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Introduction to Drug Screening

According to one drug and alcohol survey, 43 percent of CEOs estimated that use of alcohol and other drugs cost them 1 to 10 percent of payroll. 

Source: National Council on Alcoholism & Drug Dependence, Inc.

The screening test is an initial, analytical procedure designed to test large numbers of specimens for the presence of a drug. Examples of screening tests include immunoassays, e.g., enzyme immunoassay, fluorescence polarization immunoassay and radioimmunoassay. A confirmation test is performed on all samples that test positive by the screening method. The confirmation test uses a chemical testing principle different than the one used in the screening test and is specific for the drug being confirmed. This procedure is performed using gas chromatography/mass spectrometry (GC/MS), which is considered to be the most sensitive and accurate confirmation test available.

This company will require a urinalysis drug screen on those persons suspected of using or being under the influence of an illicit substance. An employee's consent to submit to such a test is required as a condition of employment, and the employee's refusal to consent will result in disciplinary action including termination for a refusal or any subsequent refusal.

The Six Reasons for Drug Testing

Pre-employment: The applicant must pass a drug test prior to hiring or as a condition of employment.

Periodic: The Department of Transportation requires some industries to test employees as part of a physical examination during the first calendar year of the implementation of the employer’s anti-drug program.

Post-accident: After an accident, all employees whose performance may have contributed to the accident must be tested.

Reasonable Cause: An employee must submit to a drug test if two supervisors, at least one of whom is trained in recognizing the signs and symptoms of drug and alcohol abuse, observe behavior which indicates possible drug use.

Return-to-Duty: A reasonable program of unannounced drug testing can be implemented for an employee who has returned-to-duty after failing a previous drug test or after refusing to submit to a drug test.

Random: A specified percentage of a company’s covered workforce must be randomly tested each year for the presence of drugs and/or alcohol.
The Drug Testing Program

The drug testing program requires urine drug testing for five (5) specific classes of drugs. These tests are performed in a certified US Department of Health and Human Services Laboratory. A confirmation test of all positive screening results will be done using gas chromatography/mass spectrometry (GC/MS) techniques. The five drugs tested for are:

- Cocaine
- Amphetamines
- Opiates
- Cannabinoids (THC)
- Phencyclidine (PCP)
Drug Abuse: The Problem

Drug abuse has become one of the most serious and controversial problems of modern times. **Substance abuse costs the American society over $246 billion annually.** Even more disturbing is that this figure if considered a conservative estimate of the hardship substance abuse actually inflicts upon families, communities, and work places. **Studies indicate that while the cost of alcohol abuse is declining, the cost of other drug abuse has increased to $98.4 billion per year!**

Drug abuse in the workplace **results in decreased worker productivity** due to a reduction in normal work capacity, in addition to poor workmanship, mistakes, and/or damage to company property. The typical employee with a substance abuse **problem is working at a 65 percent productivity level when compared to workers who are drug-free.**

To make matters worse, **drug-impaired workers are tardy and absent and have more severe health problems than substance-free workers.** Drug dependent employees **also have higher than average accident and injury rates resulting in more sick benefits, higher health care costs, and increased insurance premiums.** In this downward productivity spiral, businesses notice more requests for time off, more
employee grievances and worker-compensation claims, and increased costs for replacing lost workers and retraining new employees.

Interesting Drug and Alcohol Facts

Did you know that:

- Approximately one out of six workers misuse alcohol and/or drugs.
- A recent US Senate report states that nearly 1 out of every 100 Americans use cocaine each week, or nearly 2.2 million people.
- Drug and/or alcohol dependent employees are absent more than twice as often as the drug and alcohol free employees.
- Alcohol and drug abusers have two to four times more accidents on the job.
- During the past decade, US railroads have had 48 accidents resulting in 37 deaths and $34 million in property damage that have been linked directly to drug-impaired employees.
- Sickness and accident benefits paid out for drug and/or alcohol dependent employees are more than three times greater than for non-drug using employees.
- A chemically dependent employee is usually less than 75% effective.
- Studies show that US companies average 1 or more drug dealers for each 100 employees.
- Forty-five (45) percent of all alcoholics are 15- to 30-year veterans in professional or management positions.
- National experts believe 10 to 23 percent of all US workers use dangerous drugs while on the job and regular users are not only likely to use drugs on the job, but also go to work impaired.
Drugs and Their Effects

Up to 40 percent of industrial fatalities and 47 percent of industrial injuries can be linked to alcohol consumption and alcoholism. An estimated 75 percent of the hourly workers at one manufacturing plant reported it was easy for them to drink at their workstations.

Source: National Council on Alcoholism and Drug Dependence Inc.

Alcohol

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation at social gatherings. However, when consumed primarily for its physical and mood altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

There are a variety of physical effects associated with the chronic consumption of alcohol. An average of three servings per day of beer (12-ounces), whiskey (one-ounce), or wine (a six-ounce glass) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency - Up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”.
- Fatal liver diseases, kidney disease, Pancreatitis, ulcers
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma (skin cancer)
- Spontaneous abortion, neonatal mortality and birth defects. Up to 54 percent of all birth defects are alcohol related.

Alcohol & Social Issues

Some of the social issues associated with abuse are:

1. Two-thirds of all homicides are committed by people who drink prior to the crime.
2. Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
3. Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
4. The rate of separation and divorce in families with alcohol dependency problems is seven times the average.
5. Forty percent of family court cases are alcohol related.
6. Alcoholics are 15 times more likely to commit suicide than are other segments of the population.

7. More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol-related.

**Alcohol’s Annual Toll**

Alcohol exacts a heavy toll on American society each year. Approximately 24,000 people will die on the nation’s highways due to legally intoxicated drivers (0.10 or greater blood alcohol content [BAC]), while 12,000 people will die on the highway due to an alcohol-impaired driver (0.099 or less blood-alcohol content).

**Alcohol & Workplace Issues**

It takes one hour for the average person (average body weight of 150 pounds) to process one serving of an alcoholic beverage through the body. Impairment in an individual’s coordination and judgment can be objectively measured after as few as two drinks have been consumed (0.030 BAC). A person who is legally intoxicated (BAC level of 0.10) is six times more likely to have an accident than a sober person.
Marijuana & Hashish

Marijuana is one of the most misunderstood drugs of abuse. People use marijuana for the mildly tranquilizing, mood, and perception altering effects it produces. Marijuana does not depress the central nervous system’s reactions. Its action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

Marijuana is usually sold in plastic sandwich bags. Leaf marijuana will range in color from green to light tan. It has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. The leaves are usually dry and broken into small pieces, and the seeds are oval with one slightly pointed end. Less prevalent than marijuana, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in foil.

Cigarette papers, roach clip holders and small pipes made of bone, brass, or glass are commonly used to smoke marijuana and hashish. Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

How Marijuana Effects an Individual’s Health

When marijuana is smoked, it irritates the lungs, and chronic smoking often causes emphysema-like conditions. One cigarette (joint) of marijuana contains cancer-causing substances equal to one-half to one pack of cigarettes and causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk when they smoke marijuana and hashish. Marijuana is commonly contaminated with the fungus aspergillus which can cause serious respiratory tract and sinus infections.

Smoking marijuana lowers the body’s immune system response, making users more susceptible to infection. Chronic smoking causes changes in brain cells and brain waves. In essence, the brain is less healthy and does not work as efficiently.

The active chemical in marijuana, THC, is stored in the fat cells of the body. THC is slowly released over time. Marijuana smoking has a long-term effect on work performance. A 500 to 800 percent increase in THC potency in the past several years means smoking 3-5 joints each week today is equivalent to 15-40 joints each week in 1978.

Pregnancy Problems & Birth Defects Associated with Marijuana

The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals found in marijuana, concentrate in the ovaries and testes. Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, a hormone found in women, resulting in a decreased sperm count which could lead to temporary sterility. Occasionally, the onset of female physical characteristics, including breast development, occurs in heavy marijuana users.
Pregnant women who are chronic marijuana users have a higher than normal incidence of stillborn births, early terminations of pregnancy, and a higher infant mortality rate during the first few days of life. In test animals, THC causes a variety of birth defects including malformations of the brain, spinal cord, forelimbs, liver, water on the brain and spine.

Offspring of test animals exposed to marijuana smoke have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either one or both parents, especially during pregnancy, leads to specific birth defects of the infant’s feet and hands. One of the most common effects of prenatal Cannabinoid exposure is underweight newborn babies. Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

**Effects of Marijuana on Mental Functions**

Regular use of marijuana can cause the following: delayed decision-making and diminished concentration, impaired short-term memory and impaired signal detection (ability to detect a brief flash of light), erratic cognitive function, and distortions in time estimation. Smoking marijuana puts users who are operating machinery at risk and also interferes with a person’s ability to learn.

Individuals who smoke marijuana on a regular basis suffer from a mental dysfunction known as “acute brain syndrome” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

**Acute Overdose Effect**

Some of the acute overdose effects found in smoking marijuana include: aggressive urges, anxiety, confusion, fearfulness, hallucinations, heavy sedation, immobility, mental dependency, panic, paranoid reaction, and unpleasant distortions in body image.
Cocaine

Cocaine is used medicinally as a local anesthetic. It is a powerful physical and mental stimulant that energizes the entire central nervous system. Muscles become tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Cocaine is derived from the coca bush, which is grown almost exclusively in the mountainous regions of northern South America. Cocaine Hydrochloride varies from white to creamy granular or lumpy powder that is finely chopped with a sharp instrument into “lines” before use. It is then snorted into the nose, rubbed on the gums, or injected into the veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams).

Common paraphernalia associated with cocaine use includes a single-edged razor blade, a small mirror or piece of smooth metal, a half-straw or metal tube, and a small screw cap vial or folded paper packet that contains cocaine.

Cocaine base is commonly known as “rock”, “crack”, or “free-base” and is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within 7 seconds.

Common paraphernalia associated with cocaine base includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.

How Cocaine Effects an Individual’s Health

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur. Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes blood vessels to spasm in the brain and heart, which could possibly lead to ruptured vessels, causing strokes and heart attacks.

Strong psychological dependency can occur with just a few “hits” of crack. Usually, mental dependency occurs within days (for crack) or within several months (for cocaine). Cocaine causes the strongest mental dependency of any known drug. Treatment success rates are lower for cocaine than for other chemical dependencies. Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are not usually reversible by medical intervention. In December of 1997, the Drug Abuse Warning Network showed cocaine related emergency room episodes increased 78% from 1990 to 1994 and remained level through 1996. However, between 1994 and 1996, there was a 21% increase among those age 35 and older.

Cocaine & the Workplace

Employees who are under the influence of cocaine are less alert and may ignore warning signals, increasing the potential for accidents. Cocaine use causes extreme mood and energy swings, which create instability. Sudden noises could cause a violent reaction. The high cost of cocaine frequently leads to financial problems, frequent and extended absences from meetings or work assignments, unpredictable energy swings, isolation and withdrawal from friends and normal activities, secretive behavior, frequent non-business visitors, delivered packages, phone calls, unusual defensiveness, anxiety, agitation, unpredictable mood swings, runny or irritated nose, difficulty in concentrating, dilated pupils and visual impairment, restlessness, formication (sensation of bugs crawling on skin), high blood pressure, heart palpitations, and irregular rhythm, hallucinations and paranoia, hyper-excitability and over-reaction to stimulus, insomnia, profuse sweating and dry mouth, and talkativeness.

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to workplace theft and/or dealing. Employee work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

**Opiate (Narcotics) Facts**

Opiates (also called narcotics) are drugs that alleviate pain, depress the body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

Natural opiates or natural derivatives are opium, morphine, codeine, and heroin. Synthetic opiates include meperidine (Demerol), osymorphone (numorphan), and oxycodone (Percodan). Opiates may be taken in pill form, smoked or injected, depending upon the type of narcotic used.

**How Opiates Effect an Individual’s Health**

Opiate users who inject the drug have a risk for contracting hepatitis and AIDS due to the possibility of contaminated needles from sharing. Narcotics increase tolerance to pain; therefore, people are more likely to severely injure themselves or fail to seek medical attention after an accident due to a lack of pain sensitivity. Narcotics’ effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk of an overdose.

**Special Opiate Issues**

There are over 500,000 heroin addicts in the US, most of whom inject the drug using a syringe. There are an even greater number of medicinal opiate-dependent persons who obtain narcotics through prescription medications. Because of the tolerance built up through repeated narcotics use, there is an ever-increasing need for a larger amount of narcotics to produce the same effect. A strong mental and physical dependency occurs, and the combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach into the hundreds of dollars each day.

**Opiates & the Workplace**

Opiates have a variety of unpleasant side effects including nausea, vomiting, dizziness, mental clouding, and drowsiness. These effects place the legitimate user as well as the abuser at higher risk for an accident. Although narcotics have a legitimate medical use in alleviating pain, using narcotics in the workplace may cause impairment of physical and mental functions.
Phencyclidine (PCP) Facts

Phencyclidine (PCP) was originally developed as an anesthetic, but adverse side effects prevented its use except as a large animal tranquilizer. PCP acts as a depressant, a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. Low doses produce sedation and euphoric mood changes. A person’s mood can change rapidly from sedate, to excitement and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare, with the person’s eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal violent behavior, and an inability to speak or comprehend communication.

PCP is sold as a creamy, granular powder and is often packed in one-inch square aluminum foil or folded paper “packets”. It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

How PCP Effects an Individual’s Health

The potential for accidents and overdose emergencies is high due to the extreme mental effects of PCP combined with the anesthetic effect PCP has on the body. The effects of PCP are magnified by using other depressant drugs, including alcohol, which then increase the likelihood of an overdose reaction. Misdiagnosing the hallucinations as LSD-induced and then treating with Thorazine can cause a fatal reaction. PCP use can cause irreversible memory loss, personality changes, and thought disorders.

PCP & the Workplace

PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

There are four phases to PCP abuse:

1. The first phase is acute toxicity, which can last up to three days. It can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common.

2. The second phase, which does not always follow the first phase, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation.

3. The third phase is a drug-induced schizophrenia that may last a month or longer.

4. The fourth is PCP-induced depression, which can lead to suicidal tendencies and mental dysfunction that can last for months.
Amphetamines

Amphetamines stimulate the central nervous system by speeding up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for amphetamine abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the US or clandestinely manufactured in crude laboratories within the United States.

Amphetamines, “speed,” are sold in counterfeit capsules or as white, flat, double-scored “mini-bennies” and are usually taken by mouth. Methamphetamine, “meth”, “crank”, or “crystal,” is nearly identical in its effects to amphetamines. It is often sold as a creamy white granular powder or in lumps packaged in aluminum foil wraps or re-sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.

How Amphetamines Effect an Individual’s Health

Regular amphetamine use produces strong psychological dependence and increasing tolerance to the drug. High doses of amphetamines may cause toxic psychosis resembling schizophrenia, while intoxication may induce a heart attack or stroke due to the spiking of blood pressure. Chronic amphetamine use may cause heart and brain damage due to severe constriction of capillary blood vessels. The euphoric stimulation caused by amphetamine use increases impulsive and risk-taking behavior, including bizarre and violent acts. Withdrawal from amphetamines may result in severe physical and mental depression.

Amphetamines & the Workplace

Since amphetamines alleviate the sensation of fatigue, an individual who has unusual overtime demands or does not get enough rest may abuse amphetamines to help increase alertness. Low dose amphetamine use will cause a short-term improvement in mental and physical functioning but with greater use or increasing fatigue, the effect reverses and has an impairing hangover effect. This effect is characterized by physical fatigue and depression, making operation of equipment or vehicles dangerous.

Signs & Symptoms of Amphetamines Use:
- Hyperexcitability and restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating and rapid respiration
- Confusion, panic, talkativeness, and an inability to concentrate
Signs and Symptoms of Abuse

Oldsmobile’s Lansing, Mich. Plant saw the following results in the year after its alcoholic employees underwent treatment: Lost man hours declined by 49 percent, health care benefits by 29 percent, leaves by 56 percent, grievances by 78 percent, disciplinary problems by 63 percent, and accidents by 82 percent.

Source: National Council on Alcoholism and Drug Dependence

General Indicators of Substance Abuse

The first indication of drug and alcohol use is often shown in individual performance. Sometimes these indicators look very similar to job stress, overwork, fatigue, or emotional problems. Drug and alcohol-abusing employees develop survival skills to help avoid detection, making recognition even more difficult. Therefore, it is important to be aware of some of the following general indicators of substance abuse:

**Absenteeism**
Tardiness or excessive use of sick time may be seen. Drug and alcohol effected employees are absent an average of two to three times more than normal employees.

**Staff Turnover**
Chemically dependent individuals lead disorganized lives. Many quit rather than face detection. Others transfer or are fired for poor or unsafe performance.

**Lower Productivity**
Studies have shown employees affected by drugs and alcohol perform at about two-thirds of their actual work potential.

**Equipment Breakdown**
Employees who abuse substances often lose interest in properly maintaining equipment and indeed, often use broken equipment as a means to avoid work.

**Poor Work Quality**
There may be evidence of shoddy work, rework, and material waste. Mental and physical agility, in addition to concentration, deteriorate with substance abuse.

**Poor Morale**
Chronic drug abuse creates wide mood swings, anxiety, depression and anger. Normal employees often see drug abusers as poor team workers and safety hazards.

**Increased Accidents and Near Misses**
Impaired employees are 3.6 times more likely to cause an accident. Even small quantities of drugs in the system, as well as the hangover effect, can cause deterioration of alertness and reaction speed.

**Theft of Equipment and Materials**
Drugs are expensive. Cocaine costs up to $135 a gram. One ounce of high potency marijuana costs $85 to $200. At the same time substance abusers need money, their loyalty and dedication to their employers are weakened as their value systems and judgment are effected by the drug.
Substance Abuse Effects

Drug and alcohol abuse, effect a person physically and mentally. These effects occur not only during intoxication (from one to 24 hours after intake), but also show up in the form of residual hangovers, fatigue, and mental impairment.

Physical Effects and Symptoms of Substance Abuse

Physical effects of substance abuse often include slowed reaction rates, poor coordination, fatigue, delayed decision making, erratic judgment, confusion, learning difficulty, poor memory, loss of concentration, depression or anxiety, neurotic or psychotic behavior, refusal to accept authority, and difficulty in sorting out priority tasks from non-essential activity.

Other physical symptoms of substance abuse will include:
- Blood spots on shirt-sleeves (indicating intravenous needle use)
- Bloodshot or watery eyes (usually caused by marijuana use)
- Changes in speech, hand tremors, intoxicated behavior, poor coordination, slowed reactions, unsteady gait
- Odor of Marijuana smoke
- Racing heart, irregular rhythms (cocaine and amphetamines often cause the heart to react unpredictably.)
- Runny nose or sores around the nostrils (caused by chronic snorting of cocaine)
- Sleeping on the job
- Very large or small pupils (Narcotics and depressants will cause pupils to constrict. Cocaine and amphetamines will cause pupils to dilate.)
- Wearing sunglasses indoors
- Changes in personal appearance and hygiene

Behavioral Effects of Substance Abuse

Some of the behavioral effects substance abuse has on an employee’s work performance include: a sudden change, usually for the worse, in attitude, work performance or behavior; a “lackadaisical” or “I don’t care” attitude (often an indication of marijuana use); and wanting to be alone and avoiding “straight” workers.

Other behavioral effects of substance abuse include:
- Deteriorating or erratic job performance
- Secretive behavior, forgetfulness, indecision, impulsive and temperamental behavior, erratic judgement
- Drug culture jargon
- Hyper-excitability, carelessness

Evidence of Substance Abuse

Some of the paraphernalia associated with substance abuse include: needles, balloons, aluminum foil wrappers, cocaine sniffing tools (straws, small spoons, etc.), marijuana smoking pipes and holders, 35 mm plastic film containers, and other drug containers obviously not used for legitimate, every day purposes.

Employers can detect the presence of drugs by looking out for plastic sandwich bags of marijuana, small containers of tablets or capsules, or vials and envelopes of powder.
The Acute Situation

In the acute situation, the individual acts in an impaired manner and is in immediate danger to himself/herself and other employees. The primary identifying features of the acute situation are physical in nature. An individual’s speech, balance, walking, and general awareness may be impaired. The individual may act in a very aggressive manner, acting hostile toward co-workers and supervisors.

The Chronic Situation

In the chronic situation, drug use will manifest itself with a general decline in work efficiency and performance over a period of time. An individual may be exhibiting symptoms of an off-the-job drug habit, but with residual side effects carrying over to the work site. In these situations, it is important to be alert for any declines in performance, attitude, or appearance. These types of problems will usually start slowly. It is extremely important to catch these problems early, both to keep a valuable employee and also to prevent any accidents or other more serious complications from occurring. A short discussion of poor job performance early can eliminate the need for more drastic measures later.
Checklist for Performance Problem Indicators

Repeated or continuous patterns of performance deterioration in a number of the following areas probably indicates that intervention with an employee is needed.

Remember, any or all of these signs may be attributed to other problems or conditions. No one indicator or group of indicators definitely implies drug abuse. Never accuse an individual of drug use. Leave that to the drug test.

Absenteemism

- Unauthorized leave
- Leave work early
- Excessive sick leave
- Repeated absences of 2-3 days per week or 1-2 weeks
- Excessive tardiness or absences
- Frequent unscheduled short-term absences

High Accident Rate

- Accidents on-the-job
- Accidents off-the-job that effect work performance
- Frequent absences for “medical” reasons
- Accidents to equipment

Difficulty Concentrating/Confusion

- Work requires great effort
- Increased complex assignments
- Job takes more time
- Less communicative than in the past
- Hand tremors when concentrating
- Frequent daydreaming
- Forgetfulness
- Details often neglected
- Reduced awareness of what’s going on
- Undependable
- Unable to keep current

Interpersonal Skills

Overreacts to real or imagined criticism
Constant complaints to associates and supervisors
Wide swings in morale
Avoids supervisor, especially after lunch, dinner, or other breaks
Borrows money from co-workers
Complaints from co-workers
Overly critical of others
Avoids old friends or colleagues
Makes unreliable or untrue statements

On-the-Job Absenteeism

- Away from job more than job requires
- Long coffee breaks
- Frequent trips to water fountain, bathroom or coffee area
- Physical illness on the job
- Disappears from work station

Lowered Job Efficiency

- Missed deadlines
- Lowered output
- Makes mistakes or bad decisions due to inattention or impaired judgment
- Overly dependent upon others
- Carelessness
- Improbable excuses for poor job performance
- Wastes materials

Communication

- Argumentative with co-workers/supervisor
- Unclear or imprecise communication
- Difficulty in recalling instructions clearly

Sporadic Work Patterns

- Altering periods of very high and very low productivity
- Work produced differs in quality from time to time
- Avoids making eye-contact with others
### Checklist of Physical and Psychological Problems

Identification of a pattern to any of the following warning signs should trigger increased monitoring of job performance by supervisors:

<table>
<thead>
<tr>
<th>Moodiness</th>
<th>Depression</th>
<th>Constant runny nose</th>
<th>Tremors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euphoria, increased energy</td>
<td>Talkativeness</td>
<td>Frequent illnesses</td>
<td>Bruises</td>
</tr>
<tr>
<td>Large mood swings</td>
<td>Unsteady gait</td>
<td>Dilated pupils</td>
<td>Poor muscle control</td>
</tr>
<tr>
<td>Trouble sitting still</td>
<td>Slurred speech</td>
<td>Impaired logical thinking</td>
<td></td>
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<tr>
<td>Dull eyes</td>
<td>Bloodshot eyes</td>
<td>Increased physical injuries</td>
<td></td>
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<tr>
<td>Impaired short term memory</td>
<td>Detached attitude</td>
<td>Nervousness</td>
<td></td>
</tr>
<tr>
<td>Personal grooming deterioration</td>
<td>Inconsistent actions</td>
<td>Sleepiness</td>
<td></td>
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</tbody>
</table>

**NOTE:** Each one of these symptoms by itself may not necessarily point to drug abuse. If a pattern begins to develop, the supervisor or manager needs to be alert and act quickly. When fueled by drug or alcohol abuse, this behavior will often lead to increased absenteeism, higher operating costs, serious declines in productivity, and an increase in accidents.
Documenting the Reasons Why You Believe a Person is Abusing Substances

Once you have a reasonable suspicion an employee may possibly be abusing drugs and/or alcohol, it is important to document, before any action is taken, how the individual’s appearance or conduct leads you to believe he/she is a substance abuser. Proper documentation is essential in providing assistance to the employee and, if necessary, to support disciplinary action or discharge. There is no substitute for precise, factual records. Suspecting an employee of using alcohol or illegal drugs on-the-job is a serious matter. Any charges made against an employee must be supported by documented, observed behavior and substantiated performance.

In the acute situation, the conduct, appearance or activity of the individual should, if at all possible, be observed by two supervisors. However, it is acceptable to have only one supervisor available. The observed behavior should be documented on an “Observed Behavior/Reasonable Cause Recording Form” located in Appendix A, and the situation dealt with appropriately. Usually the individual will be taken by a supervisor immediately to a collection site and a urine sample obtained.

In the chronic situation, drug use will manifest itself in a general decline in work efficiency and performance over a period of time. An individual may exhibit symptoms of an off-the-job drug habit and have residual side effects carry over to the work site. In these situations, it is especially important to carefully document the performance deterioration, including the dates they occurred and the particular deficiency observed. Otherwise, when the individual is intervened, he/she may deny having a problem and counter with a charge of unfair accusation. With documentation including dates and times, the supervisor is able to effectively deal with a potential problem employee.

For documenting evidence of chronic poor performance, two forms are provided. The first is the “Reasonable Cause Observation Checklist” located in Appendix A. This provides a quick way to demonstrate to the employee the problems observed and also provides the supervisor an on-hand reminder of performance indicators needing to be tracked. The second form provided is the “Tracking Sheet for Employee Performance Problems” located in Appendix B. This form gives the supervisor a place to document problems with attendance, productivity/work quality, and other areas. It also includes space for a date and additional comments. As much detail as possible should be given, including supporting material.

You should make an effort to document problems with any employee, regardless of whether a drug-use problem is suspected or not. Documentation is a valuable tool to help supervisors realize the frequency and type of poor performance that may be exhibited by employees.
Documentation Guidelines

The following guidelines will help you maintain proper documentation:

- Document all signs of unusual behavior and deteriorating job performance. It is important that your documentation be as specific as possible. The documentation should focus on job performance and any unusual behavior.

- Be specific in recording when and where you observe signs of unusual behavior and deteriorating job performance. The date, time, and place of any incident is necessary for proper documentation. Note exactly what you observe, including the employee’s conduct and any other activities the guidelines suggest.

- If possible, include any corroborating facts to substantiate your observations. If there are other witnesses, it is important to note who they were and, if possible, write down any comments that were made. If an employee admits to drug use, write down their exact words as accurately as you can remember.

- Document the date and time you notice any signs of unusual behavior or deteriorating job performance. If you discuss these issues with an employee, write down the date, time, place and conversation.

- In the case of a crisis situation, documentation prior to discussion may not be possible. If the employee cannot perform his or her job safely, act before documenting, and record the incident after the situation is resolved.

Intervening the Substance Abuser

Sometimes it will be necessary to directly intervene an impaired employee. Intervening in such a delicate situation requires good judgment. If an employee performs an assigned task in a manner which results in damage or potential damage to life or property, there is reasonable suspicion sufficient to remove him or her from the job and request an evaluation by a competent medical authority.

The following are suggestions which can help in intervening a suspected substance abuser:

- Conduct all discussions in a constructive manner. Discuss your specific observation(s) and relate it to the job expectations. You are trying to improve job performance, not judge the employee’s values or private life. This means you should not argue, accuse, or moralize. Use the following discussion on “How to Conduct the Intervention” as a guide to assist you in handling a performance-based intervention.

- Be sure your knowledge of your company’s policy on drug and alcohol use is such that you can accurately and specifically remind the employee of that policy.

- Be consistent in enforcing your company’s policy regarding drug use. If you are not, the employee will accuse you of favoritism or acting arbitrarily.
• If an employee appears to be unfit for duty, tell the employee he or she is required to submit to a medical examination. Inform the employee that refusal to submit to an examination may be grounds for discipline or other appropriate management action. Be sure to record any failure or refusal to submit to the required examination.

• Do not act alone if at all possible. If the situation becomes hostile, seek assistance from other supervisors or if necessary, local law enforcement personnel. It is a serious matter when the police are called and care should be taken to ensure this occurs only when absolutely necessary and with appropriate supervisory approval.

• If an employee must be sent home or to a medical facility, make sure he or she does not drive. A supervisor should always accompany the individual to the medical facility.

• Document each incident and cite specific behavior, performance, or actions observed.

How to Prepare for the Intervention

The following guidelines will help you prepare to discuss a performance related problem. The process should evolve from normal observation and your measurement of day-to-day performance against the job goals and standards.

• Observe and document job performance as measured against mutually understood expectations.

• Review the employee’s background, including skills, work experience, and training.

• Identify the employee’s performance strengths and weaknesses, including probable causes such as lack of training, knowledge, experience, or application. Document with supporting examples.

• Examine any of the visible signs of substance abuse in the employee’s work habits and document them in relation to their impact on the job performance.

• Review the policy covering employee development, termination, and handling special problems including substance abuse. Clarify questions about process and authority for handling problems outside your sole discretion.

• Give the employee advance notice of the discussion and its purpose to permit him/her to prepare. Set aside a private place and an adequate block if uninterrupted time to permit a full and complete discussion.

• Know which internal or external resources to call upon in the event substance abuse is the problem.
How to Conduct the Intervention

Act early. Poor performance should not be permitted to reach critical levels prior to your first conversation with an employee. Don’t be afraid to get involved. Often an employee wants help, but doesn’t know how to ask. Remember, as the supervisor, you must document poor job performance with accurate records. Accurate records depicting an employee’s poor job performance is the single most effective tool against drug and alcohol abuse.

You can use the “How to Prepare for the Intervention” advice to prepare for the interview. The interview should be set up at the employee’s convenience in a quiet, private, and comfortable setting away from direct observation by other employees.

At the beginning of the interview, try to put the employee at ease. Be friendly, compassionate, and interested in the employee’s welfare. Understand that substance abusers are often manipulative. Stick to the facts. Remain businesslike and professional. Don’t offer sympathy and don’t moralize. Silence and tolerance helps no one. Covering up a substance abuse problem only postpones the situation. The next time it surfaces there could be tragic results to other employees or the traveling public. Discuss only business-related issues in the interview, particularly those that can be verified with documented work records. Do not present rumors or hearsay. Be firm in presenting the facts.

You might suspect a person of drug and/or alcohol abuse, but under no circumstances should you discuss it with him or her. In this case, you are not concerned with the cause of negative behavior or poor performance, just the result. In the normal course of employee relations you are free to ask if there is a problem, but don’t attempt to diagnose it as drug-related. A person’s mood and behavior can be altered by a variety of influences. It could be a family or personal problem, illness, or death of a loved one causing the problem behavior. No list is all-inclusive nor should any combinations of behavior be considered strictly drug-promoted.

Give the employee the opportunity to respond to your remarks. If he or she desires, the individual can make you aware of any mitigating circumstances. Get the employee to agree he or she does have a problem on the basis of his or her job performance records. Records may reveal excessive absences, low productivity, violations of system regulations, accidents, and/or conflicts with co-workers. If the employee will not agree that he or she has a job performance problem and refuses to get help, then the supervisor should let the employee know what the consequences may be, i.e., demotion, termination, or whatever disciplinary action is appropriate. At no time during the interview should you try to diagnose an employee’s problem. This is not your function.

You may elect to use a progressive system of discipline, but whatever you decide, you need to follow through. If you've given the employee two weeks to improve, then you should review his or her performance two weeks later. Be consistent and firm.
**APPENDIX A**

Reasonable Cause Observation Checklist

**The information contained on this form is strictly confidential**

---

Employee Name: ________________________________

Period of Evaluation: ________________________________

First Supervisor’s Name: ________________________________  
Print Name: ____________________________  Signature: ____________________________

First Supervisor’s Telephone Number: ________________________________

Second Supervisor’s Name: ________________________________  
Print Name: ____________________________  Signature: ____________________________

Second Supervisor’s Telephone Number: ________________________________

---

NOTE: This checklist is intended to assist a supervisor in referring a person for drug testing.

Has the employee exhibited and/or manifested any of the following behaviors:  
Indicate if documentation exists by placing a “D” next to the statement.

### QUALITY AND QUANTITY OF WORK  
(Please check the appropriate box)

<table>
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<th>YES</th>
<th>NO</th>
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### INTERPERSONAL WORK RELATIONSHIPS

(Please check the appropriate box)

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<tr>
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<th>NO</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐ 1. Frequent or intense arguments</td>
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<td>☐</td>
<td>☐ 2. Verbally abusive</td>
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<tr>
<td>☐</td>
<td>☐ 3. Physically abusive</td>
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<td>☐</td>
<td>☐ 4. Persistently withdrawn/less involved with people</td>
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<tr>
<td>☐</td>
<td>☐ 5. Intentional avoidance of supervisor(s)</td>
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<td>☐</td>
<td>☐ 6. Expresses frustration or discontentment</td>
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<tr>
<td>☐</td>
<td>☐ 7. Change in frequency or nature of complaints</td>
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<td>☐</td>
<td>☐ 8. Complaints by co-workers or subordinates</td>
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<tr>
<td>☐</td>
<td>☐ 9. Cynical, “distrustful of human nature” comments</td>
</tr>
<tr>
<td>☐</td>
<td>☐ 10. Unusual sensitivity to advice or critique of work</td>
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<tr>
<td>☐</td>
<td>☐ 11. Unpredictable response to supervision</td>
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<tr>
<td>☐</td>
<td>☐ 12. Significant change in relations with co-workers, supervisors, or others</td>
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<tr>
<td>☐</td>
<td>☐ 13. Passive-aggressive attitudes or behaviors, doing things “behind your back”</td>
</tr>
<tr>
<td>☐</td>
<td>☐ 14. Other (please specify):________________________________________</td>
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</tbody>
</table>

______________________________________________________________
Observed Behavior/Reasonable Cause Recording Form

**The information contained on this form is strictly confidential**

Employee Name: ____________________________

Date of Observation: _______ Time of Observation:_____a.m./p.m. to_____a.m./p.m.

Location: ____________________________

**Observed Personal Behavior:** (Check all appropriate items)

1. **Speech**
   - Normal □
   - Incoherent □
   - Confused □
   - Silent □
   - Slurred □
   - Whispering □

2. **Balance**
   - Normal □
   - Staggering □
   - Swaying □
   - Falling □

3. **Walking & Turning**
   - Normal □
   - Staggering □
   - Stumbling □
   - Reaching for Support □
   - Arms Raised for Balance □

4. **Awareness**
   - Normal □
   - Lack of Sleepy or Confused □
   - Coordination □
   - Stuporous □
   - Paranoid □

**Other Observed Actions/Behaviors:**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Observed Actions/Behaviors Witnessed By:**

Witness Name:_________________________/_________________________ Date:______________

Print Signature

**Note:** This form must be prepared each time a person is suspected of drug use by actions, appearance, or conduct while on duty (within 24 hours), or before the test results are released.

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Reasonable Cause Definition

“Reasonable Cause” testing will be conducted whenever an employee is “reasonably suspected” of using a dangerous drug. “Reasonably suspected” is defined as:

Your company’s decision to test must be based on a reasonable and articulable belief that the individual has used a dangerous drug based on direct observation of specific, contemporaneous physical behavior or performance indicators of probable use. Where practicable, this belief should be based on the observation of the individual by two persons in supervisory positions.

Reasonable cause testing for evidence of dangerous drugs will be required whenever reasonable cause exists to test an employee as determined by two supervisors, at least one of whom has received the required training in signs and symptoms. When an individual is informed and directed to provide a urine specimen, the specimen shall be taken and secured in a safe area until it can be shipped to the laboratory.

If an individual refuses to provide a urine specimen when directed to do so by the two (2) supervisors who made the direct observation, the individual will be subject to termination.
## APPENDIX B

### Tracking Sheet for Employee Performance Problems

**The information contained on this form is strictly confidential**

| Employee Name: | __________________________________________________________ |
| Action Taken: | ____________________________________________________________________ |
| | ____________________________________________________________________ |
| | ____________________________________________________________________ |
| | ____________________________________________________________________ |

___

**Date & Time of Action:** ________________________________

| Department Name: | ________________________________ |

1. **First Warning:** ________________________________
   - **Period Covered:** ________________________________
   - **Supervisor Name:** ________________________________

2. **Second Warning:** ________________________________
   - **Period Covered:** ________________________________
   - **Supervisor Name:** ________________________________

| Problem Area: | ________________________________ | **Date:** | ________________________________ |
| Comment: | ____________________________________________________________________ |
| | ____________________________________________________________________ |
| | ____________________________________________________________________ |

**Attendance:** ________________________________

(Absences or tardiness)

| Productivity/Work Quality |

| Miscellaneous |
| (Note any client, coworker, source comments, or incidents of inappropriate behavior) |

```