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ABSTRACT

This monograph, developed as a guide for companies interested in establishing drug abuse programs, begins with a brief summary of studies assessing the extent and costs of employee drug use. The next section addresses some practical and conceptual issues about establishing a drug abuse program. Suggestions for implementing a drug abuse program are included in the third section. The final section proposes basic program models. The appendices provide sample policy statements and individual program descriptions, a list of drug abuse program coordinators in each state, and a list of drug abuse Manpower Training Regional Support Centers, and an annotated bibliography. (RC)

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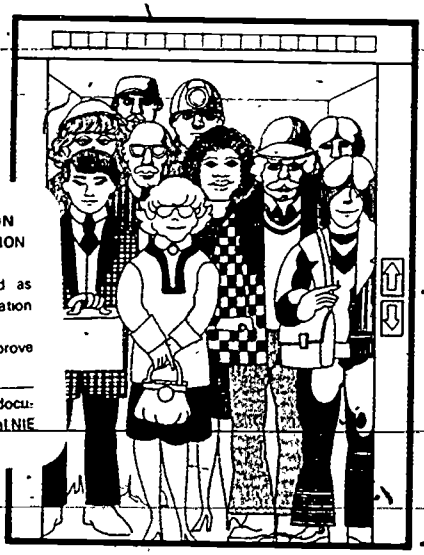

developing an occupational drug abuse program

CONSIDERATIONS AND APPROACHES

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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The Services Research Reports and Monograph Series are issued by the Services Research Branch, Division of Resource Development, National Institute on Drug Abuse (NIDA). Their primary purpose is to provide reports to the drug abuse treatment community on the service delivery and policy oriented findings from branch-sponsored studies. These will include state-of-the-art studies, innovative service delivery models for different client populations, innovative treatment management and financing techniques, and treatment outcome studies.

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A related document, available through the Services Research Branch, is NIDA's "Occupational Drug Abuse Programs," the final comprehensive report on which this document is based.

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FOREWORD

Increasingly, corporate and industrial firms have become aware that personal problems such as alcoholism, drug abuse, and emotional illness affect employee productivity and efficiency. This recognition has led corporate management to raise questions regarding the prevalence of drug abuse in the work force, the extent to which it affects employee performance, and the various policy and program responses feasible for industry to undertake. Concurrently, there has been an increasing interest on the part of other sectors of society concerning drug abuse in industry--including organized labor, the general medical community, and the drug abuse treatment community, specifically.

Attempts at responding to increasing inquiries regarding occupational drug abuse have been hampered by the dearth of available information. To remedy this, in mid-1975 NIDA awarded a contract to the Stanford Research Institute to collect, synthesize, and analyze available information and, to the extent possible, update information on the nature and extent of drug abuse in industry and industry's current response to that problem. The study involved the review of relevant business and professional literature, consultation with experts in occupational programming, telephone contact with officials at companies that had established drug abuse programs, and onsite interviews with program staff and relevant officials at 15 companies and 2 unions.

This report should not be regarded as a definitive analysis of occupational drug abuse programs. It is, rather, a first attempt at collapsing a wealth of information into a single document which might prove useful to corporate and industrial officials in their attempts to respond most appropriately and effectively to a perceived drug abuse problem among their employees.

We at NIDA are therefore pleased to make available to you "Developing an Occupational Drug Abuse Program: Considerations and Approaches."

Michele M. Basen
Services Research Branch
Division of Resource Development

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INTRODUCTION

The establishment of programs by business, industry, governmental agencies, unions, and others to aid employees with health, health-related, and personal problems has a long history. Occupational alcoholism programs, a relatively recent example, have a 35-year history, and the increasing number of these programs indicates that employers are realizing that the provision of such services can effect cost savings and allow for the retention of valued employees.

Although industrial awareness of drug abuse (other than alcohol) occurred largely in the late 1960s and 1970s, an estimated 100 companies already have established occupational drug abuse programs.* One reason for the growth of these programs is the realization that the economic costs associated with drug abuse (absenteeism, turnover, lowered productivity, etc.) often outweigh the potential costs of providing assistance to employees with drug abuse problems. It is also becoming increasingly apparent that the successful rehabilitation of individuals with drug abuse problems is significantly influenced by their ability to secure and maintain employment. Thus, the coordination of treatment efforts with the business community appears to be critical to attempts to deal with the problem on a community or national basis.

However, for those companies that may be interested in establishing drug abuse programs, there has been little information available on the procedures that might be followed, the types of programs that may be effective, the kinds of issues that need to

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*The term "drug abuse program," as used in this volume, can be broadly defined as any service established to assist employees with drug abuse problems. The particular forms those services take may include referrals to community resources, in-house drug abuse counseling, and/or providing assistance for drug abuse problems under the general rubric of an employee assistance program.

be confronted, and so on.* Most drug abuse programs currently in existence were developed with very few guidelines to follow, or they were originated when existing alcoholism programs were expanded to include other drugs of abuse.

Accordingly, this document has been prepared to provide some practical considerations and conceptual guidelines for those companies interested in establishing drug abuse programs. The information contained in the document is based on a review of relevant business and professional literature,** consultation with experts in occupational programming, and onsite interviews with officials and program staff at 15 companies and 2 unions with operating drug abuse programs.

The remainder of the document is divided into four sections: the section immediately following the Introduction presents a brief summary of studies that have attempted to assess the extent and costs of employee drug use; the next section addresses some preliminary practical and conceptual issues that are important to consider when assessing the basis of a drug abuse program; the third section offers suggestions on aspects to be included when implementing a drug abuse program; the final section proposes basic program models as a way to draw together and formalize the earlier discussion. In addition, the appendices provide sample policy statements and individual program descriptions which may serve as illustrations or examples, a list of drug abuse program coordinators in each State, and a list of drug abuse manpower training Regional Support Centers (elements of NIDA's National Training System). A selected annotated bibliography is also included to provide references to relevant publications.

It is important to make explicit, at the outset, both what this document is and what it is not. This document provides general conceptual and practical suggestions for companies to consider when putting a drug abuse program into operation and cites sources for obtaining more specific information at relevant points throughout the text and in the appendix. The document is not a detailed recipe book for program implementation. Nevertheless, it will hopefully provide sufficiently useful information to enable companies to consider intelligently the issues involved and to refer to sources of additional information.

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*While the availability of information on company-sponsored drug abuse programs is limited, there is even less on union-sponsored programs. Accordingly, this volume is not addressed directly to unions, although certain aspects of the discussion of program development and structure may be relevant to union programs.

**The extensive literature review revealed few relevant materials in the scientific literature. Except for a few studies and edited monographs containing conference or symposia papers, our sources mainly were found in journals written for industry and business communities and in the popular and semipopular press; therefore, they reflect the scientific limitations associated with those sources.

The suggestions offered herein are based on an analysis of information gathered from the literature and visits to operating programs. The discussions of program operations and program models are presented in a manner intended to enhance their applicability to a wide range of circumstances. The way in which a specific company establishes a program will depend, to a large extent, on its own particular employee policies and practices and its other unique company characteristics.

I. DRUG ABUSE AND INDUSTRY: CURRENT STATE

Although alcohol problems have been a major concern to industry for the past 20 years (Trice and Roman, 1972), until the 1970s drug use other than alcohol elicited a much lower level of attention (Urban, 1973). The "epidemic" of drug abuse* which swept the country in the late sixties and early seventies also was felt in the workplace and demanded the attention of management and organized labor. Much of the response to drug abuse in industry, however, occurred as a reaction to what was perceived as an immediate crisis. Little long-range planning and few careful evaluations of policies and programs have been undertaken. Limited systematic research has been conducted on the causes, nature, and effects of drug use in industry, and sufficient empirical data on how to deal with the problem effectively have not been gathered.

The Second Report of the National Commission on Marihuana and Drug Abuse concluded that, while drug use in the general population and in industry appeared to be increasing, most companies were either unaware of or did not know how to deal with the problem. The Commission, on the other hand, did find an increasing cognizance and concern among industry representatives, indicated by various conferences and meetings held to discuss drug abuse in industry. The Commission's report presented a series of recommendations on focusing this awareness and concern. Companies were encouraged, for example, to refer employees with drug problems to community-based treatment programs rather than to terminate them. They were advised to develop "troubled employee" programs that would include drug treatment services or referrals to appropriate treatment facilities. Employers were urged not to reject applicants solely on the basis of a history of drug use.

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*Drug abuse, in general, should be understood to include the use of any substance, including tobacco, alcohol, legally obtained over-the-counter medicines, prescription drugs, or illicit drugs, such that the individual experiences physical, emotional, or social complications which threaten or impair his/her well-being.

The problem of drug abuse in the workplace requires well-thought-out planning and research. Designing a practical strategy of employer response necessitates consideration of a number of elements that may impact on the problem and its solution. Any strategy must take three major factors into consideration: 1) the worker, 2) the industry, and 3) the treatment program.

Evidence has only recently been accumulated showing that some workers have substantial drug use problems. Industries are becoming increasingly aware that the problem of drug use is not a phenomenon isolated to certain types of people or communities, but is a problem that affects our entire society. Drug users can sometimes filter undetected through the most elaborate hiring, prevention, and termination procedures, and can often maintain marginally productive levels of effort in spite of drug-taking behaviors. The work setting is being looked upon as one place where individual drug use problems can be identified early and confronted effectively, and where users can be provided treatment and rehabilitation interventions while they still are able to maintain a relatively structured lifestyle.

Treatment program administrators are becoming more concerned with placement of clients in meaningful jobs, which requires the cooperation and support of industry. Industry is being turned to as an important part of the rehabilitation of former drug users. Treatment programs are becoming more oriented to the needs of industrial communities. Private and public jobs are being sought as potential settings for increasing the social productivity of former users. (However, some speculate that job stress and certain working conditions actually contribute to the initiation and exacerbation of drug problems.) All of these factors indicate the increasing need for systematic study of the worker, workplace, treatment, and the linkages between these elements.

Impinging on all three areas are broader aspects of the socio-economic environment in which workers, treatment programs, and industry function. Economic conditions dictate in large part the hiring practices of industry as well as the resources available for human service delivery. Investigations are now underway to identify the association of unemployment rates with drug abuse. The local communities in which industry is located potentially provide both the pool of workers for the plants as well as the resources for treatment. Different types of drug use patterns may be prevalent in different communities, and while a treatment facility may be adequate for one community, it may be inadequate for another. These general factors greatly influence the types of problems found in an industry and the effectiveness of solutions applied. Differing socioeconomic conditions may require differing linkages between the worker, industry, and treatment programs in the development of a responsive strategy.

Analysis of problems of drug abuse in industry and the most effective way to deal with them requires careful consideration of all three elements, and their interrelationships, in the context

of the socioeconomic environment in which they exist. In the remainder of this section, current knowledge concerning each of the three main elements is summarized, and some basic hypotheses are presented.

Jobs and Drug Addicts

Although unemployment is often thought to be associated with the use of drugs, the picture is undoubtedly mixed. Some sources indicate that addiction may preclude a history of gainful employment, while other evidence suggests that unemployment leads to the initiation and increase of drug usage. The lack of longitudinal data, the early age of initiation of drug use, and an array of other factors associated with drug use and unemployment preclude any comprehensive interpretation of this complex relationship.

That addicts tend to be unemployed more than nondrug users, however, is clear. Admission reports from the NIDA Client Oriented Data Acquisition Program (CODAP) indicate that less than 20 percent of clients admitted to drug abuse treatment are employed at the time of admission. The results of the joint national study of treatment programs by NIDA and the Institute of Behavioral Research at Texas Christian University revealed that over one-third of the clients had no employment in the year prior to treatment, over 75 percent had a major source of income other than a legal job in the two months prior to treatment admission, and nearly two-thirds did not work at all in those two months (Sells, 1974). In a national study of males between the ages of 20 and 30, O'Donnell and others (1976) found that both current and lifetime nonmedical drug use were higher for men reporting current unemployment compared to men employed full- or part-time or in school. Investigating Kentucky addicts admitted to the Lexington hospital facility, O'Donnell (1969) reported a deterioration in work patterns after the onset of addiction.

Conversely, many studies reveal that a substantial minority of addicts or drug users work. Chambers (1971) found a considerable level of drug use in every occupational group, with a number of respondents reporting use at work. O'Donnell et al. (1976) stated that of those males currently employed, 5 percent had used heroin at least once, 25 percent had illicitly used stimulants, and 52 percent had used marihuana. The CODAP reports cited above note that 19 percent of opiate users admitted to treatment were employed full-time at the time of admission to treatment, and DARP data indicate that 13 percent of all treatment clients were fully employed in the year prior to admission. Other studies reviewed by Winick (1974) reveal that work organizations are not totally alien to drug users, Caplovitz (1976) found that addicts who worked were more similar to other workers than nonworking addicts.

Evidence from populations of clients in treatment indicates that employment is an important component of successful rehabilitation, and unemployment may lead to relapse. Waldorf (1970) found that the longest periods of voluntary heroin abstinence were characterized by a regular job. The National Supported Work Demonstration Program, sponsored by NIDA, the Ford Foundation, the Department of Labor, and four other Federal agencies, is a large scale demonstration project to provide a work record for persons with a history of various problems, including a substantial number of former drug addicts. Nash (1974) found that employment prior to treatment and employment while in a program were the two most important predictors of arrest abatement after treatment. These research efforts strongly suggest that a job is an important element in the rehabilitation of drug users.

In hearings in 1973 held by the New York City Commission on Human Rights (Drug Abuse Council, 1973), four major corporations reported that programs had been planned or instituted to increase the hiring of rehabilitated addicts. Policymakers advocating such programs, however, stress that meaningful jobs with realistic opportunities for advancement must be made available for the addict (Goldenberg, 1972; Urban, 1973; Feingold, 1973). Increasing the hopes and aspirations of drug users without a concomitant increase in occupational opportunity may worsen the drug problem rather than ameliorate it. Addiction is perceived as an alternative "career" by some (Preble & Casey, 1968; Waldorf, 1970); therefore, jobs must be sufficiently attractive and meaningful to compete with the addict lifestyle.

Industrial Response to Drug Abuse

Most of the research on drug abuse in industry has been descriptive. Surveys have been used to assess the extent of use, perception of problems, and the existence of programs or policies on drug use. The research generally focuses on the response of management rather than on the perceptions or reactions of workers.

Management's Perspectives. The results of studies investigating the existence of drug use in companies have generally noted that a high proportion of management personnel are aware of drug usage in industry, although few respondents report drug use in their own company (Urban, 1973). Reports from other studies designed to investigate perceptions of a "drug problem" in industry have been mixed, with many respondents perceiving a general problem while few cite specific problems in their own companies. For example, while two-thirds of the respondents to the Conference Board Study currently observed, or in the future expected, a drug problem in industry as a whole, 53 percent stated that while they were aware of a problem, it was a minor one in their company (Rush and Brown, 1971). Two studies have investigated both drug use and the perception of a "drug problem" in industry. In Johnston's (1971) poll of 134 Akron, Ohio, company leaders, 11 percent reported drug use on the company grounds and 23 percent

had cases of usage in the past three years. While alcohol is widely acknowledged as the leading drug in use, fully one-third of respondents felt that abuse of other drugs was a problem in their company.

Company Policies. Surveys of management indicate an initially punitive reaction to cases of suspected drug use, with a shift toward more humane treatment of such cases in recent years. However, the proportion of companies with formal programs making provisions for (a) hiring rehabilitated users or those in treatment, (b) referral of detected users to treatment, (c) in-house counseling, and/or (d) education and prevention remains quite small.

Early company policies and attitudes supported termination for drug users (Stevens, 1970; Urban, 1973; Farish, 1970). However, management attitudes and policies are described as shifting towards a more humanistic perspective (Ward, 1973; Kacser, 1972; Lerer, 1974; Stewart, 1972). Rush and Brown (1974) found that in 1971 only 21 percent of 222 companies advocated immediate dismissal, and Johnston (1971) reports 23 percent of his sample population of 134 employers advocating this policy in the same year. A poll of nearly 200 firms describes a continuation of this trend toward retention of employees, with less than 10 percent of companies advocating a policy of immediate dismissal (Lerer, 1974). Dealing with cases of reported drug usage on an individual basis is mentioned by a few of these employers (Rush and Brown, 1971; Johnston, 1971). Major considerations in the employer's disposition of cases are described as the job performance of the worker and the type of drug being used.

While some companies make it an informal policy to refer drug users to external rehabilitative sources, few seem to have formal referral programs. Johnston (1971) states that 36 percent of the companies that reported a drug problem in his survey of industry in Akron, Ohio, made it a policy to refer users to external treatment sources, while Rush and Brown (1971) found that 35 percent of the 222 firms contacted in the Conference Board survey referred users for rehabilitation. Johnston states that 26 percent of the companies admitting a drug problem make efforts at in-house counseling. On the other hand, Lerer (1974) found that only 1 percent of 197 companies polled had formal referral programs, although 14 percent felt this sort of program was needed. While Lerer mentions that 37 percent of executives contacted advocate medical leaves for treatment with subsequent reinstatement and 42.1 percent offer help and counseling of an unspecified nature, none of the 197 companies surveyed had formal treatment programs, and very few (1%) felt the need for in-house treatment.

Although Goldenberg (1972), Ward (1973), and Feingold (1973) reported that employers seemed reluctant to employ rehabilitated addicts, the current situation seems to be brighter. Programs in

both the public (Arkin, 1975; Vera Institute of Justice, 1974) and private (Presnall, 1975; Lieberman, 1976; Koenigsberg, 1976; Urban, 1973) sectors have been established.

Organized Labor's Perspectives. An indication of labor's response to growing reports of drug use in industry and the concern among national labor leadership can be seen in an informal poll conducted by the National Director of Community Services for the AFL-CIO (Perlis, 1970). Local directors of community services in 20 metropolitan areas throughout the country were contacted. While directors reported that the problem was not great at that time, they noted an increase in drug use, especially in service, garment, entertainment, and some manufacturing industries, and in urban areas of the east and west coast among lower class, minority, blue-collar workers.

Findings of research in progress indicated a serious commitment on the part of organized labor to the development of education, referral, and counseling programs in industry (Steele, 1976). Of 400 respondents representing various positions in the hierarchy of union leadership, 45.5 percent reported the need for such programs sponsored by the company, and 36.5 percent stated that programs should be developed under union auspices. In addition, those representatives of organized labor contacted in the CONSAD Corporation survey more often indicated the need for drug programs in industry than did their management counterparts (Lerer, 1974). Research in progress notes the existence of a number of union-sanctioned programs and policies for education, treatment, and referral (Steele, 1976). Thirty-two percent of union respondents indicated the existence of education programs, 46.2 percent noted referral policies, and 26.2 percent mentioned the existence of union counseling programs for drug users.

Orientation of Drug Treatment Programs for Work Organizations

Two main links between drug treatment programs and the world of work are referral and placement. A number of problems are apparent in the relationships between the two diverse types of organizations. As indicated in the national surveys, there are few in-house drug treatment facilities in industry. Therefore, an important consideration is the procedure through which drug-using employees may reach treatment programs. Some may be referred indirectly through alcohol or troubled-employee programs which recognize drug use as a problem. A key element in assessing the utility of treatment programs in the community is their capacity to serve industry and the drug-using members of the work force. Available treatment programs in a community may, or may not, meet the referral needs of industry.

Goldenberg and Keatinge (1973) indicated three major components in the interface between employers and treatment program personnel:

1) sources of information concerning drug use and abuse, 2) attitudes and actions of business toward drug use, and 3) attitudes and actions of drug programs toward employment. Hilker, Asma, and Ross (1975) reported that outside treatment programs provided no information to business concerning workers who were referred to the programs. They also cite the fact that referrals to outside treatment programs often return the drug user to the same environment and associates, which may exacerbate drug use. Little other substantive research exists examining the suitability of current community treatment modalities to the problems of drug-abusing employees referred by industry.

The vocational training and job referral component of treatment programs must be examined. In considering the problem of finding employment for the rehabilitated addict, drug treatment programs often do not provide job skills, vocational counseling, and job referrals to drug abusers to help them enter the world of work. Goldenberg (1972) reported that although almost 9 out of 10 treatment programs felt such programs should help clients get jobs, only 15 percent were considered to provide the appropriate resources. More recent studies, however, indicate that the provision of vocationally oriented services is seen as an important component of treatment programs. Supported Work (Manpower Demonstration Research Corporation, 1976), Wildcat (Vera Institute of Justice, 1974), PACT/NADAP (Alksne, 1976; Carpenter, 1976), and JOBS (Koenigsberg, 1976) are examples of such programs. Although these studies all seem to indicate some level of success in placement, most indicate that many of the obstacles outlined by Goldenberg still need to be overcome.

Costs to Industry

While it is not feasible at the present time to cite dollar figures on the total costs of drug abuse to industry, it is possible to suggest some of the cost factors that are likely to be involved. The costs of employee drug abuse have, for example, been linked to such factors as absenteeism, increased sick leave, turnover, thefts, lowered productivity, product loss or waste, higher insurance rates, increased accidents and workers' compensation claims, poor judgment on the job, and greater amounts of management time spent with drug-abusing employees.

In terms of the actual costs associated with these factors, the little published information that does exist is largely anecdotal in nature, and is often presented without explanation as to the basis of the estimates. Some examples that have appeared in the literature may, however, indicate preliminary assessments by management: For example, one company attributed a large share of the 100 percent increase in internal thefts between 1968 and 1969 to the number of employed addicts; another company estimated that a 20 percent reduction in work performance was attributable to

drug abuse; and a New York company estimated the cost of employee turnover due to drug abuse to be $75,000 for one year (Kurtis, 1971).

In summary, the data available from national and regional samples are not adequate for making prevalence or cost estimates of drug abuse within employee populations. The data do provide, however, some preliminary indications of the possible extent of drug use among working people; in addition, some representatives of the business community are becoming concerned about the cost factors involved.

Impact of the Socioeconomic Environment

The nature of the relationship between drug use and employment may depend not only on the characteristics of the organizations themselves, but also on the environments in which they exist. One of the most important dimensions is the larger social environment in which the organization exists. The prevalence of drug use in the available labor pool and sociolegal sanctions against drug use can have an influence upon management practices and policies (Ward, 1973).

The prevalence of drug use in the community from which a company draws its employees can greatly affect the nature of the problem of drug use and policies or attitudes toward it. Although illicit drug use has been primarily viewed as a young, male, black, urban-centered problem, the diffusion of drug use to the suburbs, rural areas, and other segments of the population (Abelson & Atkinson, 1975; Chambers, 1971) may be an indicator of problems to come in previously unaffected plants. In addition, reports of the use and abuse of licit psychotherapeutic drugs has increased (Parry, Balter, Mellinger, Cisin, & Manheimer, 1973; Mellinger, Balter, Parry, Manheimer, & Cisin, 1974; Chambers, Siegel, & Inciardi, 1974). Nonopiate drug use, polydrug use, or use of drugs with alcohol may provide a potentially more serious problem to industry than heroin use, the traditional focus of attention.

Economic conditions can also have a substantial impact on programs, especially placement programs. For example, job opportunities in a labor market with high unemployment will be minimal not only for rehabilitated drug users but for other workers as well. Thus, regardless of hiring policies, the rehabilitated addict may not be hired simply because there are no job openings. In such cases, the frustration of not finding employment, or being laid off, may lead to a relapse for former users or cause others to turn to drugs as a means of coping with frustration. Thus, the overall job opportunity structure is a key element for vocationally oriented treatment programs.

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These two examples are part of an array of factors that may affect the relationships between the work organization and treatment programs. Companies with similar management styles may take very different approaches to a problem under different socioeconomic conditions. Where drug use is prevalent in a community, the company response may, for example, focus primarily on the screening of applicants and the referral of employees with problems. Where drug use is a minor problem among the work force, a company may, on the other hand, be more willing to hire rehabilitated drug users. The prevailing socioeconomic climate must be taken into account by those individuals responsible for planning a company's response to drug abuse.

II. PRELIMINARY CONSIDERATIONS IN DEVELOPING AN OCCUPATIONAL DRUG ABUSE PROGRAM

When a company decides to explore the development of a drug abuse program, there are several preliminary matters that should be taken into consideration. These are shown below. At the outset it is important that the company establish and publicize job performance standards. It is useful to assess the particular company needs that should be addressed in a program. It is important to evaluate the relevant resources available within the company and in the surrounding community. There are, in addition, certain conceptual issues that will require consideration. For example, it will be useful to explore the various approaches that may be utilized and the basic components that can be included in a drug abuse program. There is also the matter of matching a program with the company's particular requirements, which includes taking into account unique characteristics of the company and/or community.

PRELIMINARY CONSIDERATIONS

- Establish Job Performance Standards
- Assess Needs
- Evaluate Resources
  - --within Company
  - --within Community
- Consider Alternative Approaches
- Match Company and Program Approach

Establishment of Job Performance Standards

The key to determining whether or not an employee requires occupational program assistance is the adequacy of his job performance. Companies need to have established specific standards of performance for each job. This provides an objective basis for documenting inadequate or deteriorating job performance, and removes

some of the onus of referral from the supervisor. The surveyed companies' occupational drug abuse programs focused on drug abuse that adversely affected job performance. When job performance deteriorated below established standards, the trained supervisor referred the employee for program assistance. A company has a vital interest in the negative impact of employee drug abuse on job performance since such abuse can lead to higher costs through absenteeism, turnover, lowered productivity, etc. Monitoring job performance patterns can provide an observable basis from which employees with possible drug abuse problems can be referred to the company program. Basing action on job performance avoids unwarranted intrusion into employees' private lives.*

Needs Assessment

The importance of assessing the nature and extent of drug abuse within a company may be summarized briefly. The types of drugs presenting a problem may have an impact on the focus of a program to the extent that different drugs may require different counseling and treatment approaches; i.e., a significant incidence of heroin addiction may necessitate arranging for special treatment services. Similarly, the extent of drug abuse will have an impact on the program insofar as the size of the potential caseload may be anticipated. While it is not likely that precise determinations of the nature and extent of drug abuse within a company can be made in preliminary assessments, it may be possible to make general estimates.

There are several possible approaches to estimating the nature and extent of drug abuse within a company. National and regional studies of occupational drug abuse, while having limited applicability to specific companies, may at least serve as rough guidelines to a probable range. Another approach may be to assess the local community population. In that regard, the local health director, the community coordinator, local law enforcement agencies, and treatment facilities might be consulted to determine drug use patterns among the general population. Estimates conducted at other companies with similar employee demographic characteristics also may be utilized. The Drug Abuse Program Coordinator for the State may also have relevant information. (See appendix C for a list of State Coordinators.)

More specific estimates may be made from indicators in company personnel records. One company surveyed hired an outside consultant to estimate the extent of employee alcohol and drug abuse; by focusing on indicators such as absenteeism, turnover,

*While a company may also be justifiably concerned over drug-related problems such as theft or selling on company premises, those activities raise security issues which go beyond the scope of a drug abuse program. (For a discussion of the relationship between the security department and the program staff, see section in chapter III, "Program Administration and Staffing.")

sick leave, and insurance claims, he came up with initial estimates that proved to be substantiated in later program experience.

Evaluation of Resources

The nature and scope of any drug abuse program will depend, to a large extent, on the types of resources that are available within the company and in the community. Accordingly, it is important to evaluate these resources.

A general assessment of financial and staff resources should give some indication of the type of commitment a company is able to make to a drug abuse program. It is useful to consider utilizing existing facilities as a base from which to develop a drug abuse program; for example, a medical department, or an existing alcohol or other employee service program, may provide the foundation for a program. It may also prove more valuable to explore the company's group health insurance plan* to see if any existing items could be expanded to include drug abuse treatment costs. Other considerations include the availability of office space (preferably in a low visibility area--even away from company premises--to ensure confidentiality), clerical support staff, and key personnel to support the program in its initial stages.

It is important to be aware of available community resources. Examples of relevant community resources include community mental health centers or mental health programs, hospital drug clinics, detoxification centers, hospital units with inpatient and outpatient psychiatric care facilities, methadone maintenance programs, therapeutic communities, and halfway houses. It may be productive to consult State drug abuse offices for a list of area resources; in most States, a drug abuse office will be part of a State health department.

Local alcohol and drug abuse councils may be able to provide more detailed information on the types and quality of community resources; even in areas where only alcohol councils exist, staff

*While most health insurance plans still follow the medical model and, as a result, will only cover hospitalization and related medical expenses, there is some evidence that Blue Cross-Blue Shield and other private health insurance carriers are beginning to cover other drug abuse treatment costs; in some cases, that coverage includes not only hospitalization, but outpatient care, residential facilities, drug treatment centers, and halfway houses (Jerome B. Hallan et al., Model Health Insurance Benefit Plan for the Treatment of Drug Abuse, H-2, Inc., Cary, North Carolina, 1975; National Clearinghouse for Drug Abuse Information, DHEW, Report Series 35, Issue C, Dec. 1975). Unfortunately, there is very little information on the impact of that coverage on premiums.

members may be familiar with local drug abuse resources, or at least be aware of knowledgeable people in the community. It will generally be up to a company representative, however, to do the actual "legwork"; i.e., to contact the community resources to see what types of services they offer, whether they will accept referrals from a company program, what costs may be involved, and to obtain information on the quality and appropriateness of the community programs.

Varieties of Program Approaches

The development of a program to assist employees and their families* with drug abuse problems may take one of several forms. A program may be designed to deal specifically with drug abuse; such was the case in an automobile company in our survey, where a program was set up specifically in response to a heroin addiction problem. Some programs may focus on both alcohol and other drug problems (often referred to generically as "substance abuse" or "chemical dependency" problems). Other programs may utilize the broader "employee assistance program" approach, in which drug abuse problems are handled in the context of services provided for a wide range of employee problems.

While the decision on which approach to take will depend to a large extent on the types of problems that exist and the resources that are available, there are other factors that should be considered. There has, for example, been a general trend in occupational programming away from explicit references to specific problems--such as "alcoholism" or "drug abuse"--toward a more general "troubled employee" concept embodied in the employee assistance program approach. The reasons for that trend are several. The broader troubled-employee concept implies assistance for employees no matter what their problem may be; that may include drug abuse, alcohol, family, financial, legal, or emotional problems. As it specifically relates to drug abuse, however, the troubled-employee concept, as embodied in the employee assistance program approach, has two distinct advantages: 1) employees with drug abuse problems are less likely to avoid contact with the program out of fear of being labeled as drug abusers; and, 2) the penetration rate of the program may be higher to the extent that employees with drug abuse problems initially contact the program for other related problems. The second point deserves elaboration. The "presenting problem," on first contact, may be diagnosed as being related to, for example,

*Extending program services to family members of employees has the added advantage of addressing a family situation that causes emotional tensions for the employee (thereby affecting his or her work performance), even though he or she may not personally be abusing drugs.

family or financial difficulties. Once referred to an appropriate resource for that problem, it may become evident during counseling that the employee is abusing drugs. In essence, the employee assistance program approach increases the number of avenues through which an employee may ultimately receive help for his or her drug abuse problem.

Basic Program Components

Irrespective of which program approach is used, there are some basic components common to any viable program. In general, most programs should include at least these five components:

1. *Identification and Outreach.* There should be some means by which employees with drug abuse problems can be brought to the attention of the program staff or the responsible department. At the same time, the confidentiality of the worker needs to be protected. Two approaches, preferably used together, appear to be most productive:

   a) Training supervisors and/or union stewards to recognize and document job performance problems and to refer the employees to the appropriate staff member or other responsible person, while at the same time maintaining confidentiality. It should be emphasized that supervisors or stewards should *not* be expected to diagnose drug abuse; rather, their focus should be exclusively on observing and documenting job performance problems.

   b) Providing a climate--including strict confidentiality procedures--that encourages employees to seek assistance on their own.

2. *Diagnosis and Referral.* Once identified or self-referred, there should be a provision through which employees with deteriorating job performance may contact a trained counselor or staff member who is capable of evaluating the nature of an employee's problem and referring him or her to an appropriate counseling or treatment resource.

3. *Counseling and Treatment.* A program should include provisions for counseling and treatment services, which usually involves some coordination between company and community resources.

4. *Followup.* There should be a means whereby followup services are provided employees who are no longer receiving counseling or treatment.

5. *Record System.* There should be some system for maintaining records to provide a history of individual employee problems and actions taken. The record system may serve as a basis for evaluating program effectiveness, while still protecting

the confidentiality of clients. It is important to emphasize the guarantee of confidentiality with respect to program records; especially in cases where employees have been using drugs illegally, the protection of the professional/client relationship is essential to the integrity of the program.

Adapting a Program to a Company's Resources

The basic components listed above may be structured in different ways to best accommodate the resources available to a particular company. If a company is located in an area where community resources are exceptionally good, or if company resources are limited, it may be preferable to develop a program that emphasizes referrals to external facilities for counseling and treatment services; in such a program (whether it is related to "drug abuse," — "substance abuse," or "troubled employees"), the structure of the program within the company would be designed primarily for the purpose of identifying employees with deteriorating job performance and referring them to appropriate community resources.

ADAPTING PROGRAMS TO COMPANY RESOURCES

- With Limited Company Resources
- In Communities with Few Community Resources
- With Satellite Plants
- With Existing Employee Service Programs

Some companies, on the other hand, may wish to provide drug abuse counseling within the company. That is most likely to be true of companies with internal resources sufficient to support a staff counselor or counselors. Most forms of actual treatment, such as psychiatric care or inpatient treatment services, would still have to be handled in the community. The structure of such a program, then, would be designed to identify employees with problems, to refer them to a program staff counselor for diagnosis, and, when necessary, to provide referral services to community resources.*

There are, in addition, some special circumstances that may present either obstacles or opportunities when considering the structure of a program. Suggestions relevant to some of the most common special circumstances revealed in the survey are discussed below.

*For a more detailed discussion of alternative program structures, see chapter IV, "Program Models."

Companies with Limited Resources. In some companies, especially small companies, limited financial and staff resources may initially discourage any consideration of a drug abuse program. There are, however, some options available to these companies.

One suggestion, which would minimize the commitment of company finances and staff time, is to rely primarily on community resources. A designated official within the company could be primarily responsible for coordinating identification and outreach activities and for referring employees to appropriate community resources. In many cases, an employee may be referred first to a community mental health or social service agency, and only then will it be discovered that the employee has a drug abuse problem; in other cases, drug abuse may be the initial diagnosis and the employee would be referred directly to a drug abuse treatment resource. Accordingly, while the official should have skills in diagnosing drug abuse problems and a knowledge of drug abuse treatment resources, it is also important that he or she be aware of other types of community resources as well.

In some areas, it may be possible to contract with an outside agency to provide diagnosis and referral services; a State drug abuse office should be able to provide information on whether such agencies exist in the area and the types of services they offer.

Another suggestion is to contact other companies in the surrounding area to see if they would be interested in pooling resources for the purpose of establishing a consortium. In a consortium, companies share the financial and staff burden while receiving the full benefits of a drug abuse program. Depending upon the type of commitment companies are willing to make, a consortium could deal with specific drug abuse problems, with more general substance abuse problems, or with troubled employees in the broadest sense. The consortium could be set up to provide basic diagnostic and referral services, drug abuse counseling, and/or counseling services consistent with the broader employee assistance program approach. The consortium would best operate as an independent, though jointly financed, facility whose main purpose is to provide services for member companies. Responsibility for establishing procedures for identification and outreach, and for referring employees to the consortium-based program staff, remains within each member company.

Companies in Areas with Few Community Resources. Nearly all programs, whether simple or comprehensive, rely to some extent on community resources. Accordingly, companies located in areas where there are few community resources--for example, small towns in rural environments--may be at an initial disadvantage when it comes to establishing a drug abuse program. The absence of drug treatment facilities may appear to indicate that a relatively minor drug problem exists in the community; however, that may not be the case.

One alternative, if it is suspected that drug abuse might be a problem in the community-at-large, is for a company to take an active role in encouraging local officials to develop community resources for drug abuse. It is unlikely that drug abuse will be a problem in the employee population without also being a problem in the larger community.

As a supplement to promoting the development of community facilities, several companies might wish to combine their resources in an areawide consortium similar to that described above. The types of services provided would depend on local needs. The consortium might hire a trained drug abuse counselor on a full-time basis, and possibly contract with a local physician or psychiatrist for their services as they are needed. If local drug abuse problems involve physically addictive drugs, it would be advisable to work in conjunction with a nearby hospital to develop detoxification facilities and inpatient care.

Companies with Satellite Plants. In some large companies, with plants in several geographic locations, the development of a drug abuse program can involve administrative difficulties. Specifically, there is the problem of extending the services of a program based at the home office or main facility to employees working in satellite locations.

An approach taken by one company surveyed offers a useful example of how that problem might be confronted. An employee assistance program was first established at the company's main facility. The program coordinator then made himself available to the plants throughout the country. He visited each location for several days, where he provided educational films and lectures, conducted training sessions, helped survey local community facilities, and worked with a designated resource person at the plant. By the time he left, a mechanism had been established whereby employees could receive assistance through a locally operated program. A record system and coverage for treatment costs were handled at the company level, while actual services were coordinated on a plant-by-plant basis. The system proved to be flexible insofar as local plants adopted program models best suited to their needs and resources.

In general, the size and demographic differences between employee populations at satellite plants may have an impact on the level and type of need at each plant; the approach and structure of programs at each plant should take account of those local needs. On the other hand, employee benefits and program evaluation may be centralized at the company level.

Companies with Existing Employee Service Programs. In companies with existing medical departments or alcohol or other counseling programs, it is usually advantageous to use those facilities as a base from which a drug abuse program can be developed.

A large public utility surveyed offers a useful example of a company that incorporated a drug abuse program into its medical department. A drug abuse counselor was hired and his office was located in the medical department. Employees with job performance problems were referred to the medical department for a health evaluation; if the evaluation indicated a drug problem, the employee was put in contact with the drug abuse counselor. In essence, both the referral mechanism and counseling services were integrated into an existing employee service facility.

Existing alcohol or other counseling programs may also be revised to include drug abuse. Generally, they will already have an established structure for referral and counseling. It is important to emphasize, however, that it is insufficient merely to add drug abuse counseling to a list of other services offered. There is some evidence, for example, that employees who abuse drugs tend to be younger, have less seniority, be in contact with different "subcultures," and have different emotional problems than alcohol abusers. Accordingly, it is essential to have someone who has training or experience in handling drug abuse cases when existing services are expanded to include drug abuse. In addition, many drugs of abuse are illegal; as a result, it is especially important to emphasize the confidential nature of the program in order to minimize the possibility that employees will avoid the program for fear of retribution.

Where to Find Assistance. When trying to determine the type of program most suitable to a company's needs and resources, it might be useful, at some point, to seek outside assistance. Occupational Program Consultants (OPCs), located in every State, may be able to help. Funded by the National Institute on Alcohol Abuse and Alcoholism, their primary focus has been on alcohol problems; however, some have recently moved toward an emphasis on the "troubled employee" concept. Even though they do not deal specifically with drug abuse, their general background in occupational programming might be valuable insofar as they can offer suggestions on how to structure a program, how to tie identification procedures to observation of declining work performance, how to set up referral mechanisms, etc. The OPCs are usually located within the alcoholism divisions of State governments; in some States, they are part of the substance abuse office.

Local labor unions might constitute another potential resource, since some unions have been developing experience in occupational drug abuse programs. It may also be valuable to contact program personnel at other companies where occupational drug abuse programs have been implemented.

Other potential resources may include Drug Abuse Program Coordinators located in each State (see appendix), local hospitals, community mental health centers, and drug abuse treatment facilities in the community. While they may not have specific experience in occupational programming, they may provide general information on drug abuse programs. The occupational programming literature is an additional useful resource. A list of selected references appears at the end of this report.

III. IMPLEMENTING A DRUG ABUSE PROGRAM

Once consideration has been given to a company's needs, the types of resources available, and the most appropriate program approach, the next step is to begin considering the elements necessary for implementing a program. This section addresses such issues as cooperating with unions, developing a company policy on drug abuse, structuring the administration and staffing of a program, establishing identification and referral procedures, providing education and training for managers and supervisors, and publicizing the program among employees.

ELEMENTS IN PROGRAM IMPLEMENTATION

- Enlist Union Cooperation
- Develop Company Policy
- Publicize Program and Provide Employee Education
- Determine Program Administration and Staffing
- Provide Management and Supervisory Education and Training
- Establish Identification and Referral Procedures
- Establish Program Evaluation Procedures

Cooperation with Unions

In companies where the work force is represented by labor unions, it is essential to seek union cooperation during the early stages of developing a drug abuse program. The relationship established with unions can have an important impact on how a program is perceived among the employee population.

Two companies surveyed provide examples of the type of cooperation that is possible. At 1 company where the work force is represented by 13 unions, the presidents of all the local unions were called in to review a draft policy statement and to submit comments; after minor editorial changes, the policy statement was

endorsed by each president. In addition, management and the unions established an agreement whereby the program referral process was integrated into an existing disciplinary procedure. (See this section, Establishing Identification and Referral Procedures.) At another company, union representatives were part of the referral process. An employee suspected of abusing drugs was brought to the attention of a plant committee consisting of the plant medical director, a plant management representative, and a union representative; the committee would then review the case and, if necessary, refer the employee to a treatment program in the community.

Another possibility is for a company to cooperate with a union-initiated program. A possible avenue of approach arising from such a situation is for a company to support and involve itself in a union-sponsored program; specifically, participation could take the form of issuing a joint policy statement, integrating the referral process into the work environment, and conducting cooperative education and publicity campaigns.

Developing a Company Policy on Drug Abuse

At the outset, it is useful to develop a formal company policy statement on drug abuse. The policy statement makes explicit the company's philosophy and practice in regard to employees who abuse drugs. As such, it provides guidelines to management and supervisory personnel for handling employees suspected of abusing drugs. In addition, it can be used to inform all employees about the company's position on drug abuse and provisions for assistance for those employees with drug abuse problems.

It may be valuable to consult other company policy statements as guidelines for the issues that should be addressed. Some sample policy statements are provided in appendix A. In general, some of the issues that may be addressed in the policy statement include: the company's philosophical position on drug abuse (e.g., drug abuse as a "medical" problem), the relationship between unacceptable job performance due to drug abuse and an employee's job status, the company's position on rehabilitation opportunities and the services offered toward that end, the responsibility of the employee to seek treatment, provisions for confidentiality for employees who seek treatment, and the company's position on use and possession of illegal drugs on company premises, including the possible sanctions involved.

A written policy statement, made available to all employees, can serve as an effective introduction to a drug abuse program. Once a policy statement has been drafted, consideration should be given to various methods of communicating it within the general employee population. The program can be publicized in the same manner as any comparable nonstigmatized program. Program publicity can take several forms. Letters can be sent to all

employees' homes announcing the existence of the program and the new company policy on drug abuse, and printed material can be included in orientation packets for new hires. Information posted on bulletin boards throughout various work locations can serve as supplementary reminders. The company newsletter also may be used to carry feature articles on the program and to publish the program telephone number on a regular basis. Ultimately, however, the most effective means of publicity will be word-of-mouth among employees, once the program has established a solid reputation.

The content of program publicity can include a statement of the company's policy on drug abuse, a description of the services offered under the program, and information on how to contact the program staff. Especially in companies where employee self-referrals are encouraged, confidentiality should be emphasized in the publicity.

In addition to program publicity, a company may wish to provide drug abuse education for the general employee population. Interest in the subject of drug abuse often stems from concern by employees about the drug use of their own children. Films, printed materials, and lecture/discussion sessions may be used for that purpose.

Program Administration and Staffing

The administrative placement of a program is an issue related not only to management of company operations, but to program effectiveness as well. Most programs surveyed were relatively autonomous in relation to other management functions. In 10 of the 15 companies visited, the drug abuse programs were located in medical departments, thereby facilitating a "medical" rather than "personnel" aura; one company established a new, autonomous division to oversee all employee health and service programs. In general, program effectiveness can be heightened if the program is regarded as a professional service made available to employees. Administrative accountability should be restricted to aspects external to the actual provision of services. Specifically, the program should be accountable to management for its operating expenses and reporting information on outcomes; in addition, there should be some coordination with the personnel department in relation to extending health insurance benefits to employees who require treatment.

In essence, administrative placement should be guided by a concern for maximizing the extent to which employees perceive the program as a service offered independent of other management functions. It is essential to keep the program independent from the activities of the security department, since any association with surveillance activities would tend to undermine the emphasis on a treatment approach. While the security department would be

justifiably concerned with issues of drug-related theft or sales on company premises, any attempt to use the program records or staff to gain information on employees who are using drugs would destroy the integrity of the program. Conversely, if employees come to the attention of the security department due to drug-related activities, the program staff may wish to offer their services to those employees. As a general rule, the program staff should never provide information to the security department, but the security department may be one referral source to the program.

The internal administration of a drug abuse program will depend on the type and complexity of the program. In programs that primarily involve referring employees with drug abuse problems to community resources, the program staff may consist of a single program coordinator. In that case, the program coordinator would be responsible for establishing contacts with the community resources, making diagnoses (determining the nature of a worker's problem), making referrals, maintaining contact with resources to which employees are referred, maintaining a record system, and reporting to appropriate company officials on matters related to operating expenses and program outcomes. In programs where in-house counseling is provided, the program coordinator may be a part- or full-time manager responsible for overseeing the activities of the program staff. In general, the role of the program coordinator is analogous to that of any other professional employed by the company. He or she should be adequately trained to handle on-the-job crises, to provide guidance to management in health education and preventive care, to coordinate program functions with community resources, to supervise staff, and, where required, to provide direct services.

The composition and qualifications of the program staff will be determined by the nature of the program. As suggested above, a program coordinator will be the key person in most programs. In programs where diagnosis and referral functions are performed outside the company (such as in a consortium arrangement or in a contracting agency), the program coordinator will need to have general skills related to dealing with troubled employees, and he or she should be familiar with recordkeeping and program evaluation procedures. If a program coordinator is also responsible for diagnosing drug abuse problems, or for providing drug abuse counseling, he or she should have special training. In addition, the coordinator needs to have administrative and managerial skills.

The Manpower Training Branch within the National Institute on Drug Abuse's Division of Resource Development has established five Regional Support Centers which sponsor training courses related to various aspects of drug abuse. A list of the five centers is in appendix D, along with a list of States in each center's area. Companies may contact the Manpower Training Branch, or one of the Regional Support Centers, to request a

training course on diagnostic or counseling skills relevant to an occupational drug abuse program. Another option is to consult nearby colleges or universities to see if they offer courses on drug abuse counseling.

In some programs that provide in-house drug abuse counseling, the projected caseload may be too large for a single program coordinator/counselor to handle. Accordingly, additional counseling staff may have to be hired. It may be useful to supplement a core counseling staff with paraprofessionals. At one company, for example, the counseling staff was supported by trained, part-time telephone counselors. Although they did not provide counseling as such, they were qualified to handle crises over the telephone and to refer callers to relevant counseling staff members or community resources. At another company, a program coordinator with a limited budget made an arrangement with a nearby university counseling department whereby graduate students served as part-time interns in the company program. In both cases, the paraprofessionals increased the program's caseload capacity.

In addition to counseling staff, clerical support is needed. The functions of the clerical staff include arranging appointment schedules, organizing a record system, and maintaining a data system used for program evaluation.

Management and Supervisory Education and Training

For a drug abuse program to operate effectively, it must receive support from management and supervisory staff. Accordingly, it is advisable to provide education and training for that purpose. Education for management should ideally have two central objectives: 1) since the stigma and mythology surrounding drug abuse is greater than that for most behavioral or medical problems, it is valuable for management to receive general education on the nature of drug abuse; and, 2) as a related emphasis, education should include an orientation to the philosophy and goals of the drug abuse program. Education may take several forms, including seminars, films, lectures, and/or printed materials. The education sessions may be conducted by the program coordinator and other personnel closely associated with the program.

Supervisors, because of their central role in the referral process, benefit from special training in addition to general education on drug abuse and program goals; that is also true for union representatives who may be involved in the referral process. The training should focus on the functions of the supervisor in the referral process: observing and documenting unsatisfactory job performance, notifying an employee when his or her job performance is unacceptable, and referring an employee to the program staff. The supervisor's sympathy for and cooperation with the program

can be maximized if they are fully informed as to the rationale and purpose of the program.

Establishing Identification and Referral Procedures

The cornerstone of any program is the manner in which employees with drug abuse problems are identified and referred to the program staff for assistance. One procedure utilized in all the companies surveyed was that of supervisor referrals based on observation of unsatisfactory job performance.

Job performance is the key, since, for most companies, drug abuse constitutes a problem to the extent that it diminishes an employee's capacity to work. Accordingly, first-line supervisors (or union stewards), who are generally in close daily contact with employees, can perform a pivotal function in the identification and referral process. It is important to emphasize, however, that in no case among the companies surveyed were supervisors asked to diagnose drug abuse problems or to directly confront an employee suspected of abusing drugs. Rather, the supervisor's role was restricted to documenting unsatisfactory work performance and, when indicated, referring an employee to the program staff.

In general, the supervisor is responsible for:

1) Documenting any change in job performance or failure to meet performance standards. It is important to have evidence of unsatisfactory patterns of job performance in order to counter any attempts on the part of an employee to deny that there is a problem. Things to look for include excessive absenteeism, tardiness, frequent or increasing use of sick leave, and inability to meet reasonable job standards and requirements. If a supervisor takes written notes, giving the dates and nature of specific incidents that reflect an employee's declining job performance, that information may ultimately help the employee recognize the negative consequences of his or her drug use.

2) Helping an employee with job performance problems to receive assistance. If an employee's job performance is unacceptable, notify the employee that his or her job may be in jeopardy and suggest that if there is a personal problem, it may be advisable to contact a counselor for help. In cases where a supervisor thinks such a direct suggestion is inadvisable, the supervisor may contact a program staff member directly. In no case should a supervisor accuse an employee of abusing drugs.

The relationship between the counselor and the supervisor, once an employee has been referred to the program, is a sensitive one. In a few of the companies surveyed the position was taken that

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the supervisor can play an important role in the rehabilitation process; i.e., consultation with the supervisor can help both the employee and the counselor understand the specifics of the employee's job performance difficulties, and the supervisor's assessment of improvement or deterioration during counseling or treatment can be used as an indicator of the employee's progress. In other companies, the position was taken that guarantee of client confidentiality prohibited counselors from discussing a case with the supervisor. Perhaps the issue of supervisor involvement in any particular case should be discussed between the counselor and the employee, with the employee having the final say.

Employee self-referrals constitute another source of identification and referral. In general, self-referrals will increase as a program gains credibility and employees develop confidence in it. Self-referrals can be encouraged by guaranteeing confidentiality to those who contact the program and by providing a special office and/or telephone number where employees can reach a program staff member. Accepting anonymous telephone contacts also increases self-referrals, since they allow reluctant employees to gradually gain confidence in the program. One company surveyed, in fact, strongly recommended encouraging anonymous calls as a useful self-referral method.

In companies where the work force is represented by labor unions, it may be possible to integrate procedures for identification and referral into a joint agreement. At one company, for example, management and labor reported agreeing on a formal disciplinary process involving four steps: oral warning, written warning, suspension, and termination. When an employee assistance program was implemented at the company, it was jointly agreed that, at each step in the disciplinary process, the employee would be encouraged to seek help from the program staff.

Referrals may also come from family members and friends, coworkers, union representatives, other departments within the company, and community health agencies. In cases where job performance or continuation of employment are not at issue, however, any offer of assistance based on these referrals should emphasize that acceptance on the part of the employee is voluntary.

Establishing Program Evaluation Procedures

Program evaluation is an integral part of a drug abuse program, both in terms of administrative accountability and successful program operation. Evaluation of program outcomes can yield information on the effectiveness of a program and point out its particular strengths and weaknesses. However, depending upon the complexity of the evaluation, it may be necessary to have staff especially trained in conducting such studies to work with program

staff in the evaluation. Special skills may be needed 1) to design an appropriate study methodology and 2) to systematically collect the data and complete the analyses. Program staff frequently have not had training in conducting complex evaluations.

The sine qua non of program evaluation is the maintenance of a record system. Data on costs, number of contacts, source of referrals, case dispositions, and impact of interventions on employee absenteeism, sick leave, insurance claims, and disciplinary actions can prove useful in terms of evaluation. Information on employee background, source of referral, and stated purpose of contact can be collected through intake interviews. Other information on case disposition and job performance during and after contact should be routinely entered in case records; personnel records may be consulted to gather information on job performance evaluations.

It is essential that all case records be kept confidential and located in a place where only a program coordinator or counselor has access to them. When data from case records are used for the purposes of evaluation, they should be presented in an aggregate form, with no chance for individual clients to be linked to specific information.

Program evaluation can serve two major purposes: 1) it can provide useful information on the types of drug abuse problems that exist among the employee population; and, 2) after the program has been in operation for a period of time, it can provide feedback on the effectiveness of the program to the program staff and to management.

In terms of evaluating program effectiveness, a useful approach is to compare various measures of employee job performance prior to contacting the program with job performance after contact. Evaluation is best conducted on a regular basis. Especially in the early stages of a program's history, when long-term trends have not yet been established, it may be preferable to conduct evaluations at least on a quarterly schedule to help analyze developing trends. A sustained evaluation process can remove much of the trial-and-error aspect of an operating drug abuse program. However, in conducting the more complex evaluations, it may be necessary to assign trained evaluation staff to work with program staff.

IV. OCCUPATIONAL DRUG ABUSE PROGRAM MODELS

The purpose of this section is to coalesce the earlier discussions into two basic program models. The models are organized along two configurations: 1) referral to community resources, and 2) in-house counseling and referral to community resources. Within each of the two basic models, three options are provided in terms of the range of services offered. These program models are presented as conceptual guides or alternative program structures and operations.

PROGRAM MODELS

- Model 1: Referral to Community Resources
  - --Drug Abuse Program
  - --Substance Abuse Program
  - --Employee Assistance Program
- Model 2: In-house Counseling and Referral
  - --Drug Abuse Program
  - --Substance Abuse Program
  - --Employee Assistance Program

Model 1: Referral to Community Resources

DESCRIPTION

Employees with drug abuse problems are referred to counseling and/or treatment facilities in the community. The program may be organized as a drug abuse program,* a substance abuse program (drug and alcohol), or an employee assistance program.

*While there may be situations in which a singular emphasis on drug abuse may be appropriate in response to a specific drug abuse problem, it should be pointed out that, with one exception, all the companies surveyed offered services for drug abuse in conjunction with services for alcohol and/or other employee problems.

APPLICATION

Companies with limited resources for establishing occupational drug abuse programs, or companies in areas with known appropriate quality treatment resources.

COMPOSITION AND RESPONSIBILITIES OF PROGRAM STAFF

Staff Composition and Qualifications. The program staff may consist of a single coordinator and clerical support. The coordinator should have administrative and managerial skills. While the program coordinator does not actually provide counseling, he or she should have skills in interacting with people and in evaluating employee problems in order to make appropriate referrals to community resources. The program coordinator should also have a working knowledge of available community resources and be able to establish agreements with those resources to accommodate employee referrals. The skills and duties of a program coordinator should be appropriate to the type of program established (drug abuse, substance abuse, or employee assistance); e.g., a staff member knowledgeable in alcoholism may require special training in order to understand the drug abuse phenomenon. (A company's medical staff, if any, would also contribute valuable medical services.)

Staff Functions. Within the company (or plant), the coordinator interviews employees who contact the program, either through supervisor referrals or self-referrals, in order to determine the nature of their problem. After consultation with the employee, a rehabilitation strategy is discussed, and the coordinator makes arrangements for the employee to receive counseling or treatment through a facility located in the community. In essence, the program coordinator's primary function is to match the needs of troubled employees with the available community resources. The coordinator also has client followup and recordkeeping responsibilities.

Clerical support is needed essentially to arrange appointment schedules and maintain a record system.

PROGRAM COMPONENTS

Identification and Outreach. There are two major avenues through which employees with drug abuse problems come into contact with the program: 1) supervisors, trained to observe and document unsatisfactory job performance, suggest to employees with problems that they contact the program for assistance; and, 2) guarantees of confidentiality and an emphasis on the program as an employee service can be used to create a climate which encourages employees to seek assistance on their own.

Diagnosis and Referral. The diagnosis and referral component can be handled either within the company or through an outside facility. In the first case, a program coordinator, trained to diagnose employee problems, interviews employees who contact the program, evaluates the nature of their problem, and refers them to appropriate community resources. In the second case, a program coordinator interviews employees who contact the program and puts them in touch with an external diagnostic and referral facility (a consortium arrangement or a contracting agency), which is responsible for evaluating the nature of their problem and referring them to appropriate resources. The coordinator can also inform employees about outside agencies they can contact directly.

PROGRAM COMPONENTS

- Identification and Outreach
- Diagnosis and Referral
- Counseling and Treatment
- Followup
- Recordkeeping

Counseling and Treatment.

1) Drug Abuse Program--Counseling and treatment for drug abuse are provided through appropriate facilities in the community. The types of community resources that may be appropriate include hospital drug clinics, detoxification centers, inpatient and outpatient psychiatric care facilities, methadone maintenance programs, therapeutic communities, and halfway houses. State drug abuse offices and local alcoholism and drug abuse councils may be contacted for a list of resources in the area and for assistance in determining the types and quality of resources most appropriate to a company's needs. Additional coordinator responsibilities include case followup and recordkeeping. The medical staff would have res physical exams, detoxification, and urinalyses* (where practiced), as well as general health functions.

*Company experience with invalid or ineffective urinalysis screening of job applicants, the high cost of such screening, and other factors, have led some companies to discontinue the practice or not to adopt it. For example, one company screened a total of 488 applicants and found only one confirmed case from 33 initial positive tests. (Two applicants did not appear for a second test.) A Chicago public utility had similar results with approximately 500 cases. In each case, the company decided that the results did not warrant routine screening of all applicants, so testing now is done on a selective basis only (Hilker, 1975). Urban (1973, p. 1145) states: "Sole use of urinalysis as a mode of identifying drug use or misuse is highly questionable both scientifically and ethnically." The practice may also be legally undesirable because of the unreliability of the chemical tests, violation of the right to privacy, unrelatedness of drug use to job performance, and other factors (Malinowski, 1975).

2) Substance Abuse Program--Counseling and treatment for alcohol- and drug abuse are provided through appropriate facilities in the community. Facilities should include, in addition to those listed under Drug Abuse Program, those counseling and treatment resources geared specifically to alcohol problems. The program coordinator, or external diagnostic and referral agency, should be familiar with both alcohol and drug abuse problems and have a working knowledge of appropriate community resources.

3) Employee Assistance Program--Counseling and treatment for a wide range of employee problems are provided through appropriate facilities in the community. In addition to alcohol and drug abuse, services are provided for employees with family, financial, legal, vocational, emotional, or other problems. The wider range of services provided would require the utilization of a broader array of community facilities and more diverse capabilities on the part of the program coordinator or external diagnostic and referral agency.

Followup. The program coordinator monitors an employee's progress during and after counseling or treatment. The factors that the supervisor originally identified and documented as indicating deteriorating job performance can serve as indicators (or outcome criteria) of worker improvement during followup. The same factors, or others, also may signify worker relapse. By making himself or herself available on an as-needed basis, or by arranging periodic meetings, the program coordinator can reduce the likelihood of an employee's relapse. He or she will also maintain contact with both the worker and the treatment resource to which the worker was referred.

Recordkeeping. The program coordinator maintains a record system of client history and progress for the purposes of case management and program evaluation. While client confidentiality may prohibit the company from gaining access to specific treatment data, unidentified grouped data on employee demographics, types of problems handled, case dispositions, and impact of the interventions on job performance may be collected on a routine basis by the program coordinator. Confidentiality of case records should be protected at all times.

ADVANTAGES AND LIMITATIONS OF THE MODEL

The major advantage of this model is that maximum use of community facilities is made with minimal commitment of company staff resources. While the level of financial commitment will vary with the type of program implemented, company staff time may be limited to that of a program coordinator(s) and clerical support. The utilization of external resources also reduces the level of professional skills required of the program coordinator.

The major limitation of the model is that, by relying on community resources, the counseling and treatment facilities will generally not be designed specifically for handling employee problems as they relate to work environment. The impact of drug abuse on job performance, for example, may not be a central concern in the counseling or treatment approach. The service hours of community facilities may also conflict with working hours, which could raise some coordinator problems.

Model 2: In-house Counseling and Referral to Community Resources

DESCRIPTION

Counseling services are provided within the company, while community resources are utilized for other services. The model may accommodate the drug abuse, substance abuse, or employee assistance program approach.

APPLICATION

Companies able and willing to commit resources to provide in-house counseling for employee problems.

COMPOSITION AND RESPONSIBILITIES OF PROGRAM STAFF

Staff Composition and Qualifications. The program staff consists of a program coordinator, trained as a counselor, and clerical support staff. A company's medical director or medical staff (doctors, nurses, technicians) may also provide valuable relevant services. In companies with a large number of employees and large caseloads, additional counselors with appropriate counseling skills will be required.

Staff Functions. The functions of the program staff are the same as those in Model 1, with the addition of providing appropriate in-house counseling skills.

PROGRAM COMPONENTS

The program components for Model 2 are similar to Model 1 except that in-house counseling is available.

Counseling and Treatment.

1) Drug Abuse Program--Employees who contact the program are referred to the drug abuse counselor. The counselor evaluates the employee's problem and establishes a rehabilitation

strategy. If counseling is considered to be appropriate, the counselor may set up an appointment schedule. If additional psychiatric or other treatment services are deemed necessary, the counselor may make arrangements with appropriate community resources. While an employee is receiving treatment outside the company, the counselor may monitor his or her progress and provide support counseling if necessary; once the employee is no longer utilizing the outside facilities, the counselor can provide followup counseling.

2) Substance Abuse Program--In addition to those functions performed in a drug abuse program, in-house counseling is also provided for alcohol problems. It is important to emphasize that, although alcohol and drug abuse counseling are provided within the context of the same program, the required counseling skills do not necessarily overlap. Accordingly, the counselor(s) should have training in handling both alcohol and other drug problems.

3) Employee Assistance Program--In-house counseling is also provided for family, financial, legal, vocational, or emotional problems. The wider range of counseling services will necessarily require additional counseling skills. Since it is unlikely that any one person will be capable of providing counseling for such a diversity of problems, it may be necessary to have several counselors with specialized skills. Other company staff may be useful in providing counseling for some problems; e.g., legal problems may be handled by a company attorney, or financial problems may be handled by a finance specialist.

ADVANTAGES AND LIMITATIONS OF THE MODEL

The primary advantage of providing counseling within the company is that it allows for the integration of counseling with the employee's situation. The treatment may be more relevant to the work situation. The counselor, for example, may keep informed as to the employee's work status to see if there is any improvement or deterioration. Another advantage is that in-house counseling often makes use of existing company resources, such as medical departments or established service programs, thereby providing a coordinated base of employee services.

The major limitation of this model is that provision of in-house counseling requires a commitment of company staff and resources that may be beyond the capacity of some companies.

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APPENDICES

A. SAMPLE POLICY STATEMENTS

B. SAMPLE PROGRAM DESCRIPTIONS

C. STATE DRUG AUTHORITIES AND PROGRAM CONTACTS

D. REGIONAL SUPPORT CENTERS

E. SELECTED ANNOTATED REFERENCES

APPENDIX A
SAMPLE POLICY STATEMENTS

Sample Policy I: Paper Products Manufacturing Company

The Company recognizes that if behavioral/medical problems (alcoholism, drug dependencies, addictions, and emotional disturbances) are diagnosed and properly treated before the persons reach the advanced stages, a high percentage of the cases can recover. It is also recognized that because such problems are often misunderstood and mishandled by the persons, their families, employers, and also by professional or therapeutic facilities, potential recovery opportunities are missed.

It is the purpose of this policy, and of the control measures the company utilizes to implement it, to provide a basis for in-plant action regarding behavioral/medical problems in a manner which will:

-- Encourage the earliest possible diagnosis, treatment, and other appropriate help in all situations where employee health and work performance have been affected.

-- Assure consistency in neither providing more help nor condoning more delay in seeking help than would be the general in-plant practice in comparable situations involving non-stigmatized illnesses, and

-- Coordinate in-plant and community-helping services so that, insofar as possible, employees seeking help can benefit from the best combination of helping and therapeutic services appropriate to various behavioral/medical conditions and available within the community.

The decision to seek diagnosis and accept treatment for any illness is the responsibility of the individual. It will be the company's policy that the same individual responsibility applies

to behavioral/medical problems, since the company views these as treatable illnesses insofar as personnel administrative practices are concerned. Further, it will be the responsibility of the employee to comply with the referrals for diagnosis and to cooperate with the prescribed therapy. Unsatisfactory job performance will be handled under the rules pursuant to labor agreements covering union-affiliated employees and under rules of conduct covering other groups.

Sample Policy II: Computer Manufacturing and Marketing Company

APPROVED POLICY ON ALCOHOL AND DRUGS

Purpose. The company recognizes that the state of an employee's health affects his job performance, the kind of work he can perform, and may affect his opportunities for continued employment. The company also recognizes that alcohol and drug abuse ranks as one of the major health problems in the world. It is the intent of this policy to provide employees with the company's viewpoint on behavioral/medical disorders, to encourage an enlightened viewpoint toward these disorders, and to provide guidelines for consistent handling throughout the company regarding alcohol and drug usage situations.

Policy. The company intends to give the same consideration to persons with chemical (alcohol and other drugs) dependencies as it does to employees having other diseases. The company is concerned only with those situations where use of alcohol and other drugs seriously interferes with any employee's health and his job performance, adversely affects the job performance of other employees, or is considered so serious as to be detrimental to the company's business. There is no intent to intrude upon the private lives of employees.

Early recognition and treatment of chemical dependency problems is important for successful rehabilitation; economic return to the company; and reduced personal, family, and social disruption. The company supports sound treatment efforts, and an employee's job will not be jeopardized for conscientiously seeking assistance. Constructive disciplinary measures may be utilized to provide motivation to seek assistance. Normal company benefits, such as sick leave and the group medical plan, are available to give help in the rehabilitation process.

Legal Drugs (including alcohol).

1. The use of any legally obtained drug, including alcohol, to the point where such use adversely affects the employee's job performance, is prohibited. This prohibition covers arriving on company premises under the effects of any drug

which adversely affects the employee's job performance, including the use of prescribed drugs under medical direction. Where physician-directed use of drugs adversely affects job performance, it is in the best general interest of the employee, co-workers, and the company that sick leave be utilized.

a. Any employee engaging in the misuse of alcoholic beverages on company premises is subject to disciplinary action, up to and including termination.

Illegal Drugs.

1. Illegal drugs, for the purpose of this policy, include a) drugs which are not legally obtainable and b) drugs which are legally obtainable but have been obtained illegally.

2. The sale, purchase, transfer, use, or possession of illegal drugs, as defined above, by employees on company premises or while on company business is prohibited. Arriving on company premises under the influence of any drug to the extent that job performance is adversely affected is prohibited. This prohibition applies to any and all forms of narcotics, depressants, stimulants, or hallucinogens whose sale, purchase, transfer, use, or possession is prohibited or restricted by law.

   a. Any employee engaging in the sale of such illegal drugs on company premises or while on company business will be suspended immediately pending investigation.

   b. Any employee found purchasing, transferring, possessing, or using illegal drugs on company premises or while on company business is subject to disciplinary action, up to and including termination. It is the intent of the company, however, to encourage and assist such employees in treatment or rehabilitation whenever appropriate.

Scope. This policy is to be implemented in world-wide operations. Where legal or extralegal obligations or common business practices in International Operations conflict with the scope of this policy, the principles and intent of the policy should be followed as closely as possible.

Sample Policy III: Public Utility Company

The use of any drug interfering with safe and efficient function is a matter of company concern, and will be dealt with in an appropriate manner.

Alcohol is also a drug about which there is a serious concern. Its excessive use will be considered in the same manner.

The company recognizes that drug misuse may be a serious medical problem. A rehabilitation program is offered in the medical department. Employees cooperating in a clinically-supervised rehabilitation program may be eligible for benefits.

Possession or use of illegally obtained drugs on the job or on company premises may be a cause for dismissal.

APPENDIX B
SAMPLE PROGRAM DESCRIPTIONS

Sample Program Description I— Paper Products Manufacturing Company

BACKGROUND

A program for employees with problems, including drug abuse, was implemented in March 1973 at a midwestern company engaged in the manufacture of a variety of paper products. The main facilities are located in a small town with a population of 18,000; the company operates 5 plants in and around the town, employing 3,000 people out of the 35,000 who live in the general area. Approximately three-fourths of the labor force is represented by 13 unions. One-fifth of the employees have 25 or more years service with the company.

Management first became aware of a potential drug problem in October 1971, when the local police department notified company officials that several employees on the afternoon and night shifts in one of the plants were suspected of smoking hashish on the job. That was of special concern to management, since much of the work involves operating large and complex machines. The president, who had previously become aware of some employees with alcohol problems, decided that the company should develop a program to assist employees with problems.

Being in a small town, with few community resources, the company was at an initial disadvantage. Their response was twofold. The president launched a public awareness campaign by granting an interview to a local reporter, in which he publicly stated that substance abuse problems had been discovered within the company; the interview was broadcast over radio and television. Another company official contacted a drug addiction center in another city, where it was recommended that the company encourage a total community approach. In March 1972, less than six months after

the first discovery of drug use in the plant, a county alcohol and drug council was established, with a company official serving as its first president.

The company also elected to conduct a preliminary assessment of needs. A consultant was called in to examine personnel records for evidence of alcohol and drug problems among employees. (Among other techniques, the "thick file" approach was used; i.e., the thickness of an employee's personnel file was used as an indicator of possible substance abuse problems, since substance abusers often exhibit excessive absenteeism, insurance claims, and personnel actions.) It was conservatively estimated that 5 percent to 7 percent of the total employee population was affected. The extent of drug abuse was not widespread. Among those having drug problems, primary involvement was with marihuana or prescription drugs.

A formal policy statement was drafted in March 1973. The presidents and vice presidents of the 13 local unions were invited to review the statement and recommend changes. After a few minor editing changes, the policy was formalized and endorsed by all of the union presidents. A new office of special services was established to provide counseling and referral services, and an experienced counselor was brought in to head the program.

POLICY

In a formal policy statement, drug dependency (like alcoholism and emotional disturbance) is defined as a behavioral/medical problem. It is recognized that problems such as drug dependency are often misunderstood and, as a result, opportunities for recovery are missed. Accordingly, it is the stated purpose of the policy to encourage the earliest possible diagnosis and treatment of employee problems whenever they affect employee health or work performance; to assure that problems such as drug dependency are treated in a manner consistent with the handling of other nonstigmatized illnesses; and to coordinate in-plant and community services in order to maximize the benefits employees can receive from helping services.

The decision to seek diagnosis and accept treatment for any illness (including behavioral/medical problems) is the responsibility of the individual employee. It is also the responsibility of the employee to comply with referrals for diagnosis and treatment. Continued unsatisfactory job performance will be handled according to normal procedures.

Responsibility for administering the policy rests with the director of industrial relations (to coordinate labor/management agreement) and the special services office. While the local unions were consulted in the initial drafting of the policy statement, they are not actively involved in the actual administration of the policy.

All employees are provided with copies of the company's written policy statement. When the statement was first finalized in March 1973, a copy was mailed to each employee's home. New employees receive a copy in the packet that contains descriptions of benefits.

PROGRAM STRUCTURE AND OPERATION

Administration and Staffing. Responsibility for administering the company program rests with the special services office, which is organizationally part of the industrial relations department. The special services manager reports to the assistant director of industrial relations. Since the company has no medical or security department, the special services office does not have to coordinate its functions with those of medical or security personnel.

The staff of the special services office consists of a manager, an administrative assistant, and a part-time secretary. All counseling services are provided by the manager, an experienced counselor. The administrative assistant is currently being trained to take on such duties as conducting intake interviews and making contacts with treatment facilities throughout the State.

Education and Training. Special education seminars are conducted for supervisors in order to familiarize them with their role in the referral process. All levels of supervisors participate in a 2-hour introductory session, in which the program is described, an educational file is shown, and an outline of management's role is carefully reviewed. Attendance at supervisor training seminars is required. Supervisors are also provided with a manual that describes their roles and responsibilities.

A training program is currently being planned for union officials and stewards in order to familiarize them with the nature of the supervisor's role in the referral process.

There is no formal drug abuse education campaign for employees, although informative articles may appear in the company magazine. Program publicity was initially accomplished through letters sent by the president to each employee's home. With 3 years' experience in program operation, however, word-of-mouth has become the most effective means of publicity. Occasionally an article about the program will appear in the company magazine. The articles are usually anecdotal in nature, sharing the experiences of an employee who has received help through the program. The employee must have volunteered to have his or her story publicized, and fictitious names are used to guarantee anonymity.

Identification and Referral. Supervisor referrals based on observation of poor work performance constitute the backbone of the program. Supervisors are not asked to diagnose behavioral/medical problems; rather, they are instructed only to monitor work performance. If an employee's work performance is unsatisfactory, the supervisor refers the employee to the special services office.

The referral process has been integrated into a formal procedure for handling disciplinary actions worked out between management and the labor unions. If poor work performance is noted by a supervisor, a four-step procedure is followed, involving oral warning, written warning, suspension and, finally, termination; at each step, the employee is told of the existence of the program and encouraged to seek help in the event that personal or health problems are a factor in poor work performance.

In addition to supervisor-referrals, self-referrals are frequent. (As of March 1976, one-half of all employee-clients were supervisor-referred, and one-half were self-, family-, and agency-referred.) Although self-referrals are not explicitly encouraged as an integral part of the company program, provisions for anonymity, in addition to the growing acceptance of the program, have served to facilitate employee-initiated contacts. Locating the special services office in a building removed from the mill site has allowed employees to contact the counselor without being noticed by coworkers or supervisors.

Counseling and Treatment. Counseling services and referrals to treatment facilities are available to all employees and their family members. In-house counseling for a variety of personal problems, including drug abuse, is provided by the program manager.

In the event that treatment is required, employees are referred to treatment facilities outside the company. Since community resources are extremely limited, however, the nearest treatment facility is 160 miles away. (The special services manager indicated that, in most cases, counseling is determined to be appropriate. He estimates that fewer than 1 of 10 abusers requires treatment. Most problems are detected prior to medical or psychiatric crisis.)

Full company health and welfare benefits are provided for employees who may require treatment. Sick leave and hospitalization coverage apply to any treatment prescribed by the special services manager. Disability retirement benefits are available to an employee who is terminated due to a drug problem.

Sample Program Description II— Computer Manufacturing and Marketing Company

BACKGROUND

A comprehensive employee assistance program was implemented on April 1, 1974, at a computer company located in a large mid-western metropolitan area. The firm, which produces and markets computer systems, employs 25,000 persons domestically. (An additional 8,000 are employed by a subsidiary credit company.) The employee population consists of programmers, engineers, salespeople, administration personnel, clerical workers, customer engineers, technicians and draftspeople, production workers, and management personnel. Clerical workers are the largest occupational category, representing one-fifth of the work force. Union representation is not concentrated: 27 different unions represent less than 10 percent of the workers.

In 1970, two alcoholic employees were discovered to be on the company payroll. Although the company had no program for dealing with alcoholic employees, a member of the personnel department was appointed as the company's alcoholism counselor and asked to explore the possibilities of developing a program. He was sent to a nearby university, where he took a series of courses on chemical dependency. In addition, he talked to people at a well-known local treatment center and at a widely publicized employee assistance program carried on by a western company. As a result, he became interested in the broader "troubled employee" concept. The focus of his concerns then shifted to "chemical dependency," which included both alcohol and drugs. In 1973, as the chemical dependency counselor, he was charged with the task of writing a company policy on alcohol and drug abuse.

The concern over chemical dependency paralleled other developments within the company. Top management had already been actively exploring the possibilities of providing ombudsman and counseling services for employees. A company vice president was designated to head a new, autonomous division responsible for administering and providing a wide range of employee services. Within the new division, a comprehensive employee assistance program (called the Employee Advisory Resource, or EAR) was established on April 1, 1974.

Most chemical dependency problems at the company are alcohol-related. Next, abuse of prescription drugs is most common. Amphetamines are the major illicit drugs of abuse. Marihuana use is assumed to be relatively common, but it is not regarded as a problem as long as it does not affect work performance.

POLICY

Alcohol and drug abuse are defined as behavioral/medical disorders. Chemical dependencies (alcohol and other drugs) are regarded in the same manner as other diseases. The company is concerned with an employee's health and job performance adversely affecting the performance of other employees, or proving to be detrimental to the company's business. There is no intent to intrude upon the private lives of employees.

Early recognition and treatment of chemical dependency problems are emphasized as a means of facilitating successful rehabilitation and improved work performance. Employees will not have their jobs placed in jeopardy for conscientiously seeking treatment. The threat of disciplinary measures, however, may be used to motivate employees to seek assistance. Company benefits, such as sick leave and health insurance, are available to help in the rehabilitation process.

The use of legal or illegal drugs to the point where they adversely affect work performance is prohibited. Consumption on company premises is subject to disciplinary measures, up to and including termination. Sale of illegal drugs is cause for immediate suspension pending further investigation.

Complete administrative responsibility for company policy rests with the Human Resource Management Services (HRMS) division. HRMS is relatively autonomous, accountable only to the Senior Vice President of Personnel and Administration and to the President.

Excerpts from the policy are quoted in various types of literature distributed to all employees. The full policy statement, although not distributed to all employees, is available to anyone who wishes to read it.

PROGRAM STRUCTURE AND OPERATION

Administration and Staffing. The EAR program is administratively responsible to the Vice President of HRMS, the Senior Vice President of Personnel and Administration, and ultimately to the President. HRMS, however, was established as an autonomous division within the company, so there are no horizontal ties with the personnel office or with the security division. EAR management reports to HRMS management only on administrative matters; information on specific cases is kept confidential.

There are a total of 17 staff members in the EAR program. Supervisory management includes the EAR general manager and a chemical dependency manager. There are also six full-time counselors, including a chemical dependency counselor. In addition, four part-time telephone counselors provide round-the-clock telephone counseling services. The remaining five staff members provide clerical assistance.

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Education and Training. A description of the EAR program is incorporated into a procedures manual for all management personnel, and the program is explained as part of the general training provided to supervisory staff. There are, however, no special supervisory training seminars.

The EAR program is widely publicized throughout the employee population. Each employee receives a letter and phonograph record sent to his or her home, describing the program and announcing the 24-hour EAR hot-line telephone number. Posters are placed on bulletin boards throughout the company facilities. Also, the EAR telephone number and an occasional article on aspects of the program appear in the monthly newsletter. In all cases, the confidential nature of the program is stressed.

Identification and Referral. The primary emphasis of the EAR program is on self-referral. Program publicity stresses the voluntary, confidential nature of EAR. The 24-hour telephone service allows for anonymity, and employees are assured that no information identifying them will be supplied to management.

Supervisors may refer employees to the EAR staff when work performance is unacceptable, although that is not regarded as a major program emphasis. In the event that a supervisor does observe poor work performance, however, he or she is instructed to suggest to the employee that the EAR services are available. If an employee is referred by a supervisor, the EAR staff will tell the supervisor whether the employee has contacted them or not, but no details will be given. Continued unsatisfactory work performance will be handled through normal disciplinary procedures.

Counseling and Treatment. Counseling and referral services for both personal and work-related problems are available to employees and their families. The EAR staff may be consulted for problems related to chemical dependency; personal finances, marital, family, or sexual difficulties; mental or physical health problems; work grievances; personal or occupational growth; and clarification of company policies and procedures.

If an employee wishes to take advantage of the EAR resources, he or she may call the EAR telephone number, where a trained telephone counselor is on duty 24-hours a day. If the problem is minor, or if the employee only wants some information, the case may be handled on the telephone. In the event that additional face-to-face counseling is deemed appropriate, the telephone counselor will arrange an appointment with a member of the EAR counseling staff. The EAR staff is capable of providing crisis counseling, counseling short of treatment and, if treatment is necessary, counseling prior to and following treatment.

The company is fortunate to be located in a city that is well-known for the quantity and quality of its treatment facilities. Accordingly, if an employee requires treatment, he or she may be

referred to one of the local facilities. EAR counselors keep abreast of the employee's progress during treatment, and they are available for auxilliary or followup counseling.

Any employee who conscientiously complies with treatment recommendations will be guaranteed a job upon return from treatment. In some cases, the employee may be transferred to another department in order to facilitate smooth reentry. Promotional opportunities will not be affected by contact with EAR.

Company benefits are available to employees who require treatment. Sick leave, vacation time, or leave of absence may be used for time away from the job. Treatment for drug abuse problems is covered by the group health insurance plan.

Sample Program Description III—Public Utility Company

BACKGROUND

A drug abuse rehabilitation program for employees was implemented at a public utility in a large midwestern city. Approximately 50 percent of the company's employees are represented by labor unions.

The problem of drug abuse first received serious consideration by the corporate medical director when he read an article in the October 1968 issue of the *Journal of Occupational Medicine*, describing the experience of an east coast company that had uncovered drug abuse problems among its employees. The corporation's medical director was aware of his own company's first attempt to rehabilitate a heroin addict in 1967, but he had no solid evidence on the actual extent of drug abuse within the company. He did assume, however, that the situation in his company did not differ markedly from that of the company described in the JOM article.

After becoming sensitized to at least the possibility of drug abuse among employees, and given the company's long and successful experience with an alcohol program (implemented in 1951), the medical director began to actively pursue the development of a drug abuse program. He first consulted with State drug law enforcement people about the best means of approaching the problem within the company. He was strongly encouraged to consider a rehabilitative, rather than punitive, approach. As a result, a drug abuse rehabilitative program, modeled after the alcohol rehabilitation program, was proposed to management. There was some controversy between the medical and security departments, with the latter advocating a punitive approach. When the issue finally reached its peak, both the medical director and assistant

medical director threatened to resign if a rehabilitative approach was not adopted. That pressure, in conjunction with a presentation of cost-effectiveness data from the alcohol program, eventually persuaded management to favor a rehabilitative program.

Initially the company relied on community resources for treatment and counseling. They soon discovered, however, that employees were being forced into contact with street addicts and exposed to a subculture they were trying to get away from. Subsequently, a former heroin addict hired during inner-city recruitment efforts was brought over to the medical department to serve as a drug counselor.

While the alcohol rehabilitation program and the drug abuse rehabilitation program are both within the medical department and supervised by the assistant medical director, separate counselors are employed to handle each problem. According to the medical director, the decision to keep the alcohol and drug programs separate from one another was made because counseling techniques for alcohol versus other drug problems, while they may overlap, are not always the same.

The percentages of what is defined as drug abuse, by type of drug, for those employees making contact with the medical department are as follows:

Heroin	38
Polydrugs	29
Marihuana	13
Other	20

Of those known to the medical department as drug abusers, 84 percent were 25 years old or younger, and only 16 percent had over 5 years of seniority. By comparison, only 2 percent of employees with alcohol problems were under 25 years of age, and only 19 percent had less than 10 years' seniority.

POLICY

In a written policy statement distributed to all employees in January 1972, drug abuse was defined as a serious medical problem. The policy statement also announced the existence of the drug abuse rehabilitation program in the company medical department, and employees were informed that anyone cooperating in a clinically supervised rehabilitation program might be eligible for benefits. Possession or use of illegally obtained drugs on the job or on company premises was declared to be grounds for dismissal.

The policy was written, and is administered, by the corporate medical director and assistant medical director. The medical

director, however, has an administrative responsibility for publicizing the program by sending letters to the homes of all employees and by encouraging supervisors to post policy statements on bulletin boards.

PROGRAM STRUCTURE AND OPERATION

Administration and Staffing. The drug abuse rehabilitation program, like the alcohol rehabilitation program, is located in the company's medical department. Both programs are actually supervised by the assistant medical director, who is administratively accountable to the medical director. The medical director reports to the president through the vice president of personnel.

The security department may intervene if onsite drug use or sale is involved. In the case of drug sales on company property, the medical department may cooperate in surveillance activities. In general, however, the medical department operates independently of other departments.

Within the medical department, the assistant medical director supervises the drug abuse rehabilitation program and provides some drug counseling. There is 1 full-time counselor and 11 full-time physicians. One of the staff physicians, who has psychiatric training, works closely with the drug counselor.

Education and Training. The major emphasis of the program's educational activities is focused on management and supervisory personnel. At a required "Management Induction Conference" conducted by the medical director or assistant director, managers are informed of the advantages of early detection in drug abuse cases. The company policy is discussed, educational literature is distributed, and supervisory procedures in relation to the program are explained. Management is expected to disseminate information to first-line supervisors.

Employees are informed of the existence of the program through letters sent to their homes and printed materials posted throughout the company's facilities. As the program has gained credibility, word-of-mouth has become a major means of publicity.

Identification and Referral. The major emphasis of the program is on supervisor referrals based on evaluation of work performance. A supervisor who suspects that drug abuse may be the cause of poor or deteriorating work performance is instructed to discuss specific job deficiencies with the employee. He or she is to confine comments to job-related issues; suspected drug abuse is not to be discussed unless the employee brings it up. The supervisor informs the employee that a health evaluation in the medical department may be helpful. If the employee accepts the health evaluation, the supervisor notifies the medical staff of the suspected drug problem. In the event that rehabilitation is undertaken, the supervisor and the medical department remain in

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contact. If the employee refuses a health evaluation, the supervisor tells him or her exactly what will be expected of future work performance. If work performance continues to be unsatisfactory, further action will be determined by normal disciplinary procedures. The employee may be offered another opportunity to accept a health evaluation.

Employees may also contact the drug counselor on their own. The telephone number is listed in the company directory and, as the program establishes more credibility among the employees, it is hoped that self-referrals will increase.

Some referrals to the drug abuse counselor come as a result of routine medical examinations conducted by the medical department.

Counseling and Treatment. Counseling is provided within the company medical department. Group therapy sessions, led by the drug abuse counselor and the assistant medical director, are held weekly. Individual counseling services are provided by the drug abuse counselor. Psychiatric consultation for underlying emotional problems may be handled in-house or referred to community resources.

Employees may be referred to community resources for inpatient services, family services, social and other nonmedical services, and methadone maintenance.

Employees who are receiving counseling or treatment in the company's medical department are given time off from work. For those who are referred out to other resources, sick leave or vacation may be used. Employees who receive inpatient care for drug-related problems at an accredited facility are eligible for group health insurance coverage. Employees who are terminated for drug-related problems may be eligible for disability insurance.

APPENDIX C
STATE DRUG AUTHORITIES AND PROGRAM CONTACTS

Officially Designated Authority	*Program Contact*

ALABAMA

J. Taylor Hardin, Commissioner State Dept. of Mental Health 502 Washington Avenue Montgomery, Alabama 36130	George C. Culver, Director State Drug Program State Dept. of Mental Health 145 Moulton Street Montgomery, Alabama 36104 (205) 265-2301

ALASKA

Francis Williamson, Commissioner Dept. of Health and Social Services Pouch H-05F Juneau, Alaska 99811	Ms. Mary Beth Hilburn Dept. of Health and Social Services Pouch H-05F Juneau, Alaska 99811 (Seattle FTS Op. 8-399-0150) (907) 586-3585

ARIZONA

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APPENDIX E
SELECTED ANNOTATED REFERENCES

Overviews and Bibliographies

Carone, P.A., and Krinsky, L.W. *Drug Abuse in Industry.* Springfield, Ill.: Charles C. Thomas, 1973.

This book contains the proceedings of a 1972 conference. A number of arguments and differing perspectives on a variety of issues are presented including treatment and placement of rehabilitated addicts. In a summary of the conference, the following suggestions were made: 1) industry needs to help pay for drug programs and research, 2) discriminatory hiring practices toward addicts should be eliminated, and 3) more health personnel should be trained in treatment of drug abuse.

Drug Abuse in Industry. Rockville, Md.: National Clearinghouse for Drug Abuse Information, 1973.

This annotated bibliography includes 50 entries including a number of articles from trade journals and symposia. None of the entries are post-1972; therefore, this document requires considerable updating.

Ferguson, P.; Lennox, T.; and Lettieri, D.J. *Drugs and Employment.* Rockville, Md.: National Institute on Drug Abuse, 1974.

This volume contains summaries of some of the major books and articles on drug use and employment. The citations are divided into six sections: 1) overview and issues, 2) drug use in specific professions, 3) surveys of drug use in companies, 4) surveys of drug use among addicts, 5) drug use in the labor force, and 6) programs. The latter 3 sections include a total of only 12 articles.

Kacser, P.H. *Drug Use and Abuse in the Labor Market.* Paper contributed by the Bureau of Labor Statistics to a Task Force of the Special Action Office of the President, 1972.

This overview of the problem of drug abuse in industry is based primarily on four studies by Goldenberg, Chambers, Stewart, and Kurtis. The aim of the paper is to examine the extent, causes, and effects of drug use in industry. The author cites the limitations of available literature as a barrier to definitive conclusions. An extensive review of the surveys on drug use in industry indicates a great variability in the extent of drug usage reported among different occupational groups and types of industries. Little is known about the course of drug abuse in industry. The effects of various classes of drugs are reviewed and hypotheses are presented as to their impact on work. Company policies and practices are reviewed and criticized. It is argued that companies need to develop their communication skills and organizational training capabilities to better prevent drug abuse from becoming a problem. This approach may be most cost-effective for industry and the most beneficial to society.

Scher, J.M. *Drug Abuse in Industry: Growing Corporate Dilemma.* Springfield, Ill.: Charles C. Thomas, 1973.

This book is a compilation of articles providing a general overview of a number of aspects of the problem of drug abuse in industry. The topics include descriptions of the drug problem in industry, analyses of the impact of the drug user on industry, discussions of the legal problems of drug use, and evaluations of how industry may help rehabilitate the drug users. A number of these articles appear in other volumes or publications in some form. The value of this book is that all issues are collected into one document.

Stewart, W.W. (ed.). *Drug Abuse in Industry.* Miami, Fla.: Halos and Associates, 1970.

This document contains the proceedings of a symposium on drug abuse in industry held in 1970. The major portion contains papers presented at the meeting by representatives of management, labor, and medical personnel. The papers cover a wide range of topics from drug screening procedures to an overview of drug abuse. Of special note are papers on the design of programs in industry. Although most are outdated and indicate a first attempt at establishing programs, these papers highlight some of the problems in building a program and perceptions of management toward drug abuse.

Trice, H.M., and Roman, P.M. *Spirits and Demons at Work: Alcohol and Other Drugs on the Job.* Ithaca, N.Y.: New York State School of Industrial and Labor Relations, Cornell University, 1972.

In response to the rapid increase in concern with drug abuse in the early 1970s, the authors attempt to provide an objective perspective on drug abuse generally and the specific relationship between the use and abuse of substances and work. The focus is on the effects of drug use on the individual worker and on the work organization.

Much of the discussion is based on objective research findings. There are two notable features of the book. Alcohol and other substances are discussed together as drug abuse. Furthermore, the concern is not only with the impact of drug abuse in social and economic terms, but also on the work place as a key element in the prevention and treatment of drug abuse.

The authors divided the volume into three parts. In the first a general overview of the problem of drug abuse is presented. The specific references provide a somewhat outdated historical overview of research on drug use, but the conceptual framework is still viable and the basic arguments are cogent to present problems. The second section examines characteristics of jobs where abuse can occur, the impact of abuse on work, and ways organizations deal with abuse. In the third section, the strategy of construction confrontation (the threat of job loss because of poor performance associated with drug abuse, accompanying referral, or available services) is described in comparison to prevention strategies. Some suggestions are made for union-management cooperation, and treatment alternatives are briefly described.

Urban, M.L. Drugs in industry. In National Commission on Marihuana and Drug Abuse, *Drug Use in America: Problem in Perspective,* Appendix, Vol. II. Washington, D.C.: U.S. Government Printing Office, 1973, pp. 1136-1152.

This paper, prepared for the report on the National Commission on Marihuana and Drug Abuse, provides a historical overview of industry's response to drug abuse. Results of a number of surveys are cited. An analysis of the situation in both the public and private sectors in the early 1970s is presented. The author notes that the approach to drug abuse in industry is following a pattern similar to that for alcohol. Examples of ongoing programs are described. The major emphasis is on recommendations for industry to deal with drug abuse. The principal areas for the recommendations in industry are 1) the assessment of the extent of drug use and associated problems, 2) the design of official policies, 3) the detection of drug-associated problems, 4) the provision of services to employees in lieu of termination,

and 5) the protection of the privacy and job of the employee while in treatment. A second area is the hiring policies for former and current drug users. Placement in jobs is considered an important element in the rehabilitation of drug users.

Surveys

Brown, J.W. *The Final Report of the Labor-Management Drug Abuse Project.* New York: American Social Health Association, 1976.

The Labor-Management Drug Abuse project was both a research project and a service project. It analyzed employees' perceptions of their company's response to drug abuse among workers, and it developed drug treatment programs within the industries and then proposed changes in labor and management policies dealing with the control of drug use. Survey data were collected in three industrial plants in the Northeast to examine the prevalence of drug use among employees and their families, the extent of their knowledge about drugs, and their perceived response to various possible incidents of drug use occurring at work. Some workers and lower level management were trained in counseling and referral. Changes in their attitudes and knowledge were then evaluated.

The author first presents the theoretical background for drug treatment in today's society. He briefly discusses the variety of control methods; the theories which evolved as explanations for such deviance; the three subcultures involved in alcohol, soft-drugs, and hard-drugs; and various treatment modes.

Findings from the surveys include a demographic profile of employees, the prevalence of drug abuse among workers and their families, the level of their knowledge about illegal drugs and about treatment services offered by the community and the company. Marihuana is the predominant drug used; a young, single, middle-class male who works as office staff is the most typical drug-using employee. Although the older employees showed more ignorance than the younger employees in regard to facts about drugs, counseling courses did raise their levels of knowledge.

After acting as a participant-observer in the attempt to motivate management to develop drug programs, the author discusses how the status of leaders affects the formal and informal structure of the labor movement and thus influences the success of a good drug program. The report gives specific recommendations directed to labor, management, and Congress.

Halpern, S. *Drug Abuse and Your Company*. American Management Association, Inc., 1972.

This book provides information concerning corporate drug use policies and programs as well as general information for executives who may not be personally familiar with the drug culture. The information is derived from an AMA questionnaire survey of industries and the author's interviews with industry executives. Chapter 1 examines the magnitude of the drug problem, socio-economic characteristics of drug abusers, drugs of abuse, and characteristics of industry believed to be correlated with drug abuse. Business' approach to drug abuse as well as the direct and indirect costs of drug abuse are discussed.

In chapter 3 the author describes some of the formal courses of action taken by the surveyed businesses and industries to prevent, control, and eliminate drug abuse by their employees. Many of the companies which answered the AMA questionnaire and granted interviews to the author were dealing with developing policy statements, redefining the roles of various departments, organizing pre-employment screening techniques, preparing education programs for supervisors and employees, assisting drug-dependent employees, offering rehabilitation, hiring and rehiring former addicts, cooperating with community agencies that are grappling with the problems of drug abuse, and using available outside resources. Both the AMA survey and subsequent interviews revealed the consensus that it is not the company's function to provide in-house treatment facilities and that very few companies pay for the treatment of an employee's addiction.

Hitchcock, C., and Saunders, M.S. *A Survey of Alcohol and Drug Abuse Programs in the Railroad Industry*. Washington, D.C.: U.S. Department of Transportation, Federal Railroad Administration, November 1976.

(Author abstract modified.)

A survey of 20 industrial alcoholism and counseling programs run by railroad corporations covering 58 variables was made by semi-structured interviews of program directors, union officials, and by questionnaires applied to individual clients. Descriptions of program policy, practices, penetration rates, success rates, relationships to discipline and client population parameters are given along with other topical areas. A factor analysis and intercorrelations between all variables measured are presented. A comprehensive literature review on industrial alcoholism programs covering topics parallel to the survey is also included.

Illegal and prescription drugs were found to account for only a minute proportion of the cases of chemical dependency. Treatment

for illegal drug use is always received at public facilities. For prescription drugs the most prevalent abuse is the combination of tranquilizers and alcohol.

Kurtis, C. (ed.). *Drug Abuse as a Business Problem.* New York: New York Chamber of Commerce, April 1971.

This study, based on interviews and surveys with 80 New York companies, was commissioned by the New York Chamber of Commerce to fill an information gap concerning drug abuse in business and to provide guidelines for business firms in the New York area. It defines the problem of drug abuse, illustrates how a number of companies are dealing with it, points out some of the specific difficulties of drug problems, and gives realistic suggestions as to how any firm should go about developing its own workable policies on drug abuse. The steps for implementing a drug program are outlined as well as guidelines for supervisors on recognizing the symptoms of drug abuse and taking appropriate action. Treatment and rehabilitation centers and other resources within the New York area are listed.

Lerer, L. *Drug Abuse in Industry.* Pittsburgh, Pa.: CONSAD Research Corporation, 1976.

In 1974, a nationwide survey of managers, union members, and employees in 197 companies was conducted. Almost two-thirds of the respondents did not perceive a drug problem in their company. Few formal drug programs were found although less than 10 percent advocated immediate dismissal without some warning. Fifty-three percent proposed warning users to cease use. Only two companies had formal treatment referral programs and 62 percent of those without programs felt such programs were not needed. Line employees and management had differing perspectives on the need for programs and few respondents were aware of programs that existed. Thirty percent of personnel respondents indicated they would not hire drug abusers under any conditions. Although programs for hiring minority groups, veterans, and the handicapped were reported by many companies, only three percent of the companies reported special programs for hiring ex-drug users.

Opinion Research Corporation. *'Executives' Knowledge, Attitudes and Behavior Regarding Alcoholism and Alcohol Abuse: Study II.* Princeton, N.J.: Opinion Research Corporation, 1974.

This study is similar to an earlier study conducted in 1972. In 1974, 503 executives from a sample of 500 major manufacturing companies and 50 large service firms were personally interviewed on a variety of alcohol-related topics. Some specific items also

revealed information on perception of drug use and drug policies. None of the respondents reported that drug abuse was a major reason for absenteeism or lost productivity. Two-thirds perceived drug abuse as one of the least important causes of their problems. Only 17 percent of the firms had guidelines for drug abuse. In comparison, 11 percent of the companies believed alcohol problems were major causes of lost productivity and absenteeism and 34 percent of the companies had instituted programs to deal with alcohol problems among their workers.

Rush, M.F., and Brown, J.K. The drug problem in business. *Conference Board Record,* March 1971, 7(3):7-15.

The results of a 1970 survey of business opinion and experience with drug abuse conducted by the Conference Board is presented. In this survey just over one-half of the firms report an awareness of the problem. Most of the companies have had limited or no experience in dealing with drug abuse. Analysis showed that while the incidence of reported drug abuse within their own companies is almost the same for nonmanufacturers and manufacturers, the former are more likely to view drug abuse as a general problem in business and have written policies and procedures for dealing with drug abuse. Nonmanufacturing firms are more apt to fire an employee for drug abuse, but manufacturers are more likely to feel that a company is obliged to refer drug users to law enforcement agencies.

Steele, P.D. *A Comparison of Management and Union Perspectives on Drug Use in the Labor Force.* Paper presented at the annual meeting of the American Sociological Association, New York, 1976.

This paper is one of a series of reports based on surveys with union representatives in a major midwestern city. Findings of the research indicate a serious commitment on the part of organized labor for the development of education and referral and counseling programs in industry (Steele, 1976). Of 400 respondents representing various positions in the hierarchy of union leadership, 45.5 percent reported the need for such programs sponsored by the company, and 36.5 percent stated that programs should be developed under union auspices. A number of union-sanctioned programs and policies for education, treatment, and referral now exist. Thirty-two percent of union respondents indicated the existence of education programs, 46.2 percent noted referral policies, and 26.2 percent mentioned the existence of union counseling programs for drug users.

Work Experience of Drug Users

Caplovitz, D. *The Working Addict.* New York: City University of New York, 1976.

Interviews were conducted with 555 addicts in treatment who had held full-time jobs for an extended period of time while addicted. Information from the interviews was compared with similar information for two other groups, addicts in treatment who were not working while addicted and the non-addict population. The 1970 census was used to obtain the information for the latter group. It was not possible to obtain data for those who worked while addicted but did not enter a treatment program.

The overall result of the study was that working addicts have social characteristics closer to the nonaddict population than do addicts in general. Among the working addicts there were relatively fewer high level white collar workers than among the general population. The pay received by working addicts and the general population appeared to be about the same. Eighty-two percent of the working addicts used drugs while at work, and 53 percent indicated that the drug habit caused them to miss work. The use of drugs eventually caused serious problems for the working addicts. Most of the married addicts had serious marital difficulties. At the time of the interview only 8 percent were still working at the same job they had held while addicted. One major difficulty was the high cost of drugs, which necessitated criminal behavior.

This study implied that some addicts can integrate their addiction with normal daily routines, but with time they are less able to do so.

Nurco, D.N. Narcotic addicts and their employment. In *Gainfully Employed.* Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1973, pp. 67-86.

This paper reports on the job histories and occupational skills of a sample of male narcotic addicts. Eighty percent of the addicts had postaddiction work histories. Most of the stable jobs were held in the construction or building occupation. Formal job skills were rarely utilized after addiction; however, work skills may be functionally similar to skills required by addict lifestyles.

O'Donnell, J.A. *Narcotic Addicts in Kentucky*. Chevy Chase, Md.: National Institute of Mental Health, 1969, pp. 127-134.

The postaddiction employment patterns of 212 male patients at the U.S. Public Health Service Hospital in Lexington, Kentucky, are described. Work patterns were found to be inconsistent prior to addiction and to deteriorate after addiction for the majority of patients. Only three addicts were considered to have stable employment after addiction. Although an adequate legal supply of narcotics was related to legitimate employment, a deterioration in employment patterns was found for most patients. The study contradicts the belief that addicts can function successfully in the workplace after the onset of addiction.

Industrial Programs

Hilker, R.R.J.; Asma, F.E.; Daghestani, A.N.; and Ross, R.L. A drug abuse rehabilitation program. *Journal of Occupational Medicine*, 1975, 17(6): 351-354.

A drug abuse rehabilitation program at Illinois Bell Telephone Company was initiated and modelled to some extent after their alcoholism rehabilitation program. The in-plant program consists of individual counseling and group therapy; referrals are made to community resources for other forms of treatment. The typical program participant is a young man with less than three years of employment with the company. The major drug of abuse is heroin (38%) with polydrug abusers accounting for 29 percent of the total. The total job rehabilitation rate is 64 percent; 48 percent working and drug free, and 16 percent working but not totally drug free. This study is unique in that it has followup statistics on individuals who have received treatment and have gone back to their jobs.

Musacchio, C.P. Coping with drug abuse in industry. *Supervisory Management*, 1972, 17:39-42.

The abuse of drugs has spread to most plants and offices in the United States. Although alcoholics far outnumber addicts, many industrial officials are more alarmed by the increase in drug abuse than by alcoholism. Kemper had made a public policy of nondiscrimination in the hiring of rehabilitated addicts. Supervisors are reminded that unsatisfactory performance may indicate any number of health problems; thus referral to the medical office is always an option when drug abuse is suspected. Industry can help stem the problem of drug addiction in two ways: 1) directing the addict or abuser to professional help, and 2) offering job opportunities that give the addict a sense of personal worth.

Reinish, H. *Identifying On-the-Job Behavioral Manifestations of Drug Abuse: A Guide for Work Supervisors.* Washington, D.C.: U.S. Department of Labor, Manpower Administration, 1971.

(Author Abstract)

While extensive materials exist regarding types of drugs and motivations of users, the job supervisor, trainer, and teacher still lack information on how to recognize the behavioral manifestations of drug abuse in an educational and/or work setting. This manual, through detailed vignettes and questions addressed to the reader, deals with various types of drugs and their respective behavioral manifestations. It attempts to present situations that are meaningful to and recognizable by the reader. The hope is that the drug user may be confronted and dissuaded from continuing before addiction sets in, and an early referral to suitable treatment modalities can be affected.

Rogers, R.E., and Colbert, J.T.C. Drug abuse and organizational response: A review and evaluation. *Personnel Journal,* May 1975, pp. 266-281.

Underscoring the pervasiveness of the drug problem in industry, Rogers and Colbert review the effects of the drug problem on modern organizations. They discuss the types of drug used, the impact of drugs on employee work efficiency, and various courses of action open to companies to prevent, control, and eliminate drug abuse among their employees. Finally, they offer recommendations to companies when setting up a drug program covering assessment of the problem, education, drug policies and procedures, the role of the supervisor and company physician, and rehiring of the former addict.

Rush, H.M.F. Combating employee drug abuse. *Conference Board Record,* November 1971, pp. 58-69.

The response of one large firm, Chase Manhattan Bank of New York City, is examined as an example of how one company evolved its drug policy and program. The program systematically informs employees, managers, and families of employees about drug abuse. Special procedures to screen out addicts and to handle the drug problem, once it is encountered among those already on the payroll, are described. Although Chase Manhattan's drug program involves medical screening, counseling, and referral of addicted employees, as well as some experience with hiring ex-addicts, the focus of the bank's drug education program is on prevention through education or supervision.

Rush, H.M.F. When a company counsels the drug abuser. *Conference Board Record*, 1972, 9:11-15.

Faced with a possible drug problem within the company with inadequate community resources to deal with the problem, Pitney Bowes initiated a drug program in its Stamford, Connecticut, plant and headquarters. The program, which began in 1967, offers counseling, evaluation, and referral in conjunction with the company's medical staff. The drug abuse cases seen by the program have typically involved the use of hard drugs by white males in the 17 to 22 age group. Of the 86 persons with drug abuse problems counseled and referred by the program since 1967, 80 were on the payroll when the problem emerged, and 6 were hired from the methadone maintenance programs in the community.

Skinner, W.J. Drug abuse in American business. *Journal of Drug Issues*, April 1971, pp. 141-145.

The author presents a general discussion of drug abuse in the community, emphasizing the responsibility of business and industry to address the problem. The emphasis is on recommendations for ways in which industry can deal with drug abuse. These recommendations cover the employee, the employee's family, stockholders, and the community.

Wiencek, R.C. A drug program in General Motors Corporation. In E. Senay, V. Shorty, and H. Alksne (eds.), *Developments in the Field of Drug Abuse: Proceedings of the National Drug Abuse Conference - 1974*. Cambridge, Mass.: Schenkman Publishing Company, 1975, pp. 986-991.

The Detroit operation of Detroit Diesel Allison Division of General Motors began a treatment program for drug-dependent employees in 1970 based on the model of detection, treatment, and prevention. The program screens applicants for illegal drug use and refuses employment to those found using drugs without proper medical supervision. Treatment is offered by the medical department to all employees with drug problems with assurance of complete confidentiality. Referral to community treatment programs is augmented by a close working relationship between the company's treatment staff and the drug treatment agency which includes the dispensing of methadone within the plant. Preliminary evaluation shows a marked decrease in occupational injury rates and an 81 percent overall reduction of absenteeism among addicts following 5 months of continuing treatment.

Ex-Addict Hiring

Alksne, H., and Robinson, R. Conditions and characteristics associated with the successful job placement of recovered drug abusers. *Journal of Psychedelic Drugs*, April/June 1976, 8(2):145.

This study examines the experiences of 1,000 applicants to a New York organization, PACT/NADAP. The major concern is the opening of industries for the employment of recovered drug abusers and the placement of such clients in jobs. The paper discusses the characteristics of individuals who are placed on jobs and those who are not placed in an effort to test the vulnerabilities of this system designed to assist the addict in finding work. Preliminary data concerning the ultimate success of a small sample of those placed on the job are presented.

Arkin, S.M. Public employment and other elements in addict rehabilitation. In E. Senay, V. Shorty, and H. Alksne (eds.), *Developments in the Field of Drug Abuse: Proceedings of the National Drug Abuse Conference - 1974*. Cambridge, Mass.: Schenkman Publishing Company, 1975, pp. 1014-1026.

In this paper the author cites substantial evidence from three cities indicating that most addicts who are placed in public employment programs remain employed one year or longer. Ex-addicts in these programs succeed in public sector jobs at the same rate as other disadvantaged groups. Other tentative conclusions are: 1) ex-addicts placed with employer knowledge of their treatment program involvement keep their jobs longer than ex-addicts placed without employer knowledge; 2) support services and vocational counselor involvement are necessary to sustain ex-addicts placed with private sector employers' and 3) ex-addicts who are impersonally referred to jobs listed in computerized job bank printouts rarely keep their jobs.

Bower, R.T. *Ex-Addicts: Barriers to Employment in the Washington, D.C. Area*. Washington, D.C.: Bureau of Social Science Research, Inc., 1973.

This brief pamphlet reports on a survey of the hiring policies and practices of 55 large employers in the Washington area that might affect job opportunities for ex-addicts. Twenty-six firms had established policies; twelve of these had affirmative hiring programs. Eleven companies asked about drug use and seven had a

medical exam which included urinalysis. Most employers felt there was the greatest risk in employing ex-heroin addicts in jobs with access to cash and goods, jobs operating machines, or jobs with heavy public contact. Other data indicated a generally positive attitude toward ex-addicts, but a less positive attitude toward methadone maintenance clients.

Carpenter, H.D. *Marketing the Rehabilitated Former Addict to the Corporate Community: Overcoming Fears and Myths About Former Addiction.* Paper presented at the National Drug Abuse Conference, New York, March 1976.

In this paper the author describes how PACT/NADAP, a job development and placement program for rehabilitated drug addicts in New York, places skilled and unskilled job-ready clients in upwardly mobile jobs. PACT/NADAP maintains a dual orientation toward both the drug treatment community and the business sector. Job development techniques are seen as crucial to the success of an employment project for former addicts. PACT/NADAP provides a support system available when any difficulties are encountered by the employee in the work context and regular followup of places for one year.

Dembo, R., and Chambers, C. Disabilities to employment among ex-addicts. *Journal of Employment Counseling,* 1971, 8:99-107.

Ex-addicts formerly in inpatient treatment centers were referred to a New York City aftercare center employment unit. Analyses of client visits to employers or employment services and reporting to a new job were conducted. Of the total number of male and female ex-addicts referred for an interview, 57.9 percent completed the interview and 41.5 percent began work. According to these and other results of the study, the authors conclude the addicts are "handicapped persons with a distinctive set of personal and life-experience factors that represent impediments to obtaining legitimate employment."

Employment and the Rehabilitated Addict. Washington, D.C.: Drug Abuse Council, 1973.

This document is a synopsis of hearings held by the New York City Commission on Human Rights. The focus is on the placement of rehabilitated addicts in jobs. Problems of employment are outlined. A number of programs both in the public and private sector are described. The orientation is toward more jobs in the private sector. The Commission recommends a three-step program:

1) new Manpower programs should include work experience beyond that of sheltered or supported work,

2) employment experience must be systematically evaluated, and

3) guidelines should be developed for employment based on the evaluation.

Goldenberg, I.I. *Employment and Addiction: Perspectives on Existing Business and Treatment Practices.* Washington, D.C.: U.S. Department of Labor, 1972.

This report to the Labor Department is one of the first systematic treatments of the relationship between drug use, treatment, and employment. The stated objectives of the study included 1) a review and summarization of existing literature, 2) an analysis of problems in employment of rehabilitated drug users, and 3) the identification of models for programs. A survey of employers and treatment programs produced profiles of both that indicated little contact between these two institutions.

Goldenberg, I.I., and Keatinge, E. Businessmen and therapists: Prejudices against employment. In L.R.S. Simmons and M.B. Gold (eds.), *International Yearbooks of Drug Addiction and Society.* Vol. I, *Discrimination and the Addict.* Beverly Hills, Ca.: Sage Publications, 1973, pp. 123-146.

Based on an earlier report, this article is very critical of both the business and treatment communities. The background and training of therapists are believed to lead to a rejection of employment as a crucial component in rehabilitation. Businessmen, it is argued, resist socially beneficial programs until forced to take some temporary action. The conclusion is that the attitudes and behavior of both, unless dramatically altered, will perpetuate the problems of rehabilitating former drug users.

Koenigsberg, L., and Royster, E. *Jobs for Drug Abuse Treatment Program Clients: Final Evaluation Report.* Rockville, Md.: National Institute on Drug Abuse, December 1975.

JOBS, a demonstration program providing job development and placement services for rehabilitated drug abusers in Boston, Detroit, Philadelphia, and Chicago, was evaluated. The results of interviews with samples of clients, employers, and staff of drug treatment programs in the four cities revealed that most

employers rated the performance of clients as equal to or better than other workers. Programs were best able to place clients with median skill levels and work history in entry-level jobs in manufacturing. At the treatment program level, vocational rehabilitation and job-development capacities were found to be severely limited.

Lieberman, L. *Receptivity of Large Corporations to the Hiring of Ex-Addicts.* Paper presented at the National Drug Abuse Conference, New York, March 1976.

Interviews with executives of 113 corporations indicate a supportive attitude toward the employment of ex-addicts or persons involved with methadone maintenance. Of the executives interviewed, 45 percent employ ex-addicts and 13 percent stated that they would not hire ex-addicts. Large corporations employing medical officers are more likely to employ ex-addicts. Those managements reluctant to hire ex-addicts are also reluctant to hire blacks, Hispanics, and women. Executives of corporations employing ex-addicts indicate that there is no contagion process.

Presnall, L.F. The employment and training of ex-drug users: A three-way intersection. In E. Senay, V. Shorty, and H. Alksne (eds.), *Developments in the Field of Drug Abuse: Proceedings of the National Drug Abuse Conference - 1974.* Cambridge, Mass.: Schenkman Publishing Co., 1975, pp. 1006-1013.

Presnall's approach to the rehabilitation of an ex-drug user involves three elements: 1) a position-seeking ex-user, 2) an agency with which the user is involved, and 3) an employee or prospective employer. The communication barriers (the language spoken by unskilled, semi-skilled, and labor groups; managerial and junior executives; and top executive groups) occur after all three group meet. It is at this point that communication must take place. The author does, however, support a positive attitude toward the employment of ex-drug abusers after treatment (providing the ex-user is ready for work) and emphasizes the importance of good working relations between the employer and rehabilitation services.

Ward, H. *Employment and Addiction: Overview of Issues.* Washington, D.C.: Drug Abuse Council, 1973.

The author focuses on the problems of employment and rehabilitation in New York City. Brief overviews of the problem and literature precede discussions of a number of specific issues including 1) the relationship between poverty, employment, and

addiction and 2) role of government, employers, and treatment programs in developing jobs for addicts as a part of the rehabilitation process. The author describes a number of existing problems, primarily the lack of coordination between the organization involved and the lack of jobs or job services in New York. Recommendations are offered to help overcome the problems cited. Employers must become more familiar with the job needs of addicts and take positive action. Government agencies must recognize employment as an important component of rehabilitation and provide funding and assistance for job development and training. Treatment programs need to revise their attitudes toward work and employers to encourage more effective relationships with industry. Generally more knowledge is needed on the relationship of unemployment and drug use. Accompanying the paper is a bibliography with brief evaluative annotations.

Yankowitz, R.B., and Randell, J. *Corporate/Employment and the Methadone Patient.* Paper presented at the National Drug Abuse Conference, New York, March 1976.

The results of a study examining the work adjustment of 23 methadone-maintained office workers and skilled laborers are presented. The results indicate that, relative to their non-methadone-maintained coworkers, the methadone-maintained employees had comparable job performance and superior punctuality and attendance. "Despite the small sample size and the crudeness of the measurement instruments, the results support the compatibility of methadone maintenance and corporate employment. This shows that discrimination against methadone-maintained job applicants is unjustified when they meet the education, skill, and work experience requirements appropriate for the position."

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