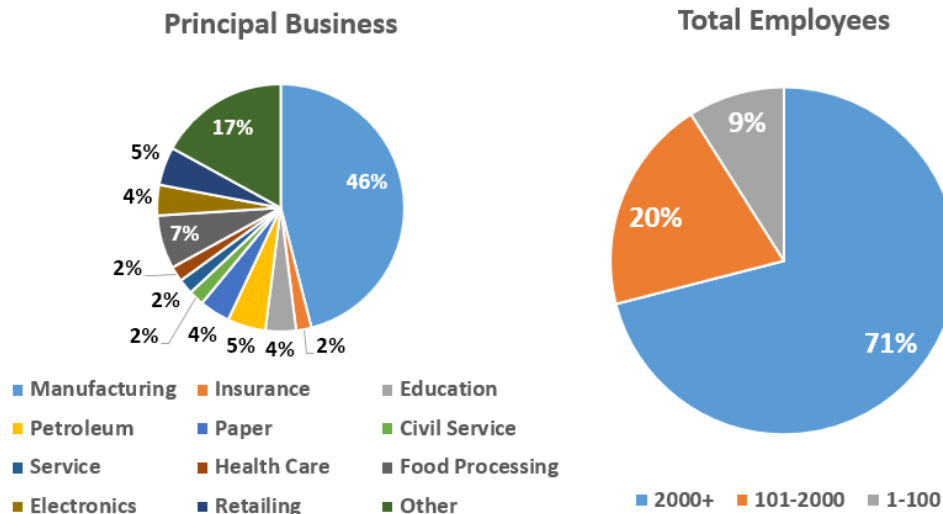
For the sake of emphasis and clarity, a variety of terms will be used. Essentially, they mean the abuse of any substance, legal or non-legal, including the abuse of alcohol.

## Survey Data Base

In 1971, the first survey in this data base was completed using information submitted by 75 responses from firms in the Midwest. The 1976 study contained the original data base and was expanded to include more national organizations and a sample of smaller organizations. The 1981 study included the original data base, the smaller organizations, and new respondents representing international organizations and organizations hiring primarily high school and college age employees. The current study uses an updated version of the 1981 survey base. The international mailing list was eliminated. Corrections were made to the original data base to reflect company mergers, acquisitions, and closings. A complete profile of the survey respondents is shown in Chart 4.

The response rate for the survey has decreased steadily from 1971 to 1986. Originally it was 50% of the surveys mailed, in 1981 it was down to 35%, and the current survey had a response rate of just under 20%. From a statistical stand- point, this is still an excellent response and the results are valid. From a design viewpoint, it was decided to do some checking on the low response rate. Three reasons were identified. 1986 was the year of the drug survey. While this data base was one of a very few fifteen years ago, 1986 saw several major surveys completed on various aspects of the substance abuse problem. The survey has grown in length and complexity over fifteen years. The problem has changed, and more questions have been added. The time necessary for completion has increased. Finally, many companies are still reluctant to share the information requested. In this survey, more than any previous version, letters were received explaining an organization's decision not to participate in the study.

Chart 4

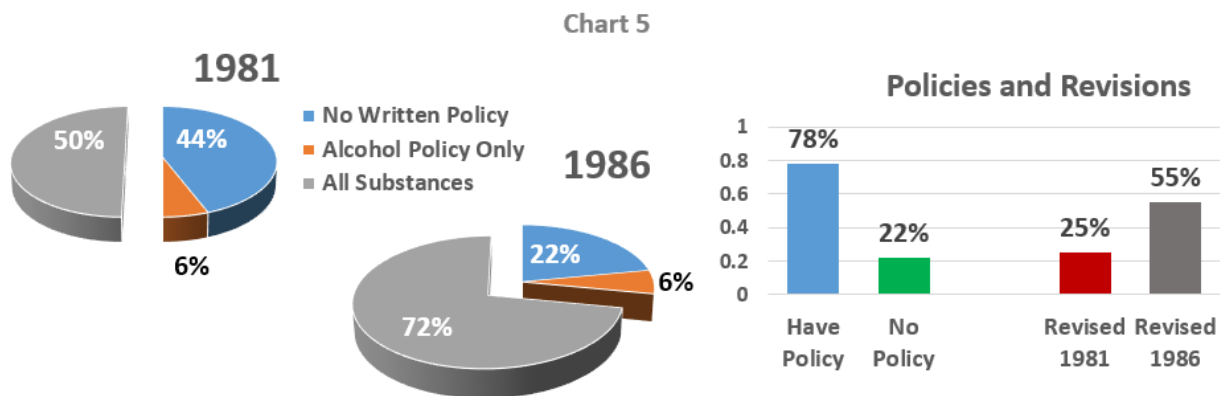


## Policy and Practice

Fifteen years ago, there was a concern about organizations having policies and whether the policies included drugs other than alcohol. Now the concern is more focused on the type of policy organizations have implemented and the number of organizations which still do not have a policy.

In 1986, 22% of the responding organizations do not have a written policy on alcohol and other drugs. This is a substantial improvement from five years ago when 44% of the organizations did not have a written policy. In 1976, 55% of the organizations had no written policy. 72% of the organizations now have policies which cover all substances. Only 6% of the respondents have policies covering alcohol only. Chart 5 shows the responses to these questions.

Progress continues. The educational efforts to get organizations to formulate written policies has continued to have an effect -- but not enough. Every organization needs a written policy to effectively deal with substance abuse. While many organizations may have informal policies, it is a critical element to adopt a clear cut written policy. Organizations which have developed a clear cut written policy have reported greater ease in dealing with substance abuse problems when they occur.



### Policy Characteristics

Many organizations with policies have implemented or revised their policies within the last five years. But a significant percentage of organizations, 43%, have had policies in place since before 1975. The vast majority of organizations with policies, 95%, have policies that cover all employees. The remaining 5% have policies which apply to management employees only. 70% of the policies were developed by management alone, 21% by management with a labor union, and 9% by management and employees.

## Policy Statements

Organizations receiving the survey were asked to submit a copy of their policy statement. In fifteen years this has resulted in a large collection of different organizational policies. Many of these policy statements reflect the organization's philosophy toward substance abuse as well as the procedural steps that the organization will take to deal with substance abuse on the job. In 1986 many policy statements reflected the movement toward drug testing. Many reflected the broad base of employee assistance programs. Some attempted to simply state a philosophy and give management a broad path in taking actions in an area that many clearly feel is difficult to define.

Here's one organization's new policy statement that takes the broad path.

*It is the policy that management shall take reasonable measures sufficient to assure that drug or alcohol use by employees or other persons does not jeopardize the safety of our operations or otherwise adversely affect the Company, its employees, customers, or the community.*

Other organizational policy statements are clearly part of the large number of revisions that were reported during the period 1981 to 1986, and particularly the 55% of organizations with policies that revised them during 1986. They clearly follow the major issues in substance abuse in the mid 1980's.

They tackle President Reagan's call for a drug-free work place.

*At the same time, ...intends to provide a drug-free, safe working environment; employees are expected to be in suitable mental and physical condition to be at work, performing their jobs satisfactorily, and behaving appropriately.*

They place more responsibility on employees than some of the policy statements of the 1971 and 1976 study.

*Employees are expected to obey the law and observe company prohibitions against the presence of drugs on the premises.*

They offer assistance but emphasize performance and work standards.

*Seeking assistance for such a problem will not jeopardize an employee's job, whereas continued problems with performance, attendance, or behavioral problems will.*

*The harm done to employees and their families and the loss to corporations brought about by alcoholism, drug abuse, and emotional problems are of increasing concern to society in general, as well as to industry. These problems have two concerns in common: they harm employees and they affect job performance. The corporate response should be positive: designed to help such employees obtain professional help in an atmosphere of support, understanding, and confidentiality.*

They provide a wide range of alternative disciplinary actions but clearly demonstrate a no-nonsense approach.

*The sale, purchase, transfer, use, or possession of illegal drugs or the knowing involvement in such activity will result in disciplinary action up to and including termination.*

*Employees found to be knowingly involved in the sale, purchase, or transfer of drugs on company property will be terminated. Employees arrested and convicted of drug dealing away from company premises will be terminated.*

Some even provide guidelines for acceptable use of alcohol.

*Alcoholic beverages cannot be consumed except as outlined in the Policy on Employee Use of Alcohol in Conjunction with Company-Related Business.*

Many deal with the implementation and concerns over drug testing.

*When there is reasonable cause, an employee may be asked to report to a designated physician or medical clinic on company time and at company expense for a fitness for duty examination. This involves appropriate testing . . .*

*"Reasonable cause" is any identifiable behavior or performance results which may cause a reasonable person to question 'whether an employee is physically or emotionally able to perform his or her job.*

*Employees injured at work to the extent that medical attention is required from a medical doctor, or at a clinic or hospital, will be asked to consent to chemical screening...*

## Policy Implementation

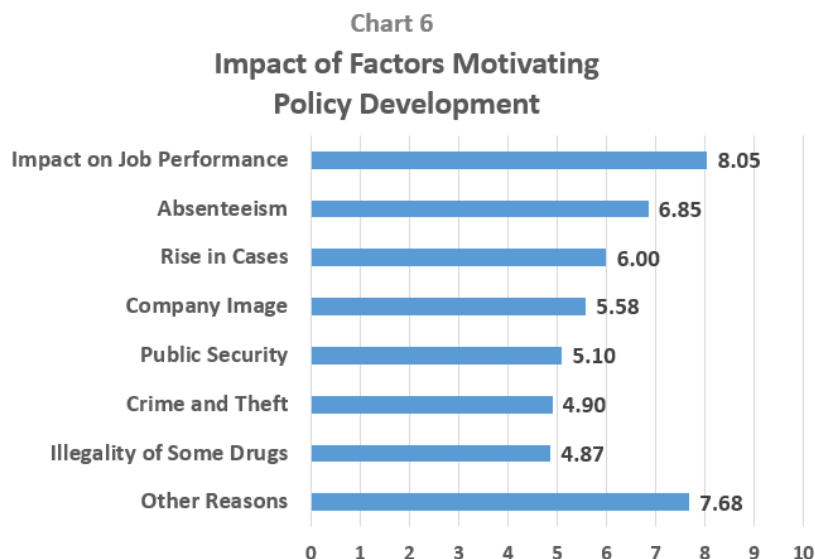
Motivation for policy development has not changed substantially over the years covered by this data base. Impact on job performance has been the number one factor in all four surveys. Absenteeism has always been the second factor and a rise in cases among employees has been the third factor in every study except the first in 1971. Changes that have occurred in the ratings indicate the growing awareness in organizations about the issues involved. In the 1971 study, there was substantial concern over the illegality of drugs. In the 1976, 1981, and 1986 surveys the illegality factor has been the lowest rated. Table 4 contains the comparative results for the policy factors. Chart 6 presents the 1986 results.

In the 1986 results, several factors increase in importance. This is interpreted to be caused by the increased complexity of the problem because of new drugs, the public knowledge of the drug testing issue, and the general increased public sensitivity to the problem.

	<b>1971</b>	<b>1976</b>	<b>1981</b>	<b>1986<sup>2</sup></b>
<b>Impact on Job Performance</b>	7.3	7.6	5.7	8.1
<b>Absenteeism</b>	5.4	4.4	3.6	6.8
<b>Rise in Cases among Employees</b>	1.9	2.9	2.5	6.0
<b>Company Image</b>	4.6	2.0	1.4	5.6
<b>Public Security</b>	3.8	1.5	1.0	5.1
<b>Illegality of Some Drugs</b>	4.6	2.2	1.4	4.9
<b>Crime and Loss Due to Theft</b>	2.3	1.2	1.0	4.9

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

<sup>2</sup> A slightly different scoring scale was implemented in 1986. The rankings and relative position would not change. Some of the score differentials from survey to survey are slightly distorted.



Respondents to the survey provided a variety of additional reasons for implementing policies. These reasons are not as easily classified and often reflect the issues of the specific time period. The 1986 survey yielded a very different set of additional reasons.

*Health and safety*

*High use of benefits*

*Paternalistic organization Use in parking lot*

*Liability of drug testing without policy.*

*Everyone else is doing it. Therefore, we should address the issue.*

*Felt we should do it.*

*Evidence of drug sale and use on premises.*

*Accidents, drug related*

*Liability issues*

*Preventive measure to protect employees, safety, and productivity.*

The newest items to this list, when compared to the previous studies, were the comments made concerning liability associated with drug testing, increased evidence of use, and those who generally accepted that "we should do it. "



## Announcing Policies

Organizations use a variety of techniques to announce policies. The techniques all showed an increase in use in comparison to the 1981 data. The prime reason for this is likely to be the large number of policy revisions in the period 1981 to 1986. The most widely used technique remains the organizational policy manual.

58% of those organizations having policies use this method. The other techniques and a comparison with the 1981 data are shown in Table 5.

Table 5 Policy Announcements		
	1981	1986
<b>Organization Policy Manual</b>	44%	58%
<b>Employee Newsletter</b>	27%	37%
<b>Employee Meetings</b>	23%	37%
<b>Special Booklets</b>	23%	33%
<b>No Formal Announcements</b>	2%	7%

Other techniques identified for policy announcements included the following.

*Letter to employees (from the CEO in one organization)*

*Posters*

*Videos*

*Labor Contract*

*Training Sessions for Supervisors*

*County Ordinance*

*Safety Manual*

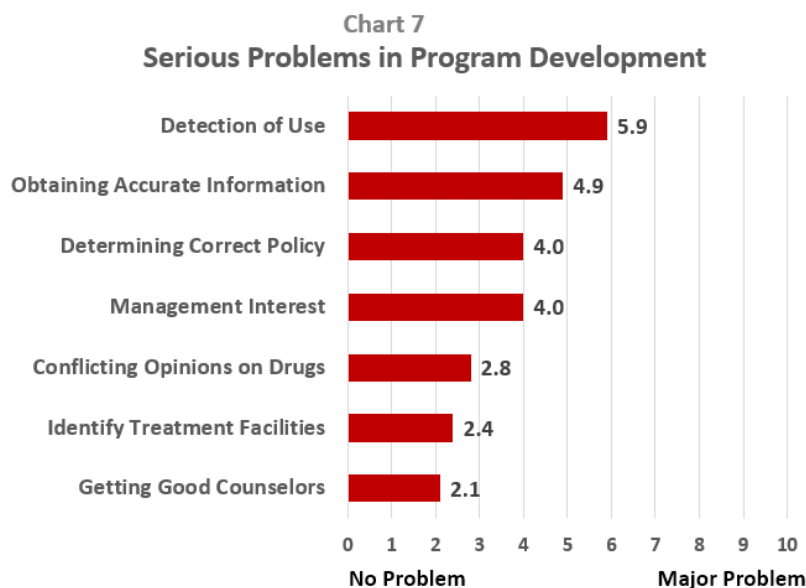
Some of these are new techniques from some of the "others" mentioned in previous surveys. In particular, there has been a greater development of professional formats, posters and videos for example, to develop EAP's and implement policies. This clearly recognizes the broader needs to communicate effectively with employees and will most likely increase even more in the future.

## Problems Encountered with Policies

One of the most important concerns of management in trying to effectively develop an organization policy on substance abuse is the problems that are encountered. In the first survey, participants were asked to identify problems. Their list of 25 different problems became the basis for a continuing examination of problems in 1976, 1981, and 1986. In the current study, organizations were asked which problems were encountered which seriously hampered their efforts in implementing a program. Responses to this question for 1976, 1981, and 1986 are shown in Table 6. Chart 7 highlights the 1986 results. Detection of drugs was the biggest problem in all surveys. Getting management interested began to rise in the last survey and it now seems to be remaining stable in one of the top spots. And, because the substance abuse problem is changing in so many ways, new problems have surfaced.

<b>Table 6</b>			
<b>Serious Problems in Program Development</b>			
	<b>1976</b>	<b>1981</b>	<b>1986<sup>1</sup></b>
<b>Detection of drug use</b>	5.7	7.0	5.9
<b>Obtaining accurate information</b>	3.7	4.0	4.9
<b>Determining correct policy</b>	3.3	1.7	4.0
<b>Getting management interested</b>	2.0	3.4	4.0
<b>Conflicting opinions on medical effects</b>	2.2	1.3	2.8
<b>Facilities for rehabilitation programs</b>	1.1	1.2	2.4
<b>Getting a good counselor</b>	1.1	1.3	2.1

<sup>1</sup> A slightly different scoring scale was implemented in 1986. The rankings and relative position would not change. Some of the score differentials from survey to survey are slightly distorted.



Cooperation with unions has always been a key element in the success of any program. Now, for some organizations, it has become one of the key problems encountered. And, primarily because of the new interest in drug testing, the problems involved in legal interpretation have become an issue. These issues were reflected in the additional problems reported by respondents.

Training management to recognize job performance as criterion and not to overlook poor performance as indication of substance abuse.

*Funding*

*Conflicting views of lawyers*

*Confusing case law and labor law precedents*

*Overcoming poor hiring practice*

*Organized labor position on drug testing*

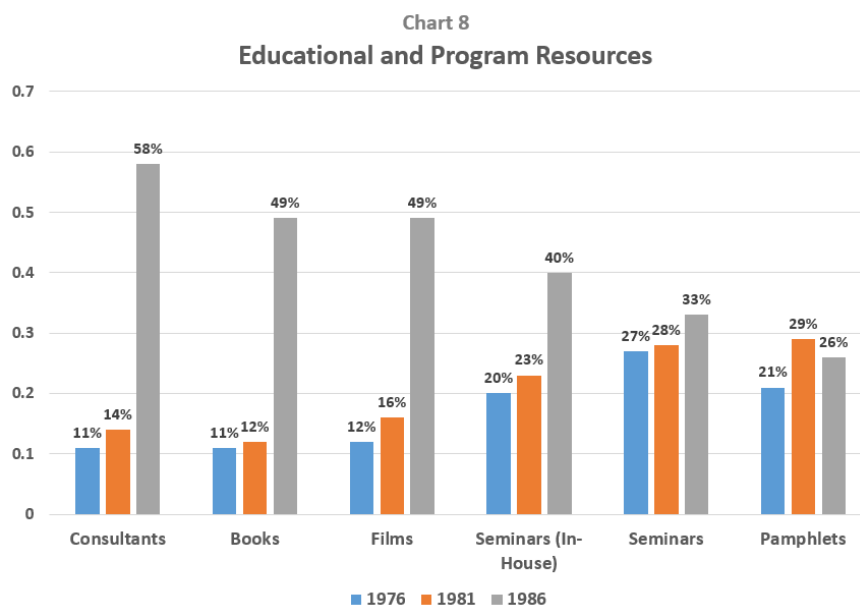
*Union cooperation*

## Resources

In the fifteen years covered by this research, organizations have faced a number of different periods of crisis, level of media interest, and available resources. When the new focus on the problem started in the early 70's, management had to rely heavily on resources from the alcoholism field to assist in awareness and training programs. In the 70's new products were developed to focus on the new variety of drugs that were appearing in the work place. In the 80's, as drug abuse in organizations became an even greater problem and as the training industry itself grew and matured, more and more resources became available.

In the latest survey it is not surprising to see some substantial increases in the use of various resources for substance abuse programs. Table 7 and Chart 8 show the use of various resources and the comparative information from the 1976 and 1981 surveys. Use of management consultants has risen dramatically to become the number one resource. The professional growth of the employee assistance movement explains this to a great degree along with the rise of organizations created to work in these areas. There is also much greater use of films/videos and continued popularity of seminars. And, with new training technology, new types of resources are being used. These include developing internal training programs, producing films, and developing in-house videotape for use in employee meetings.

Table 7 Educational and Program Resources			
	1976	1981	1986 <sup>1</sup>
Management consultants	11%	14%	58%
Purchase of books	11%	12%	49%
Films/Videos	12%	16%	49%
In-house seminars	20%	23%	40%
Attendance at seminars	27%	28%	33%
Distribution of books/pamphlets	21%	29%	26%



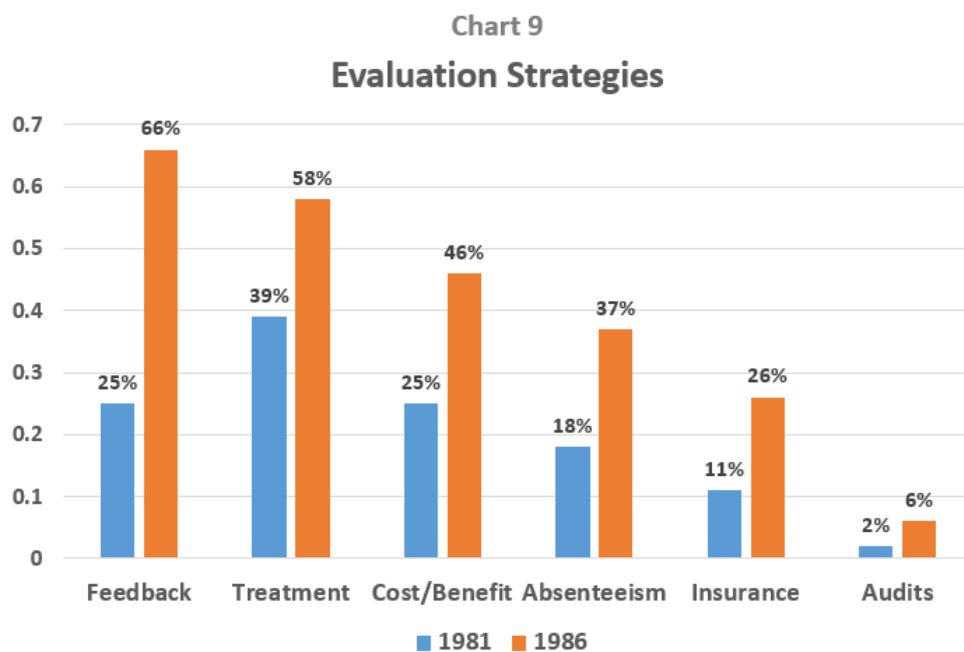
## Evaluation

In 1981, I wrote that the application of a life cycle model to the employee assistance movement would lead to the conclusion that the employee assistance concept had reached the maturity stage. This would indicate a greater concern for evaluation strategies and more refinements than innovations. The 1986 data support this. Evaluation strategies are being used by more organizations. The types of evaluations used for employee assistance programs were not included in the first two surveys. At that time, it simply was not a major issue. Now it is, and Table 8 and Chart 9 provide the first comparative data on different evaluation strategies. For the 1986 data, a new element was added. Respondents were asked if they used any of the evaluation strategies. And they were asked to indicate whether the evaluation provided positive results.

Employee feedback has moved from second to first in popularity. And all techniques show a substantial increase in use. Additional techniques reported by respondents include EAP utilization rates and referral retention rates.

<b>Table 8 Evaluation Strategies - Results</b>			
	<b>Used</b>		<b>Positive Results<sup>1</sup></b>
	<b>1981</b>	<b>1986</b>	<b>1986</b>
<b>Employee Feedback</b>	25%	66%	96%
<b>Treatment Success</b>	39%	58%	95%
<b>Cost/Benefit Analysis</b>	25%	46%	62%
<b>Absenteeism Reduction</b>	18%	37%	60%
<b>Insurance Claim Reductions</b>	11%	26%	50%
<b>Outside Audits</b>	2%	6%	18%

<sup>1</sup> Percentage of those using a technique where a positive result of the evaluation was indicated.



## Management Incidents

In the next major section of the survey, respondents were asked to respond to a set of situations involving different substances. In each case, respondents were instructed to identify the action they would take in accordance with their organization's policies and/or their freedom to deal with such problems.

The situations are very short and provide only basic information. The first situation deals 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 to offer another solution based on their own policies. They were also asked to respond to the situation for both a first and second offense. The second situation was similar except the employee, under the influence of each of the substances, was identified before any direct loss had been suffered.

The items have remained consistent with only slight modifications in all four organizational surveys and in a 1972 survey of one thousand college students. In this study, respondents provided a variety of answers to the situation. Many respondents returned the survey with additional comments detailing how their organization's policy would interact with the situation. They described their intervention techniques and the counseling strategies they would use in an attempt to assist an employee.

Tables 9 and 10 provide the response data from the 1981 and 1986 survey results. In the case of a significant loss, the most common response was to refer the person to an employee assistance program. In most categories this response increased by 30% or more. Both warnings and terminations dropped significantly in all cases. For the second offense, the results are similar. Program referrals held constant. Warnings dropped significantly. But in the 1986 results, termination after the second offense increased by at least 20% in some categories. There was generally a lesser tendency to involve the police in incidents. And in general, there is a much greater consistency in the 1986 responses than in previous years. For example, in all previous studies there have been some noticeable differences in the way alcohol was treated compared to other substances. Now there is some difference, specifically for a first offense involving alcohol, but the difference is not significant for second offenses. And this change is indicated in both the direct loss and no direct loss incidents.

Looking at individual responses instead of the total numbers, a greater consistency in responses is clearly indicated. Most organizations take one of four actions in each of the situations.

1. A warning.
2. A warning and a referral to an employee assistance program.
3. A referral to an employee assistance program.
4. Termination.

And this pattern holds for both the significant loss and no direct loss situations except that warnings and termination come faster with a significant loss.

While the 1972 student survey has not been updated, the results are still valuable because many of these people are now in management positions facing these types of problems. The student survey, based on 1000 responses from business students, showed that respondents 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 the same as students who did not use drugs. Business students treated alcohol with much less severity than marijuana and other drugs.

The responses to these incidents show that management's reaction to these incidents has refined itself and matured over the years. As noted above, the responses are the most consistent of any surveys in the fifteen-year data base. Policies are clearly more geared to treatment through employee assistance programs or outside referrals of some type than in earlier studies. But at the same time, the two-step model is clear. Management shows little willingness to develop many procedures that don't terminate the employee after a second offense. Particularly when a significant loss is involved, the respondents terminated 80 - 85% of the employees in all substances on either the first or second offense.

**Table 9  
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>1986 Results</b>	<b>First Offense</b>					
<b>Marijuana</b>	0%	47%	74%	24%	9%	5%
<b>Barbiturates/Amphetamines</b>	0%	47%	74%	26%	9%	6%
<b>Heroin</b>	0%	44%	80%	24%	9%	6%
<b>Alcohol</b>	0%	53%	82%	16%	4%	6%
<b>Cocaine</b>	0%	44%	78%	24%	11%	6%
<b>1986 Results</b>	<b>Second Offense</b>					
<b>Marijuana</b>	0%	18%	55%	55%	8%	12%
<b>Barbiturates/Amphetamines</b>	0%	18%	53%	61%	8%	12%
<b>Heroin</b>	0%	20%	53%	61%	8%	10%
<b>Alcohol</b>	0%	20%	56%	56%	4%	12%
<b>Cocaine</b>	0%	20%	53%	59%	8%	12%
<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 10  
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?

	Ignore	Warn	Refer to Program <sup>1</sup>	Terminate	Inform Police	Other
<b>1986 Results</b>	<b>First Offense</b>					
<b>Marijuana</b>	4%	44%	72%	13%	6%	15%
<b>Barbiturates/Amphetamines</b>	4%	43%	72%	15%	6%	13%
<b>Heroin</b>	4%	39%	76%	15%	6%	15%
<b>Alcohol</b>	4%	47%	76%	7%	4%	14%
<b>Cocaine</b>	4%	39%	74%	15%	6%	13%
<b>1986 Results</b>	<b>Second Offense</b>					
<b>Marijuana</b>	4%	15%	50%	42%	6%	19%
<b>Barbiturates/Amphetamines</b>	4%	16%	51%	41%	6%	20%
<b>Heroin</b>	4%	16%	47%	45%	6%	20%
<b>Alcohol</b>	4%	17%	53%	42%	2%	19%
<b>Cocaine</b>	4%	16%	47%	45%	6%	20%
<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.

## Conclusions and Recommendations

The number of organizations which do not have written policies is still disturbing. Progress would be satisfactory when all organizations have written policies. And it is a written policy that is necessary. The problem is too complex, even more so now with increased use of cocaine and the complex problems and legal issues of testing, to leave it to any type of informal policy. Smaller organizations in this study have a higher percentage of written policies than the medium and large organizations. There are a variety of resources available. Different policies have been published, analyzed, and are available in guide books.

In the last few years there has been an increase in the number and type of educational resources available in the area of substance abuse. New training programs and videos have been appearing regularly. But the topic of "training and substance abuse" has received very little attention. Very few of the latest training technologies, for example simulations or computer based materials, are available. New training materials are necessary to prepare supervisors and managers for dealing effectively with substance abuse problems.

I am not completely comfortable with the basic warning/referral then termination model that many organizations seem to follow. It is definitely appropriate for some organizations to have very strict policies. Some justifiably terminate an employee on a first incident of substance use. But right now, organizations are only part of the cause of the problem and they are only part of the solution. When an organization hires large numbers of individuals who have come out of school systems and families where alcohol and drug use are allowed, organizations cannot be expected to solve the problem overnight. As one respondent in the survey said, drugs are a society problem.

Organizations must develop creative strategies for preventing substance abuse in the work force. This means new policies for intervention and treatment, new training programs, new programs for employee productive and morale, and new programs for job and individual enrichment. An integrated approach that includes management style, organization culture, and employee assistance efforts must be considered.

## Trends

The problems, solutions, and organization programs dealing with substance abuse are subject to rapidly changing social and legal forces. John Naisbitt, who's provided all organization leaders with insight into the future with "Megatrends" and other publications about the future, also gives insight into the future for substance abuse. Naisbitt tells us "the nature of work is changing -- and neither employers nor employees will ever be the same." President Reagan, in a now much referred to speech, declared war on drugs and called for a "drug free work force."

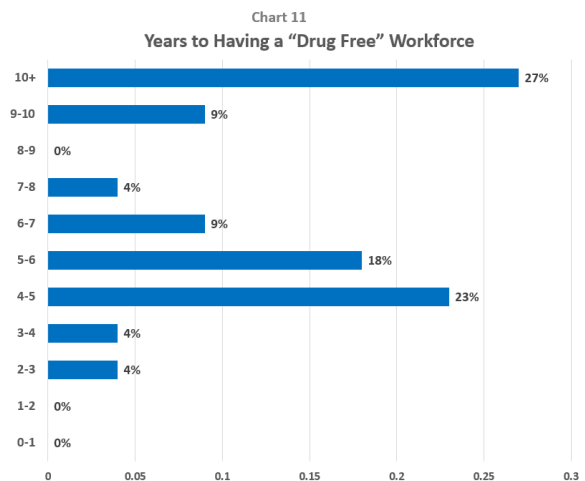
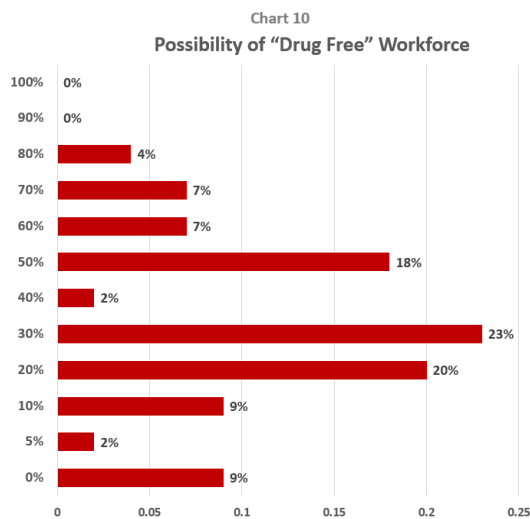
Managers know that work is changing -- that the values of employees change regularly as a new generation arrives in the work force. Several respondents to this survey commented about the factors that have caused the substance abuse problem to be worse now than it was five years ago. These factors included mention of several, like workload and stress, which lead to substance abuse among employees.

In light of predictions and concerns, survey participants were asked to respond to a variety of questions about trends and opinions on substance abuse issues.

While everyone in management applauded the President's initiative, many wondered whether or not a "drug free work force" was possible. The survey asked what probability they would attach to this movement. And, if they thought there was greater than a 50% chance of the movement succeeding, how many years would it take'?

61% of the respondents feel that a drug free work force has less than a 30% chance of success. Only 11% feel that it has better than a 70% chance. Many respondents feel it is impossible. No one feels it's a sure thing-- or even 90% sure. Chart 10 shows the distribution of responses.

For those respondents who do feel the movement had a 50% chance or better of succeeding. 27% felt it would take more than ten years to accomplish. No one thought it could be done in the next one or two years. 41% felt that it could be accomplished in 4-6 years. Chart 11 shows the distribution of responses.



Respondents who felt that the movement for a "drug free work force" had greater than a 50% chance of movement succeeding were asked what it would take to make it happen. The responses were varied and provided insight into the thinking and beliefs of those who believe it can be done.

*Commitment of work force to be drug free*  
*Public support including emphasis in schools and private industry*  
*Education of users*  
*Stronger laws*  
*Public awareness of dangers of drug use*  
*Acceptance and support of unions*  
*Insurance companies supporting rehabilitation benefits*  
*Courts supporting drug testing*  
*Law enforcement*  
*A national focus on drugs -- more focus on prevention less on enforcement*  
*Random testing and search*

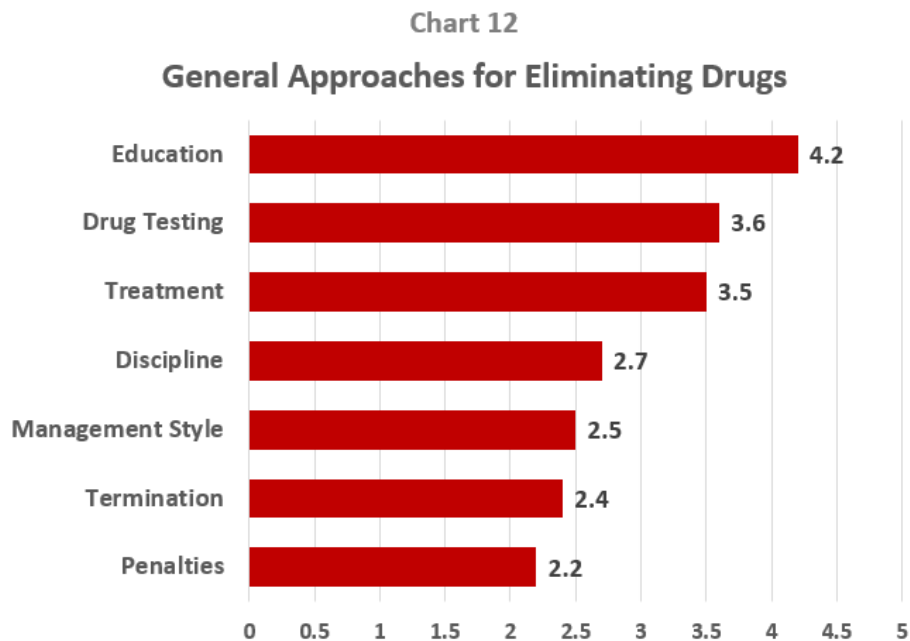
Respondents who felt that the movement for a "drug free work force" had less than a 50% chance of succeeding were asked what will prevent it from succeeding. Again, the responses provided great insight into the thinking of the respondents. Some of the responses seem to indicate a deep awareness of the complexity of the problem. Others represent the frustration of dealing with such a complex problem.

*Needs a huge outpouring of funds for education and treatment*  
*Too many other factors affecting the problem Issue is too huge to make great strides*  
*Penalties not strong enough*  
*Lack of sufficient funds to counter resources and profit on the drug side.*  
*Detection problems -- inability to test current employees*  
*Society itself*  
*Drug availability*  
*Major socio-cultural changes would be necessary. Management apathy -- unwillingness to spend money.*  
*"Big Brother" image of management and invasion of private affairs*  
*Education will take a generation or two to have an impact.*  
*Just the "human condition"*

## General Approaches

The 1986 survey identified seven different general alternatives as approaches that could be taken in eliminating drugs from organizations. Respondents were asked to rank the seven alternatives based on the order they would have impact on the problem. Table 11 and Chart 12 show the results of the ranking.

<b>Education</b>	4.2
<b>Drug Testing</b>	3.6
<b>Treatment</b>	3.5
<b>Increased Discipline</b>	2.7
<b>Management Style</b>	2.5
<b>Termination</b>	2.4
<b>Increased Penalties</b>	2.2



## Program Titles

The titles given to programs dealing with substance abuse and the feelings of respondents on the most appropriate titles are shown in Table 12. The most popular title and the most appropriate title remains "Employee Assistance Program."

<b>Table 12</b>				
<b>Program Titles -- Actual and Preferred</b>				
	<b>Actual Title</b>		<b>Preferred Title</b>	
	1981	1986	1981	1986
<b>Alcohol &amp; Drug Program</b>	22%	22%	13%	24%
<b>Chemical Dependence Program</b>	6%	4%	5%	9%
<b>Behavioral-Medical Program</b>	6%	4%	4%	5%
<b>Employee Assistance Program</b>	60%	59%	56%	56%
<b>Employee Health Program</b>	4%	5%	14%	13%
<b>Substance Abuse Program</b>		24%		24%
<b>Wellness Program</b>		7%		11%

Alcohol & Drug Program and Substance Abuse Program also have a good percentage support. A small percentage of respondents, 7% in 1981 and 6% in 1986 responded that the program title makes no difference.

## Program Options

For most organizations with employee assistance programs, substance abuse is only one part of a program that deals with a variety of other personal or work-related problems. As new types of problems surface in society, organizations typically respond. While an organization often shapes a program to deal with a specific problem like drugs, it often finds it must deal with a broader view of the employee's life to deal with any performance problem.

Respondents were asked to identify other activities included in their program efforts. The responses are shown in Table 13.

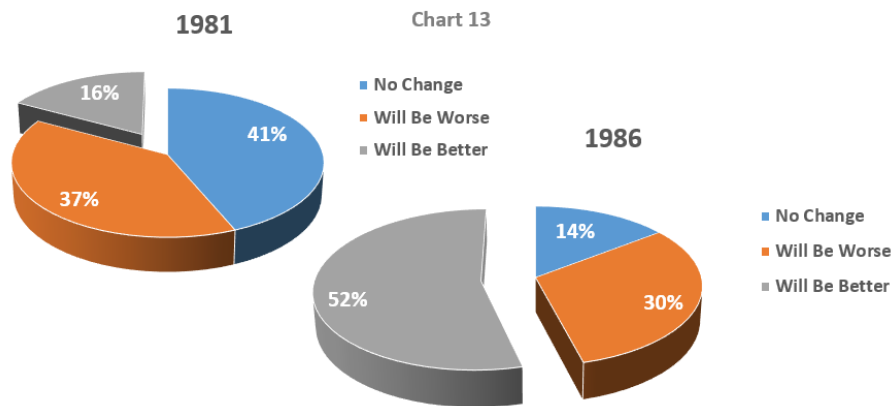
<b>Table 13 Program Options</b>		
	<b>1981</b>	<b>1986</b>
<b>Personal Counseling</b>	40%	65%
<b>Marital Counseling</b>	23%	60%
<b>Stress</b>	22%	57%
<b>Child Abuse</b>		51%
<b>Financial Counseling</b>	21%	49%
<b>Smoking</b>		36%
<b>Fitness Programming</b>	13%	33%
<b>Weight Control</b>		32%

More alcohol and drug programs have become part of broader employee assistance program, health programs, or wellness programs. As a result, more and more services have been offered by the programs. In the 1986 data, the increase in overall program popularity can be seen by the general increases in each category. And, more than in any previous survey, new types of programs had to be added to the list. Some, like child abuse, have not only been added. they've been elevated to a very popular level.

## The Future

According to the information provided by the respondents to this survey, the substance abuse problem in organizations is much worse now than it was five years ago. Despite increased knowledge about the problem, more resources, and the widespread implementation of formal programs, substance abuse has increased. The picture does not look optimistic. In 1981, survey respondents generally felt that the problem would be the same or greater five years from then. They were right. In 1986, survey respondents are taking a more positive view. The results are summarized in Table 14 and Chart 13.

	<b>1981</b>	<b>1986</b>
<b>No Change</b>	41%	14%
<b>Will Get Worse</b>	37%	30%
<b>Will Get Better</b>	16%	52%
<b>No Opinion</b>	6%	4%



The differences are large enough to investigate the comments made by participants. Those who thought that it will get worse gave these types of reasons.

*Lack of coping skills by employees.*

*Pushers will accelerate efforts to offset controls.*

*Unless this society changes its moral principles, we are headed for disaster.*

*Will take five years for the new awareness to pay off.*

Those who thought that it will get better felt it was because of these factors.

*Substance abuse laws will be clarified by the judicial system.*

*Testing will be more accurate.*

*More education and coverage of disastrous results of alcohol and drug abuse.*

*People who grew up in the 60's and 70's will be older.*

*For the first time a national awareness of the problem.*



## Conclusions and Recommendations

In three previous surveys, I have supported and agreed with the results of the study in every detail. In this study, there are a few results which I don't believe represent the reality of the substance abuse problem in organizations. One of these is the large number of organizations who feel that the substance abuse problem in organizations is going to get better in the next five years. The substance abuse problem in organizations may stabilize in the next five years, it may be the same, but it will not be better.

Many of the survey respondents attributed their feelings about the substance abuse problem getting better to the increased use of drug testing. And drug testing in the survey is the second ranked approach which respondents say will have an impact on the problem. But I am not completely convinced that testing will be effective. The general approaches examined for eliminating substance abuse on-the-job included approaches that could generally be identified as "preventative" and "punitive." Education and treatment are generally preventative in nature. Respondents agree these are two of the more important approaches. The respondents do not believe that increased penalties can have much of an impact, nor can termination. Yet any testing program will rely heavily on penalties.

Testing as an option for dealing with incidents, like accidents, is perfectly acceptable as part of an organization's strategies. As a pre-hire hurdle, as part of any routine testing of employees, or as part of any random testing and searching, it is not likely to be effective in reducing overall substance abuse.

Greater emphasis must be given to education. It is very disturbing that budget cuts are being proposed at the Federal level fighting the drug problem through education. The substance abuse problem in will be solved by increased educational efforts, better management techniques, and improved treatment models. But the approach must be preventative in nature, not punitive.

Finally, President Reagan's call for a "war on drugs" is commendable. His call for a "drug free work force" is outstanding. The American worker and the American workplace deserves to be drug-free. The goal will not be accomplished through punitive approaches.

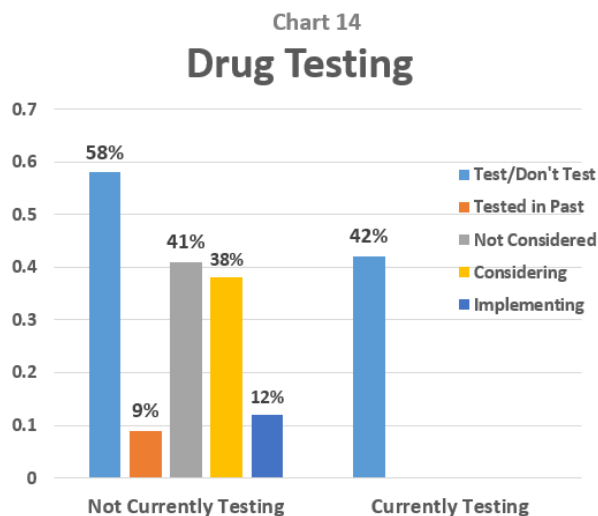
## Drug Testing

Drug testing is mentioned in various places throughout the survey, consciously as part of some questions and extensively in comments respondents provided to some questions. It is clear from the issues and trends sections that testing is on the minds of most people involved in substance abuse efforts. But drug testing is also a special subject in itself, one that deserves special attention. It is important to collect information on exactly who is testing, what types of testing are being done, how it is being done, and what types of policies and procedures are being developed for drug testing efforts.

### Who's Testing -- Or Thinking About It

42% of the responding organizations are currently testing some employees for illegal substances. In addition, 38% of the remaining organizations are currently considering drug testing and 11% of the remaining organizations will implement drug testing within the next year. 41% of the organizations are not considering any type of drug testing right now. 9% of the respondents used some type of drug testing in the past but are not currently using any drug tests. Table 15 and Chart 14 show the current status of drug testing in responding organizations.

Table 15 Drug Testing Practices and Status		
<b>Currently Testing</b>		42%
<b>Not Currently Testing</b>		58%
• Have Tested in the Past	9%	
• Not Being Considered at All	41%	
• Currently Being Considered	38%	
• Implemented in the Last Year	9%	
• Implementing in the Next Six Months	3%	



For those organizations who do currently test, or are considering testing, the question was asked about the types of testing used. Table 16 presents the responses to this question.

<b>Medical Drug Screening, i.e., Urinalysis</b>	97%
<b>Polygraph Analysis</b>	69%
<b>Psychological Testing for Drug Potential</b>	5%

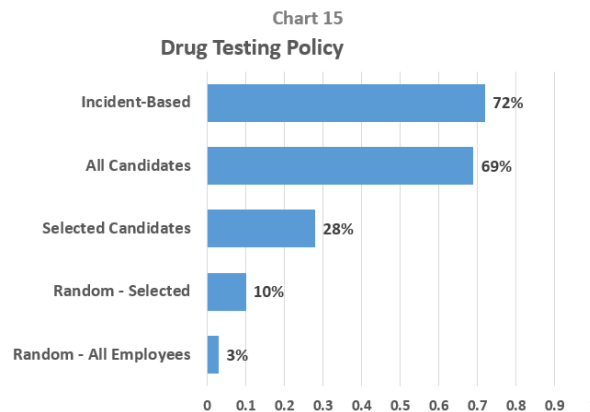
It was expected that medical drug screening would be the most widely used technique. When drug testing is discussed today, urinalysis is what most people think of. But the polygraph has been used as a drug screening tool for many years. Obviously, the percentage of organizations who do test and still use the polygraph is relatively high. Considering the additional legal issues and validity issues involved in polygraph testing, there is need for caution.

Psychological drug testing is relatively new. It attempts to convince a person to honestly portray any history of substance use and abuse. It attempts to measure attitudes toward substance abuse on the job. At the present time there are no conclusive validity studies on this type of testing. And unlike even the urinalysis testing, these types of tests ask for personal reports of past drug history. They can force a person to reveal drug experimentation from years ago, compared to recent drug usage as determined by a drug screening test. In addition, these tests ask questions that would allow an employer to deny an applicant based on any previous drug use -- a difficult concept given the estimates of drug experimentation among high school and college students.

## Testing Policy

Organizations that are currently testing or considering testing for drugs were asked to identify their testing policy. Specifically, they were asked to identify the types of testing situations that are being used or considered. Table 17 and Chart 15 present the current practices of the responding organizations. Incident-based testing, often after an on-the-job accident, is the most popular type of testing. Historical data are not available but pre-hire screening of all candidates is most likely the fastest growing area of testing.

Table 17 Drug Testing Policies	
<b>Incident-Based Testing, e.g., After an Accident</b>	72%
<b>Pre-Hire Screening of All Candidates</b>	69%
<b>Pre-Hire Screening of Selected Candidates</b>	28%
<b>Random Testing of Selected Employees</b>	10%
<b>Random Testing of All Employees</b>	3%



The organizations that do test as part of the hiring process were asked to describe specifically at which step of the selection process the testing was done.

50% of the organizations who are currently testing or considering testing identified where in the hiring process they did the testing. In some cases, they identified the general step in the selection process, in many cases they provided the specific step and time of the drug test. Of the organizations providing information, 30% simply stated that the testing was part of the physical. They did not identify specifically when in the hiring process the physical took place.

23% stated that the drug test was part of the pre-employment physical which was the last step before starting to work. 12% were testing after the interview and application review but before a final offer was made. 4% tested after the job offer and acceptance but without a full physical. And one organization put the drug test in as a step the candidate must pass before the full pre-employment physical is given.

## Who Is Tested?

For organizations that are currently testing for drugs, a listing of job groups was presented. Respondents were asked to identify which groups were being tested and were further asked to identify if they were tested as job candidates or for current employees. While there were some differences, there was generally consistency among the groups that were being tested. There was one noticeable exception where a very low number of current employees in skilled trade jobs were being tested. Union resistance to testing in some settings might explain why this group has avoided testing. Those organizations that do test are testing at all levels, including senior management. While the legal questions related to drug testing are probably going to be debated for several years, the threat of further legal complication appears to have forced organizations who want to test to at least test everyone without discriminating. The results for this question are summarized in Table 18.

<b>Table 18</b>		
<b>Job Groups That Are Drug Tested</b>		
	<b>Job Candidates</b>	<b>Current Employees</b>
<b>Unskilled Jobs</b>	91%	62%
<b>Semi-Skilled Jobs</b>	91%	62%
<b>Skilled Trade Jobs</b>	91%	5%
<b>Clerical /Service</b>	90%	62%
<b>Customer Service</b>	86%	62%
<b>First Line Supervision</b>	87%	62%
<b>Middle Managers</b>	86%	62%
<b>Staff Specialists</b>	82%	62%
<b>Professional Staff</b>	82%	62%
<b>Senior Management</b>	82%	62%

## Mandatory Drug Testing

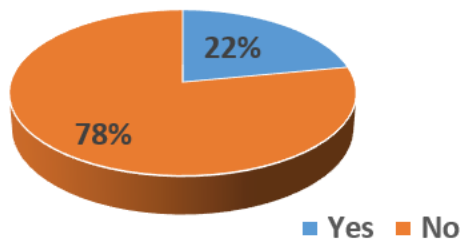
While there have been no specific proposals, the declaration of a "war on drugs" started speculation that drug testing might become a federally legislated movement. Clearly an action that would be more controversial than any equal employment or safety legislation, testing has been hotly debated for the last year.

Survey participants were asked whether or not they thought an attempt would be made to require drug testing for all employees. They were also asked to estimate the probability of mandatory drug testing becoming a reality in the next five years. And they were asked about their reaction to mandatory drug testing.

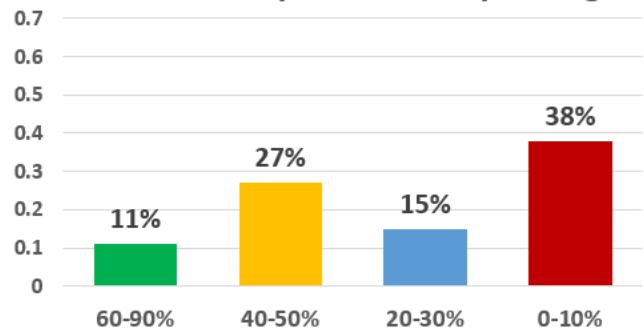
22% of the survey respondents felt there would be an effort to require drug testing of all employees. While it's a small percentage it is certainly a significant response. Very few people feel such a movement has much chance for success. Less than 12% of the respondents feel there is better than a 50% chance of mandatory drug testing becoming a reality in the next five years. If mandatory testing became a reality, most organizations would comply with it. The responses to these questions are summarized in Chart 16.

Chart 16

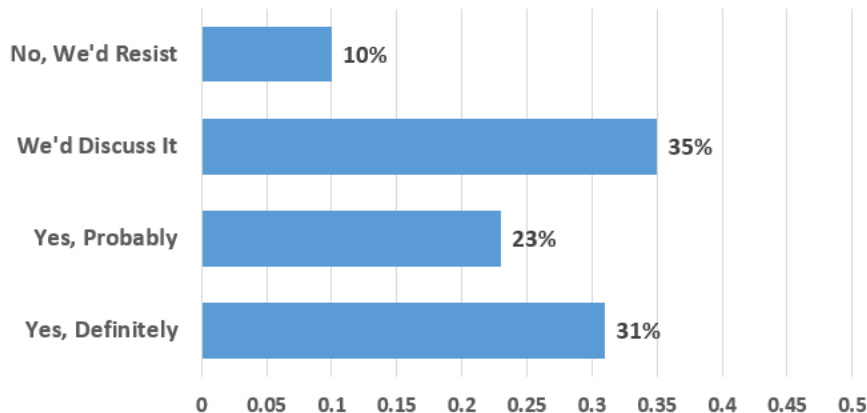
Will Mandatory Testing Be Required?



Probability of Mandatory Testing



Reactions to Mandatory Testing



## Drug Testing Incidents

The final part of the drug testing section asked respondents what action they would take in three different situations. The first was a prospective employee who failed a drug test, the second was an existing employee who failed a drug test, and the third was an existing employee testing positive and denying any drug involvement. Respondents were provided with standard options and room for additional options and comments.

In the case of a prospective employee passing all basic job selection criteria and failing a drug test, the majority of the respondents, 65%, would reject the applicant and communicate the reason. 18% would reject the candidate and not communicate the reason. These and other results are summarized in Table 19.

Table 19 Prospective Employee Fails Drug Test	
<b>Reject Candidate and Communicate Reason</b>	65%
<b>Reject Candidate without Communicating Reason</b>	18%
<b>Hire Candidate with No Action other than a Warning</b>	10%
<b>Hire Candidate under Condition of Treatment Referral</b>	6%

Several respondents provided additional options or comments to this situation.

*Communicate results only if requested by candidate.*

*Tell them they can reapply in 1 year.*

*Allow candidate to reapply in six months.*

*Discuss nature of drug use and determine action based on discussion.*

The second incident involved a situation involving an existing employee. In this case the majority of respondents, 64%, referred the person to the organization's employee assistance program. This situation prompted additional options. The results are summarized in Table 20.

Table 20 Existing Employee Fails Drug Test	
<b>Immediate Termination</b>	4%
<b>Referral to EAP (Treatment Program)</b>	64%
<b>Warning</b>	0%

Additional options were obviously popular. They included the following.

*Referral plus a confirmation test.*

*Suspension without pay until test can be passed -- follow up testing for two years -- discharge for any positive test results.*

*If tested for cause, discipline would follow.*

*Discussion with employee to determine circumstances.*

The final incident involved an existing employee testing positive for drugs and denying ever taking the drug indicated. In this case the most popular response was a second, more expensive and reliable test. Again, many organizations indicated different responses. Many took action that would be the same whether or not there was a denial. And several automatically asked the employee to take a retest. The results are summarized in Table 21.

<b>Table 21 Employee Fails Test and Denies Result</b>	
<b>Same as without Denial</b>	12%
<b>An Automatic Re-Test</b>	12%
<b>A Second, More Expensive Test</b>	32%
<b>Referral to EAP for Evaluation</b>	16%
<b>Some Type of Appeal Process (e.g. Hearing)</b>	2%

For this case, additional comments also matched the organizations philosophy and testing policy.

*Positive tests are always confirmed with a re-test.*

*Offer to test remainder of same specimen with a different test.*

*Discussion with employee to determine circumstances, action based on circumstances and company disciplinary procedures.*



## Conclusions and Recommendations

Drug testing is a complicated issue. There are questions related to its effectiveness, legality, and place in an organization's management strategy. It is beyond the scope of this report to examine or discuss the specific legal issues. Drug testing is growing in popularity. The survey finds 42% of the responding organizations are testing; a recent study of Fortune 500 companies shows that 25% of these organizations are using tests (EAP Digest, November/December 1986). As a part of a strategy to deal with on-the-job accidents or behavioral incidents, it is an appropriate diagnostic tool. As part of a selection strategy, it must be used with extreme caution.

Testing is a reaction to the increased drug use in the last five years. It is a reaction to the increased use of cocaine. It is a punitive approach to hiring that will be resisted by many employees or job candidates. One of the first critical questions that must be answered is whether or not drug testing fits the organization's culture and management style. If it doesn't, it has the potential to do damage to the morale of drug-free employees as well as attempting to prevent drug-using employees from working or being hired. In one very successful organization, which prides itself on its relationships with its employees and its positive management approach, I had the opportunity to discuss the issue of drug testing. The organization has less of a substance abuse problem than most organizations its size, and feels no need to initiate a drug testing program, because of its positive treatment of employees.

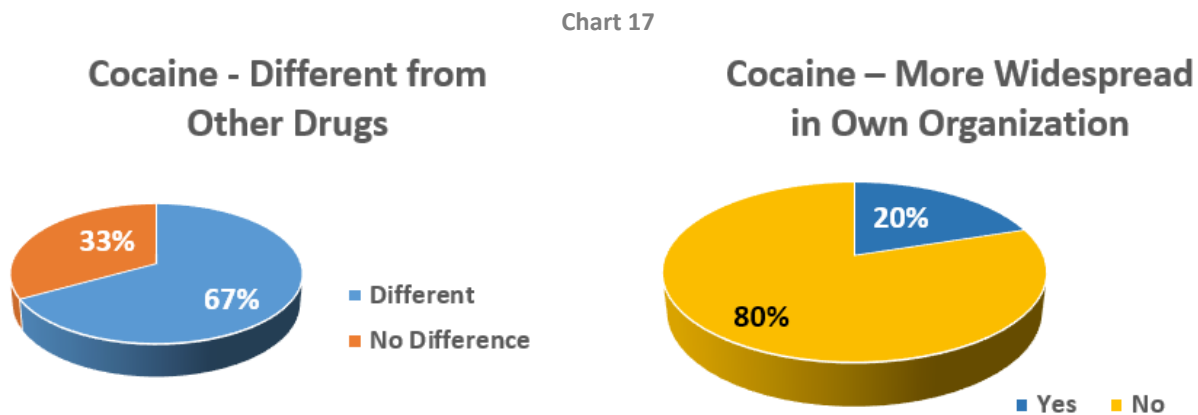
I've talked with several middle and upper level managers about drug testing in the last year. Many of them are personally very strongly against substance abuse in the work force and many of them are developing stronger opinions against any drug use including alcohol. Yet they would feel personally offended by a request to take a drug test as part of a selection process and many would not consider working for an organization that required them to do so. My reaction to public surveys where large percentages agree with drug testing in the work force is that it's measuring a "fine for the other guy" situation. It's easy for people who don't have to take a drug test to say they would take one. If educational efforts and employee assistance programs can have an impact on rising substance abuse, drug testing will lose its popularity. It's not a long-range solution.

## The Cocaine Report

While cocaine is mentioned throughout the survey, and this report, as simply another drug of abuse, there have been several opinions about the impact of cocaine on the current drug problem. For this reason, several specific questions were asked about cocaine in the work place. The reported cocaine epidemic in the United States has been responsible for many organizations taking new actions to combat its effects. It was also necessary to measure the degree to which certain opinions were held by respondents to the survey.

### Is Cocaine a Different Drug?

The first questions asked whether or not respondents thought that cocaine in the work force is different from other drugs. 67% of the survey respondents felt that cocaine is different. When asked whether or not all the reports about cocaine use in the work place was not more widespread than other drugs, only 20% felt this was true. Most respondents felt that cocaine abuse was not more prevalent in their organizations. These data are summarized in Chart 17.



For each question, respondents were asked to provide the "why." For the 67% who felt that cocaine is different from other drugs, there was a long list reasons.

- Not perceived as being as bad as other drugs.*
- Because it is so addictive and damaging*
- Difficult to detect*
- More potent -- More addictive*
- Access, price, availability*
- Highly addictive, esp, "crack"*
- Harder to detect, treatment programs not yet effective.*
- Easier to conceal, easier to use*
- Cost*
- Much more availability*
- More addictive*
- It affects employees in a less noticeable manner.*
- More difficult to detect, easier to use*
- Less ability to work with others*
- More addictive, harder to detect*

*White collar use*  
*The "perfect" drug*  
*Professional thing to do*  
*Far less success in treating*  
*More mind controlling*  
*Most popular at present*  
*Has affected higher level of employees*  
*Misconception of non-physical addiction resent drug of choice*  
*It's a fad*  
*It's costing more and having a greater impact on time loss,*  
*Because it has no social or age barriers*  
*More white collar*  
*Higher dependency potential, cost, and popularity*  
*Viewed as executive drug*  
*Each drug is different*  
*Its effect on people -- image as a glamorous drug.*

In addition to the open-ended question about how cocaine was different, a second question was asked where a specific list of options was presented. This was presented under the "national focus" on cocaine. The responses to this question are shown in Table 22.

<b>Table 22</b>	
<b>Factors Making Cocaine Different</b>	
<b>Image as a "Professional" or "Executive" Drug</b>	70%
<b>Dropping Price and Availability</b>	71%
<b>Image as a "Safer" Drug</b>	50%
<b>Harder to Detect</b>	48%

Although a variety of responses were provided for the first question on "Is cocaine different?", this question generated a new list of additional comments.

*Ease of use*  
*The "fad"*  
*Addictive after 1-2 uses*  
*Elusive attraction of drug*  
*Media/political attention*  
*Promotion by celebrities*  
*Quicker and more intense highs*  
*Fashionability*  
*Media attention*  
*Historical cycling from one drug to another*  
*Increased supply and more desirable quality*

One third of the respondents felt that the drug was not different. Their responses ranged from "a drug is a drug" to more elaborate philosophical issues.

*All are detrimental  
Why should it be?  
Alcohol and marijuana are more prevalent  
Still illegal like other drugs  
As with all drugs, it affects performance.  
There are no safe drugs. They all impair the ability to perform.  
All substance abuse can cause problems  
Drugs have no place in the work place*

While a few organizations felt that cocaine abuse was more widespread, those who did provided some insights into why some organizations do feel the problem is more serious in their organizations. They cited the drug's availability and the its glamorous image.

More importantly 80% of the respondents reported that cocaine abuse is not more prevalent.

*Marijuana more widespread  
Marijuana is still more prevalent  
Because of employee population and location  
Tight economy, middle age work force Not being reported as much as others Because we're a small company  
Not based on our testing results  
Cost  
Marijuana is still dominant. Alcohol continues to be #1  
High percentage of older workers  
Age and status of employees  
Our data suggests it is limited to particular regions. THC is more widespread  
Second to marijuana  
Type of employee, age, and background*

## Responses to Cocaine

Changes have occurred in organizations because of the cocaine epidemic. No organizations changed their policies to specifically mention cocaine. But a lot of other changes were made in organizations because of cocaine. In 15% of the organizations, cocaine has always been mentioned in the substance abuse policy. In the remainder of the organizations, it is included with all other drugs and is referred to as a drug, or illegal substance. No specific mention is made.

Organizations were asked whether or not any specific actions were taken because of the reported increased incidence in cocaine abuse. Given that most organizations, 80%, felt it was not widespread in the organization, it is somewhat surprising how many specific actions were taken. Table 23 summarizes the different actions taken.

<b>Increased Training</b>	44%
<b>Initiated Drug Testing</b>	32%
<b>Made Policy Tougher</b>	24%
<b>Increased Security/Monitoring</b>	23%

24% of the respondents suggested other actions taken to combat the reported cocaine problem. They included the following.

*Developed specific educational brochure*

*Contemplating drug testing*

*Increased educational awareness*

*Explore incidence of it more*

## Conclusions and Recommendations

Cocaine is different because of many of the factors cited by respondents to this survey. And it is different simply because so many people perceive that it is. In some ways, it is similar to the panic over marijuana in the work place in the late 1960's and early 1970's. It has caused a large number of organizations to rethink their policies and procedures. And it has caused many organizations to increase their training programs for awareness and treatment.

It is very important that managers in any organization be skilled in spotting performance problems and knowing how to effectively deal with them. This means that managers must be trained. Because cocaine in its various forms is more difficult to identify than many other substances, it does seem to increase the need for training on the specific signs of drug use and abuse. I have generally been against programs with a major focus on drug characteristics and effects. A manager's job is to look for changes in performance, not be a watchdog for different types of drugs. Cocaine has changed this situation. Greater on-the-job use of drugs has changed that situation. Managers need to have some knowledge about how people act when they are under the influence of these substances. They need to know how to confront an employee under the influence of cocaine, or crack, or PCP. But they also need to understand the fine line between recognizing signs of drug use and maintaining the important focus on performance.

Organizations must recognize the importance of training in the area of substance abuse programming. Training must go beyond efforts to teach the facts of substance abuse and the procedures of testing and employee assistance referrals. Training must include the critical links between all areas of management responsibility and substance abuse. This means that issues related to substance abuse must be integrated into training programs on management skills, supervisory development, leadership and motivation, communication skills, interviewing and performance appraisal, stress management, and executive development. There must be an integrated approach to eliminating substance abuse that involves organization culture, management practices, and employee assistance programs.

Cocaine deserves attention because it has caused so much damage in the work force. The attention it gets may help eliminate other substance abuse as well.

## Organization Size Issues

In the 1981 survey, the data were analyzed based on a variety of special factors. These included the size of the organization, based on number of employees, and whether or not the company had experienced on-the-job substance abuse. The experience based analysis is not statistically possible with the 1986 results. The number of organizations who have not experienced any substance abuse problem is so small that the results cannot be interpreted validly.

### Size and On-the-Job Substance Abuse

Organization size issues can be determined, and the results are generally consistent with those found in the 1981 survey. Generally speaking, smaller organizations have been able to avoid the problem for some drug categories. In all drug categories, the rate of direct contact rose with organization size. In larger organizations, those with more than 2000 employees, the incidence of direct contact with drugs on-the-job was higher than the survey rates for all substances. This information is presented in detail in Table 24.

<b>Table 24</b>				
<b>On-The-Job Substance Abuse and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>Alcohol</b>	<b>95%</b>	60%	91%	100%
<b>Marijuana</b>	<b>73%</b>	40%	36%	87%
<b>Barbiturates/Amphetamines</b>	<b>59%</b>	0%	18%	79%
<b>Heroin</b>	<b>40%</b>	0%	9%	54%
<b>Cocaine</b>	<b>57%</b>	0%	30%	72%

## Size and Perception of Substance Abuse Problem

Small organizations feel the substance abuse problem in their own organizations is the same as it was five years ago to a greater extent than larger organizations. They also feel that the problem is more serious in other organizations to a greater extent than large organizations do. This information is presented in Table 25.

<b>Table 25</b>				
<b>Perception of On-the-Job Substance Abuse</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>In Own Organization</b>				
• Less Serious	<b>2%</b>	0%	0%	3%
• Same	<b>43%</b>	60%	45%	40%
• More Serious	<b>55%</b>	40%	55%	57%
<b>In Other Organizations</b>				
• Less Serious	<b>2%</b>	0%	0%	3%
• Same	<b>25%</b>	20%	18%	28%
• More Serious	<b>73%</b>	80%	82%	69%

## Size and Policies

Organizations with between 100 and 2000 employees were less likely to have policies than larger organizations. It is positive to note that a much larger percentage of smaller organizations have policies, especially when the data are compared to that collected in the 1981 survey. In the 1981 survey, only 16% of the companies with less than 100 employees had policies. In the current survey, 80% of the smaller organizations had written policies, all covering drugs including alcohol. These results are portrayed in Table 26.

<b>Table 26</b>				
<b>Policy and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>Drugs</b>	<b>72%</b>	80%	55%	75%
<b>Alcohol Only</b>	<b>0%</b>	0%	9%	5%
<b>No Written Policy</b>	<b>22%</b>	20%	36%	19%



## Size and Motivation

In most categories, smaller organizations were more strongly motivated by the factors than larger ones. This is logical since most of these factors could be considered to have a stronger impact on smaller organizations. The comparative results are presented in Table 27.

<b>Table 27</b>				
<b>Motivation for Policy and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>Impact on Performance</b>	<b>8.1</b>	7.5	8.5	8.0
<b>Absenteeism</b>	<b>7.4</b>	8.5	8.0	7.3
<b>Rise in Cases</b>	<b>6.0</b>	5.0	6.2	6.0
<b>Company Image</b>	<b>5.6</b>	8.3	5.8	5.2
<b>Public Security</b>	<b>5.1</b>	8.5	4.8	4.9
<b>Illegality of Some Drugs</b>	<b>4.9</b>	5.5	5.5	4.7
<b>Crime and Theft</b>	<b>4.9</b>	10.0	5.8	4.3

## Size and Serious Problems

One of the more important subjects discussed in the policy section of this report has always been the problems that organizations face as they attempt to develop an effective program. When the responses to this question are examined based on the size of the organizations, it can be seen that all size organizations face the same problems. And in most cases, the smaller organizations perceive the problems to have more of impact on their efforts. These results are very logical. The ranking of items stays almost the same. It is exactly what would be expected from smaller organizations. They are going to have greater difficulty in detecting drug use, determining correct policy, and obtaining accurate information. The comparative results are summarized in Table 28. The rating scale used was 0 (no problem) to 10 (major problem).

<b>Table 28</b>				
<b>Serious Problems in Program Development and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>Detection of Drug Use</b>	<b>5.9</b>	7.9	8.4	5.0
<b>Obtaining Accurate Information</b>	<b>4.9</b>	7.9	4.0	5.6
<b>Determining Policy</b>	<b>4.0</b>	6.3	4.8	3.4
<b>Getting Management Interested</b>	<b>4.0</b>	5.0	4.5	3.8
<b>Conflicting Opinions</b>	<b>2.8</b>	5.0	2.9	3.0
<b>Identifying Rehabilitation Facilities</b>	<b>2.4</b>	5.0	1.7	2.3
<b>Getting a Good Counselor</b>	<b>2.1</b>	4.0	2.7	1.7

## Issues and Trends

The data were analyzed to examine how the different size organizations perceived the proposed "war on drugs," and the general approaches that might be taken to eliminate drugs from the workforce. In the estimation of the respondents, there were no differences based on size in response to the question concerning the probability of success for the "war on drugs." There were also no substantial differences among those who did believe the proposal had better than a 50% chance of succeeding on the question concerning how long it would take. There were some significant differences, based on size, on the ranking of approaches that can be taken to eliminate drugs. The comparative results are presented in Table 29.

<b>Table 29</b>				
<b>General Approaches for Eliminating Drugs and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>Education</b>	<b>4.2</b>	5.0	3.6	4.3
<b>Drug Testing</b>	<b>3.6</b>	4.4	2.9	3.7
<b>Treatment</b>	<b>3.5</b>	4.0	3.8	3.4
<b>Increased Discipline</b>	<b>2.7</b>	2.5	2.8	3.0
<b>Management Style</b>	<b>2.5</b>	1.5	2.8	2.7
<b>Termination</b>	<b>2.4</b>	1.0	2.4	2.7
<b>Increased Penalties</b>	<b>2.3</b>	4.0	2.6	1.8

There are no consistent patterns of difference in these data. Smaller organizations do not favor the punitive approaches any more than large organizations. The exceptions come in individual categories. The very small organizations favor greater legal penalties, perhaps hoping that the problem can be dealt with outside the workplace. They also place less emphasis on termination but that reflects their greater difficulty in replacing workers. And the organizations in the middle category place the least emphasis on drug testing as an alternative.

## Size and the Future

The perception that the problem will get better in the next five years is a perception based primarily on the responses of the medium and large organizations. The smaller organizations expressed a strong feeling that the problem will get worse in the next five years. The comparative results are shown in Table 30.

<b>Table 30</b>				
<b>Substance Abuse Five Years from Now and Organization Size</b>				
		<b>Number of Employees</b>		
	<b>Overall</b>	<b>1-100</b>	<b>101-2000</b>	<b>2000+</b>
<b>No Change</b>	<b>14%</b>	0%	27%	12%
<b>Will Get Worse</b>	<b>30%</b>	80%	18%	28%
<b>Will Get Better</b>	<b>52%</b>	20%	54%	55%

## Size and Drug Testing

And finally, the data were analyzed on the question concerning drug testing. Drug testing is currently being performed more by large organizations than the smaller ones. The results are compared in Table 31.

Table 31 Drug Testing and Organization Size				
		Number of Employees		
	Overall	1-100	101-2000	2000+
Yes	42%	20%	18%	51%
No	58%	80%	82%	49%

## Conclusions and Recommendations

Organizations face different types of problems in dealing with substance abuse based on the industry, the product or service involved, and the size of the organization. Larger organizations clearly face a greater probability of substance abuse and they can more easily commit resources to preventive and treatment programs. Smaller organizations often find it more necessary to have strict policies because they do not have the resources in people or money to compensate for the lost productivity of a particular employee.

It's important that smaller organizations feel the substance abuse problem will get worse in the next five years. In part this is simply a positive facing of reality on their part. But it's also a call for assistance. Smaller organizations are going to need help in setting up training programs for managers, awareness programs for all employees, and they're going to need help in gaining access to treatment programs. The growth in available resources noted in the survey findings is a positive factor for smaller organizations. Increased media programs and the increasing number of specialized treatment and consulting programs for substance abuse are going to be very valuable resources for the smaller organization.

In previous surveys, smaller organizations were ignoring the problems of substance abuse to some extent. They often developed programs only after the problem surfaced in their organization. Maybe this is still true. The results of the current survey don't show it because all organizations have experienced the problem. But I hope it isn't true. Smaller organizations must take the preventative actions and they must be prepared -- even if they feel that problem has not affected them "as much as larger organizations or those located in big cities." The substance abuse problem is affecting all organizations, of all types and sizes, and in all locations. Preparation, through policy development and training programs, is the only way an organization can ensure its success in minimizing the damage that substance abuse can cause to productivity. Organizations of any size cannot wait for accidents, or lost sales, or lost employees, to prompt a response to the substance abuse problem.

## Youth Issues

National surveys on drug use and abuse among high school and college age students has shown some inconclusive data. Some surveys have shown a decline in drug use among students. Others have shown continued levels of experimentation and increases in alcohol and cocaine abuse. Some studies have even cited numbers as high as 80% of all teenagers have at least tried or used some type of illegal drug by the time they reach their 20th birthday. For some organizations this population makes up a significant part of their workforce. 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 organizations.

The widespread use of alcohol and other drugs among these populations could be expected to spill over to organizational substance abuse. In 1981, a separate survey was sent to a small sample of organizations who were targeted because they employed a large percentage of workers in this age group. Organizations were asked to complete the questionnaire based on this employee group only.

This 1981 survey found that organizations which employed large percentages of younger workers had significantly less direct experience with alcohol and drug problems. They reported that it was sometimes harder to determine how to handle an incident of drug use by a younger worker. But it was generally reported as being much easier to spot.

The 1986 survey asked organizations to provide information on the number of employees in different age groups, mainly in age groups less than 30 years of age. Unfortunately, many organizations do not have data available on the age distribution of their workforce and were, therefore, unable to provide the information. The conclusions that are presented here must therefore be considered very tentative. They are based on a very small number of organizations providing accurate information. And the organizations that did not provide information may have the higher percentages of younger employees, yet they remain in the group which is being used to compare with those who did provide the data.

## Some Tentative Findings About Youth

Based on the limited results available, it is possible to state some findings. It appears there is great direct contact with alcohol and marijuana use on-the-job for organizations that have a large percentage of employees under the age of 25. And there is less direct contact with cocaine and heroin use on-the-job. In the 1981 youth study, there was significantly less overall contact with all substances.

While most of the organizations felt the substance abuse problem in their own organizations was the same or more serious than it was five years ago, there was a very slight difference in those organizations employing a larger percentage of younger workers. They felt, to a greater extent, that the problem was more serious. This is certainly consistent with the other findings given that a younger work force seems to pose some special problems.

Like the 1981 findings, these organizations felt there was some difficulty in determining the correct policy for dealing with instances of substance abuse among younger workers. And this feeling only extends to the employee population under 25 years of age. There is no difference in the data when the 26 - 30 age group is examined.

And finally, again similar to the 1981 results, these organizations reported there was less of a problem in detecting the substance abuse in the younger workers.

The problems of employee age are certainly relevant to the problems of substance abuse. In the cocaine section of this report, several organizations commented about the age factor related to cocaine use. If the organization had an older, more mature work force, they generally felt this prevented the cocaine problem from affecting them somewhat. Nationally, there is some evidence that the cocaine problem has been part of the "26 - 35" age group. The data, however, are difficult to collect. It appears that it might be necessary to conduct a specific study focusing on youth employment again or conduct some type of very specifically focused research to get the age distribution data necessary for valid conclusions.

## About the Author

**James W. Schreier, Ph.D., SPHR** is the founder of Beyond the Far Cliffs. In addition to the Ph.D., he holds lifetime accreditation as a Senior Professional in Human Resources.

Dr. Schreier has been researching the problems of alcohol and drug abuse in organizations for 40+ years. He has conducted major national surveys of company experiences, problems, and policies in 1971, 1976, 1981, 1986, 1992, 1998, and 2004. Dr. Schreier has spoken throughout the United States and in Europe about various aspects of the drug abuse problem in organizations and education. Dr. Schreier has appeared on numerous radio and television talk shows to discuss the drug abuse problem in organizations. He has published extensively on the problem and has participated in national efforts, including the 1986 "Controlling Substance Abuse" report, published by The Conference Board. The results of this on-going research have been published in **Training and Development Journal**, **Personnel**, **Psychology Today**, **EAP Digest**, **John Naisbitt's Trend Letter**, and numerous other professional publications.

In 1990, Dr. Schreier presented at the **5th Annual European Employee Assistance Conference** in Ireland. In 1991, he was asked to return to make the opening address at the **6th Annual European Employee Assistance Conference**.

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**Beyond the Far Cliffs** is a management consulting organization, dedicated to improving both individual and organizational performance.

**HR-Tracks** has conducted research projects into critical human resource and management issues. Projects include the on-going, forty-year study of substance abuse in the workplace, research into the ethical issues of recruitment, selection, and job-hunting practices.

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