

**DRUG ABUSE IN THE WORKPLACE:  
ANNOTATED BIBLIOGRAPHY 1977-1988**

*by*

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*and*

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## INTRODUCTION

As this is written (April 1989), public and private actions intended to alleviate America's drug abuse crisis continue to emerge. For instance, the Bush Administration has appointed William Bennett to be the country's first "drug czar" -- having overall coordinating authority for both demand-side and supply-side strategies for drug abuse reduction. Public and media attention also continue: the wife of a Presidential candidate and a teenage movie star have recently "gone public" with their substance abuse problems, and with their experiences in rehabilitation.

Some of these actions specifically concern drugs in the workplace, which is the central focus of this volume. The Supreme Court has just ruled that certain Federal workers can legally be required to take drug tests. Drug use has been implicated in several recent major transportation accidents. The "Drug Free Workplace Act," a portion of the Anti-Drug Abuse Act of 1988, has recently gone into effect, requiring recipients of Federal grant and contract funds to conduct worker education programs, to have a drug abuse policy, and to report drug abuse convictions amongst their workers to the Federal agency supporting their work. A certification of compliance with these new requirements is needed in order to receive funding. Employers and labor organizations continue to be involved in drug abuse education and prevention activities -- both those aimed at the general public (often using the forces of the mass media as the "delivery system"), and those focused on workers and their families directly.

Workers using drugs, on the job or off, is certainly nothing new. But there appears to be a relatively greater level of consciousness today about the severity and impact of workplace drug abuse, and at least some willingness by employers, labor unions and the general public to "do something about drugs in the workplace." What should be done, by what individuals or organizations, who should pay for it, and how much intervention is appropriate are hotly debated questions, of course, but general incentive to action does seem to exist.

In order to answer some of these questions, information, including research data, is greatly needed. The purpose of this volume is to provide ready access to some of the most important sources of information, scientific research, and public/professional/legislative opinion on drugs in the workplace. A collection of 312 brief abstracts of books, professional journal articles, popular and business magazine articles, and research reports has been assembled here. Details on the content and arrangement of this collection are presented in the next section.

The ascendancy of drug abuse in the workplace as a topic of public, professional and legislative concern is readily appraised by the "time statistics" of this collection: one entry in 1977, two for 1978, and so on through a large number of 1988 entries. While we make no pretense that this is an exhaustive literature review, considerable effort was made to identify major American publications on this subject as part of a national research study, described further below.

Since many of the services and education provided to American workers and their families regarding drug abuse are offered by Employee Assistance Programs, this volume is intended for use primarily by EAP professionals, and by those who conduct research or policy study on EAP activities. However, the collection of abstracts may also be of value to human resources professionals, and to policy-makers in workplaces or legislatures needing to make or enforce decisions about drugs in the workplace.

### The Challenges

In the United States, employer organizations such as the U.S. Chamber of Commerce, the Conference Board, and the American Management Association; labor organizations such as the AFL-CIO; and government agencies such as the National Institute on Drug Abuse have taken leadership positions on drug abuse in the workplace. As Dr. Richard Leshner, President of the US Chamber of Commerce, has said, "It is imperative that business people take the lead in the campaign against drug abuse in our society... Business people wield significant power and influence in their communities. They are looked to for leadership in setting standards of personal behavior and particularly in public affairs."

In the last three years, there has been an enormous increase in the interest and involvement of American employers on this issue. Countless conferences and seminars have been held; the business press in the U.S. has been extremely active in disseminating information about drug abuse; and many new programs have been started.

One of the greatest influences was passage of the Anti-Drug Abuse Act of 1986, and President Reagan's Executive Order establishing a drug-free Federal workplace. In this Executive Order, the President noted that "drug abuse is having serious adverse effects upon a significant proportion of the national workforce, and results in billions of dollars of lost productivity each year." These events signaled the beginning of a national effort to fight drug abuse in the workplace, a recognition that employers can have major impact on this social problem and that they must act, out of their own economic interests.

Federal funding for fighting drug abuse, including monies specifically earmarked for workplace-based activities, has been increased. In particular, the Office of Workplace Initiatives (OWI) was established at the National Institute on Drug Abuse (NIDA). OWI funds research, operates a toll-free Drug-Free Workplace Hotline (800/843-4971), develops educational programs, and consults with employers on drug testing. In September 1988, OWI convened the first national conference on workplace drug abuse research in Washington DC; a monograph based on the conference will be published shortly.

There has been continued media attention to workplace drug abuse, with cover stories in Time and Newsweek, numerous network television programs, and coverage in the business press as well. This media coverage has greatly raised the consciousness of employers, workers and their families about drug abuse in the workplace to a level never before achieved. Drugs in the workplace are not new, of course, but our awareness of them and the problems they cause is new.

Moreover, our society's attitudes about drugs and drug use are changing. Through successful prevention programs such as the "Just Say No" effort, we are raising the first generation of children who as adolescents and adults may have what might be called "positive negative attitudes" towards use of illegal drugs. The deaths from cocaine abuse of such public figures as athlete Len Bias have riveted our attention, and even such phenomena as America's fitness and exercise craze have helped to change public attitudes sharply.

According to a recent Conference Board study, the three top social-economic concerns of Americans are: drug abuse, cost of medical care and the Federal budget deficit. Given the enormous financial costs of drug abuse, these three are even related in certain ways. Such developing attitudes require that all levels of society pay attention to the problems of drug abuse.

But what does this mean specifically for employers? Among the many challenges employers face, here are some of the most significant ones:

\* according to a research study conducted by the Research Triangle Institute, drug abuse costs American employers \$60 billion a year, including lost productivity, health care costs, costs of increased absenteeism and turnover, accidents, etc. The U.S. Chamber of Commerce estimates it costs \$7000 to replace someone who leaves an organization because of alcohol or drug abuse.

\* sometimes the losses come in large, dramatic chunks. In 1985, an airline computer operator high on marijuana failed to load a crucial tape onto an airline reservation system. This error cost the airline \$18 million in the next eight hours.

\* more often, though, the losses come in a slower hemorrhage. For instance, employers are becoming more aware of the greatly increased health care costs of drug-abusing workers, which are three to eight times greater than for non-abusing co-workers. In an economy where General Motors spends more for health insurance than for steel to build cars, this figure cannot be overlooked.

\* statistics compiled by NIDA indicate that 10% to 23% of all American workers have used illegal drugs on the job, and some 2% to 5% are serious drug abusers. Getting high at work or coming there high has become a common occurrence among workers from factory assembly lines to the executive suite.

\* at a time when American industry is struggling to maintain its position in the world marketplace, worker drug abuse increases absenteeism, tardiness, judgment and decision making, quality control and other factors directly related to productivity. In short, productivity suffers.

\* industrial accidents attributable to drug abuse are on the rise. From bus crashes in Los Angeles to train accidents in the East, we are learning more all the time about how much at risk drug abuse places both workers and the public. The railroad industry alone has implicated substance abuse in at least 48 accidents from 1975 to 1984, involving 37 fatalities and 80 injuries.

\* finally, the personal effects of drug abuse on workers and their families are enormous, from deteriorated health, to financial difficulties, to stressed and failing relationships, to early deaths due to overdoses or health complications of addiction.

### The Solutions

What are some possible solutions? How can American workplaces respond to these challenges, including efforts by employers, by unions, by government agencies and by workers and the local community? Activities with great potential for impact include:

- \* Employee Assistance Programs
- \* written and widely promoted employer policies on drug abuse
- \* education and prevention programs based in the workplace
- \* drug testing programs, when used in conjunction with other interventions

- \* research on how workplace programs can be improved and implemented more widely.

Many of these activities are not new, but have been re-examined and re-shaped during the last three years, as a result of the new emphasis on drugs in the workplace.

EAPs. Here are some facts about Employee Assistance Programs:

- \* some 10,000 to 12,000 EAPs currently exist in the U.S. All kinds of workplaces have them -- General Motors, the Los Angeles Dodgers, TV networks and film studios, universities and police departments. Smaller workplaces are starting to band together in consortia -- operated by city governments or business and industry associations.

- \* the Department of Labor estimates that the annual average cost for an EAP ranges from \$12 to \$20 per employee.

- \* most of these programs include services for drug abuse. Generally, the services offered include crisis intervention, assessment and referral to inpatient and outpatient chemical dependency programs, or to self-help groups modeled after AA.

- \* EAPs are becoming increasingly professionalized, through special training programs and societies such as the Employee Assistance Professionals Association (EAPA, formerly ALMACA). Major universities now offer training programs; certification efforts are also beginning, including a national program EAPA administers.

- \* 60% of employer-provided insurance covers drug abuse treatment, permitting EAP referral to treatment programs. Insurance coverage is often inadequate, however -- many programs are "once in a lifetime" benefits that don't respond well to the cyclical, relapse-prone experience of most drug addicts, and few provide adequate aftercare treatment.

- \* models for EAP drug treatment services, and data on cost-effectiveness, are now being developed through research, much of it involving active employer collaboration. Models for evaluation also are being developed, since evidence of cost-effectiveness is critical to long-term survival of these programs.

Policy. This larger program needs to start with top management's commitment to a drug abuse policy. Clearly stated values about the use of illegal drugs, and about providing help for those with drug abuse problems, are essential parts of such a policy. Also:

- \* an increasing number of American employers are now developing or re-writing a drug abuse policy

- \* effective policy development requires worker participation in reviewing and refining the policy
- \* review by legal and drug abuse experts also is essential
- \* once an employer has developed a policy, communication of it to the workforce is essential -- through meetings, small groups, pay check stuffers, memos, or videotape presentations
- \* resources for policy development and models from companies that have done it well are now available.

Education and prevention. These policies need to be oriented not just to workers who already have a drug abuse problem, but to those who are at risk for future difficulties. And the broadest workplace programs also address the issues of education and prevention in the community of which the workplace is a part:

- \* referrals to rehabilitation triple in programs that combine drug testing with education and prevention efforts, according to the AMA study already cited
- \* many education programs now concentrate on producing "smart supervisors" -- able to detect and intervene with drug abuse problems early enough that assistance is likely to be effective-- if supervisors wait for the more obvious signs of performance deterioration it is often too late
- \* worker education also is important -- learning about effects of drugs and about how to get help; there are still many myths about drugs, for instance that marijuana is not medically harmful
- \* education and prevention programs often use audiovisual media, worker task forces, and family involvement strategies as well
- \* education and prevention programs are often tied in with the workplace's health promotion efforts -- an integrated approach that progressive companies like Wells Fargo Bank, Union Carbide and others are using -- frequently integrated with their health care cost containment activities as well.

To properly implement an EAP, drug testing program, or education and prevention program, an employer needs to make three commitments:

- 1 - Leadership - support from top management summarized in a written policy
- 2 - Resources - the personnel and financial resources from within the organization, and the community resources such as available treatment facilities - to support the program