

Chapter 1 - IFPO - CPO Substance Abuse

Purpose

- ▶ According to statistic from the National Institute on Drug Abuse, 75% of illicit drug users and 90% of alcoholics work, resulting in billions of dollars in lost productivity.
- ▶ Achieving a drug free workplace with strict guidelines alerts employees that their substance abuse action on the job will not be tolerated.

Substance Abuse Facts

- ▶ “Substance abuse” refers to the use of any psychoactive drug that deviates from the approved legal, medical or social patterns.
- ▶ Psychoactive drugs alter mood, perception or consciousness.
- ▶ According to the WHO, is the leading cause of crime, health problems and child abuse.
- ▶ Globally, there are over 2 billion alcohol users, 1.3 billion smokers and 255 million illicit drug users.
- ▶ Responsible for 12.4% of all annual deaths worldwide.
- ▶ Abusers account for 10-20% of any given workforce.
- ▶ Highest concentration of abusers are between 18-25 years old.

Impact on Business and Industry

Tangible (real) costs of substance abusing employees:

- ▶ **Decreased productivity:** Abusers are 25% less productive.
- ▶ **Accidents:** Abusers are three to four times more likely to have an accident on the job. Fifty percent of all accidents are attributable to substance abusers. Forty percent of industrial accidents resulting in fatality are linked to alcohol consumption and alcoholism.
- ▶ **Absenteeism:** Abusers are frequently or habitually absent from work. They are absent four times more often. Also, they are more likely to be away from their assigned locations during regular work hours.

Tangible costs:

- ▶ **Theft:** Abusers are responsible for 50 to 80% of employee thefts.
- ▶ **Worker's Compensation:** Abusers are five times more likely to file a worker's compensation claim.
- ▶ **Health-care costs:** they use medical benefits five times more often, and the family members of substance abusers generally have higher than-average health care claims.

Impact on Business and Industry

Intangible (hidden) costs:

- ▶ Morale problems
- ▶ Intimidation of managers and employees
- ▶ Wasted supervisory time
- ▶ Overtime costs
- ▶ Grievance costs
- ▶ Training and replacement costs
- ▶ Decreased quality of products and services

To successfully address the adverse consequences of substance abuse in the workplace, organizations must:

- ▶ Develop strong policies and procedures addressing substance abuse and consequences
- ▶ Training and education programs
- ▶ Offer employee assistance programs
- ▶ Ensure that Security personnel are trained
- ▶ Mandatory drug testing measures

Substance Abuse Motivation

Early drug use may be a result of:

- ▶ Peer pressure
- ▶ Low self-esteem
- ▶ Insecurity
- ▶ Boredom
- ▶ Stress and anxiety

Initial use is usually reinforced as a result of

- ▶ Pleasant effects
- ▶ A perceived control over the drug
- ▶ Peer acceptance and recognition
- ▶ Myth and misinformation.

As use continues, there are usually three anticipated outcomes:

1. Return to a drug-free lifestyle.
2. Continue to abuse drugs, avoiding dependence but exhibiting problematic behavior at home, work or in the community.
3. Continue the abuse to the point of dependence and most likely death.

How each abuser will land in unpredictable and often guided by circumstances beyond anyone's control.

Substance Abuse

The disease of substance abuse can be:

- ▶ **Primary:** It is not the symptom of other problems. It, in itself, is the problem.
- ▶ **Contagious:** It attracts others who are vulnerable. “Birds of a feather flock together.”
- ▶ **A family disease:** It effects the entire family, not just the substance abuser.
- ▶ **Chronic:** It is difficult to control, is often recurring, and although treatable, is incurable.
- ▶ **Fatal:** It takes hundreds of thousands of lives annually.

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Substance Abuse

- ▶ Dependence follows a predictable course of action which, most often, begins with experimentation.
- ▶ The earlier the substance use begins, the more likely it is to progress to abuse and dependence.
- ▶ The longer a person abuses a substance, the more complex the physical and psychological symptoms become.
- ▶ Early intervention is paramount. The earlier the intervention the greater the opportunity is for recovery.

Substance Abuse in the Workplace

There are five reasons that substance abuse continues to be a problem in the workplace:

1. Denial
2. Mixed messages
3. The “harmless” theory
4. Drug use is controllable by the user
5. The problem is viewed as controllable through attrition

Substance Abuse in the Workplace

Denial:

- ▶ Is the biggest roadblock to addressing substance abuse.
- ▶ People tend to deny that the problem exists even in the light of hard evidence.
- ▶ **Mixed messages:**
 - ▶ Heard daily and are confusing to the layperson.
 - ▶ Ex: Some say marijuana use is harmful, yet the government decriminalizes or legalizes marijuana use.
- ▶ **The ‘harmless’ theory:**
 - ▶ The use of psychoactive substances is considered to be an innocuous practice, on or off the job.
- ▶ **Controllable use:**
 - ▶ The belief that substance use can be “recreational”, provided one controls his/her intake.
- ▶ **Attrition:**
 - ▶ The problem can be controlled through attrition. Unfortunately, tomorrow’s workforce could be involved with substance use today.

Issues in the Workplace

- ▶ Appear for work under the influence of drugs and will be openly and obviously impaired, or intoxicated and unfit for duty.
- ▶ Possess and use drugs on the job. Although they are impaired, it will not be evident.
- ▶ Sell or otherwise distribute, or transfer illegal drugs or legal drugs illegally, while on the job.
- ▶ Display impairment due to the residual effects of drugs taken hours or even days prior to coming to work. These effects may include emotional outbursts, personality changes, irritability, combativeness, memory problems, and the inability to complete assignments.
- ▶ Have codependent loved ones working at jobs where they will be less productive.

Any information about employee substance abuse should be forwarded to management.

Issues in the Workplace

Security personnel should be outwardly alert for signs of drug possession, use and distribution. These signs often include the following:

- ▶ Observation of drugs or drug paraphernalia.
- ▶ Observation of suspicious activities.
- ▶ Chemical odors not routine or typically present.
- ▶ Observation of abnormal behavior.

Industry Response

Historically, private enterprise has pioneered most of the programs in drug detection, rehabilitation and prevention.

An organization should consider the following five components in the development of a drug-free workplace:

1. Policy development and implementation
2. Training and education
3. Employee assistance program
4. Drug testing
5. Security measures

Security Measures

- ▶ Conduct investigations, both overt and covert.
- ▶ Conduct surveillance of the workplace:
 - ▶ Patrols, CCTV, cameras, etc.
- ▶ Vigilant for incidents of theft.
- ▶ Conduct interviews for information that can be developed into actionable intelligence.
- ▶ Conduct searches

Drugs in the Workplace

The most prevalent drugs in the workplace in order of significance:

1. Alcohol
2. Cannabis
3. Stimulants
4. Depressants (other than alcohol)
5. Narcotics
6. Hallucinogens
7. Inhalants

Terms

▶ **Tolerance:**

- ▶ Your body gets used to the dose and requires larger doses to achieve the same effect.

▶ **Physical dependence:**

- ▶ Referred to as “addiction”. Occurs when a person cannot function normally without the substance.

▶ **Withdrawal:**

- ▶ Symptoms that occur when substance use stops abruptly.

▶ **Psychological dependence:**

- ▶ The result of repeated substance abuse that causes psychological but not physical dependence.
- ▶ The most difficult dependence to treat.

▶ **Potentiation:**

- ▶ Use of two or more depressant drugs

▶ **Lookalike drug:**

- ▶ Manufactured to resemble well-know generic or brand name drugs.

Common Signs of Abuse

- ▶ Presence of the drug and/or drug paraphernalia.
- ▶ Physical signs:
 - ▶ Needle marks, dilated or constricted pupils, etc.
- ▶ Behavioral Cues:
 - ▶ Slurred speech, personality changes, etc.
- ▶ Analytical tests:
 - ▶ Urine, hair, saliva, and blood.

Signs and Symptoms

Cannabis: Marijuana, Hashish, Hash Oil

1. Initially, the person may appear animated with rapid loud talking and bursts of laughter. In later stages, he/she may be sleepy.
2. Pupils may be dilated and the eyes bloodshot.
3. Use of drugs results in distortion of depth and time perception, making driving or the operation of machinery hazardous.
4. Smokers may be impaired for as long as 24 h following intoxication, or only 1-2 h.
5. Short-term memory is impaired.
6. Long-term use of marijuana is associated with mental deterioration in some users.

Signs and Symptoms

Stimulants: Cocaine, Amphetamines, Crystal Meth

1. The user may be excessively active, irritable, argumentative, nervous, or restless.
2. The user generally shows signs of excitation, euphoria, talkativeness, and hyperactivity.
3. May perform the same tasks repeatedly.
4. Dilated pupils and dry mouth are common.
5. Regular users can go long periods without sleeping or eating. This can result in fatigue, depression, and weight loss.
6. Specific to cocaine—the user may exhibit runny nose, sniffles, watery eyes (symptoms similar to the common cold), and ulcerations of the nasal passage
7. Paraphernalia consists of razor blades and mirrors for chopping cocaine into fine particles. Straws and small spoons are then used for snorting.

Signs and Symptoms

Depressants: Alcohol, Barbiturates, Tranquilizers

1. With the exception of alcohol, users exhibit no breath odor
2. Staggering, stumbling, or decreased reaction time
3. Falling asleep while at work
4. Slurred speech
5. Constricted pupils
6. Difficulty concentrating and impaired thinking
7. Limited attention span

Signs and Symptoms

Narcotics: Heroin, Dilaudid, Percodan, Oxy

1. Scars (tracks) on the arms or on the backs of the hands, caused by repeated injections.
2. Pupils constricted and fixed.
3. Scratches oneself frequently.
4. Loss of appetite.
5. May have sniffles, red, watering eyes, and a cough that disappears when the user gets a “fix” (injection).
6. The user often leaves paraphernalia such as syringes, bent spoons, cotton balls, needles, metal bottle caps, eye droppers, and glassine bags (made with wax-like paper) in lockers or desk drawers. They may also be discarded in stairwells, remote areas of a parking lot, or a secluded location within the workplace.
7. Users, when under the influence, may appear lethargic, drowsy, and may go on the “nod” (i.e., an alternating cycle of dozing and awakening).

Signs and Symptoms

Hallucinogens: LSD, PCP, DMT

1. Behavior and mood vary widely. The user may sit or recline quietly in a trancelike state or may appear fearful or even terrified.
2. Rapid eye movement, drooling, flushing and sweaty in appearance, trembling hands, and dizziness.
3. There may be sensory changes relating to light, sound, touch, taste, smell, and time.

Signs and Symptoms

Inhalants: Glue, Gasoline, Erasing Fluid

1. Odor of substance inhaled, smelled on breath and clothes
2. Excessive nasal secretions and watering of the eyes
3. Poor muscle control
4. Drowsiness or unconsciousness
5. User has presence of plastic or paper bags or rags containing saturated quantities of the inhalant
6. Slurred speech