

# **EEI Guide to Effective Drug and Alcohol/ Fitness For Duty Policy Development**

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Edison Electric Institute Human Resource Management Division  
Revised August 1985



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**EEL Guide to Effective**

**Drug and Alcohol/  
Fitness For Duty**

**Policy Development**

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Source: U.S. Department of Justice, Federal Bureau of Investigation  
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McPEEK

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We wish to acknowledge the following individuals and express our thanks for their efforts in assisting with the revision of this GUIDE:

Cecil L. Goodnight, Carolina Power & Light Company  
C. E. Hathaway, Southern California Edison Company  
Bernard Reilly, MD, Public Service Electric & Gas Company  
J. Patrick Sanders, Commonwealth Edison Company  
Michael R. Tuosto, Public Service Electric & Gas Company

James W. Briscoe, Institute of Nuclear Power Operations  
Ronald K. Seiberling, Institute of Nuclear Power Operations

Edward N. Bomsey, Edison Electric Institute  
Eric Haskins, Edison Electric Institute

Carl D. Behnke  
Vice President  
Human Resource Management  
Edison Electric Institute

R. Pierce Head, Jr.  
Chairman  
Human Resource Management  
Executive Advisory Committee



## Table of Contents

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	Page
I. Introduction .....	1
II. Key Program Elements .....	3
1. Written Policy .....	3
2. Top Management Support .....	7
3. Effective Policy Communication .....	7
4. Behavioral Observation Training for Supervisors .....	11
5. Policy Implementation Training for Supervisors .....	18
6. Union Briefing .....	22
7. Contractor Notification .....	23
8. Law Enforcement Liaison .....	24
9. Chemical Testing of Body Fluids .....	25
10. Employee Assistance Programs .....	34
III. Policy Implementation Checklist .....	43
IV. Sources of Additional Information .....	45
V. Appendix .....	47



# I. Introduction

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The electric utility industry recognizes the prevalent use of drugs and alcohol in the United States and the need to provide a drug-free work environment in the interest of employee and public health and safety. This *GUIDE* describes the key elements considered important in a comprehensive drug and alcohol/fitness for duty program. It is provided as a reference source and guide for electric utilities to use in the continued development of their programs.

The original *GUIDE*, published in July 1983, provided guidance for establishing effective drug & alcohol policies and programs. Since that date, significant progress has been made toward the achievement of a drug-free work environment. A revision to this *GUIDE* was considered appropriate in light of utility experiences and new developments since the original *GUIDE* was published. One such development is the recognition that employees and others, particularly individuals with unescorted access in nuclear power facilities, should be "fit for duty."

A new section, Chemical Testing of Body Fluids, has been included in the revised *GUIDE*. As in the original version, each section in Part II describes a key program element. The introductory information outlines the important features of each and explains, as appropriate, how it fits into the overall program or why it is important. Following this discussion, examples are provided to illustrate ways some companies have addressed the key elements of their programs.

*Information included in this GUIDE is not intended to be mandatory or prescriptive; other methods may be equally as effective as those presented in this GUIDE.* However, application of the elements described herein should assist utilities in achieving the objective of a drug-free work environment. It is highly recommended that individual utilities develop general implementing procedures and criteria based on the contents of the *GUIDE*.

## II. Key Program Elements

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### 1. Written Policy

A clear definitive corporate policy statement on drug and alcohol abuse as a part of a total fitness for duty program, strongly supported by top management, is necessary. Employees, unions, and others doing business with the company must clearly understand what is expected of them and what consequences may result from lack of adherence to such a policy. The policy should be presented in writing to all employees and supervisors. To ensure that a practical and enforceable policy and formal implementing procedures are developed, a team approach has proven effective. A substance abuse committee within the company comprised of representative officials who will be responsible for interpreting and implementing the policy after it is finalized has been successfully utilized by several companies. Substance abuse committee members might include representatives of employee relations, personnel, security, medical, labor and contractor relations, nuclear operations, employee assistance, legal, and fossil fuel generation. Generally, the chief human resource executive would serve as chairman of this committee. This group, much like the Edison Electric Institute Task Force, should be multi-disciplinary in perspective and should be in a position to ensure that all the salient issues that could affect implementation of the policy are considered and addressed properly. The committee should also establish a minimum system of records and reports to assist the company in managing the program. In addition, it should conduct periodic audits to provide management with information on the program's effectiveness.

The written policy statement should include the following important features:

- a. Employees are the company's most valuable resource and for that reason, their health and safety is of paramount concern.
- b. The illegal use, sale or possession of narcotics, drugs or controlled substances while on the job or on company property will result in discharge. The illegal sale of narcotics, drugs, or controlled substances off duty and off company premises will also result in discharge.
- c. Illegal use of drugs off duty and off company premises is not acceptable because it can affect on-the-job performance and the confidence of the public and the government in the company's ability to meet its responsibilities; such use may result in discharge.
- d. Alcohol is prohibited from company property and operations, and use of alcohol that adversely affects an employee's job performance or the public and/or regulatory perception of the company is not acceptable;
- e. The legal use of controlled substances prescribed by a licensed physician is not prohibited, but employees in selected positions designated by the company are required to make such use known to an appropriate company representative;
- f. Violation of the company's policy may result in disciplinary action up to and including termination;
- g. Law enforcement officials will be notified whenever suspected illegal drugs are found;



- h. Whenever possible, the company will assist employees in overcoming drug, alcohol and other problems which may adversely affect employee job performance; and
- i. Employees in designated positions who are involved with illegal drugs off duty and off company premises will be immediately removed from their job assignment and tested for the presence of illegal drugs. The employee may be returned to the designated position only when the company receives satisfactory professional assurance that the employee's presence on the job does not present a hazard to safety or adversely impact the company in any other way. Retention in the designated position will be contingent on the employee successfully passing tests which verify abstinence from illegal drug use during a reasonable probationary period.
- j. In cases of confirmed illegal drug use, sale, or possession on or off company premises, appropriate measures will be taken to determine the scope of the problem.

The policy statements that follow reflect commitment to health and safety, recognize the company's responsibility to the public, stress the need to meet high standards to provide reliable energy service, and, finally, recognize the problem posed by alcoholic beverages as well as drugs and psychologically abnormal behavioral problems both on and off the job.

### ***Company Policy Regarding Drug and Alcohol Abuse \****

For many years the Company has had a strong commitment to its employees to provide a safe work place and to establish programs promoting high standards of employee health. Consistent with the spirit and intent of this commitment, the Company has established this policy regarding drug and alcohol abuse. Quite simply, our goal will continue to be one of establishing and maintaining a work environment that is free from the effects of alcohol and drug abuse.

While the Company has no intention of intruding into the private lives of its employees, the Company does expect employees to report for work in condition to perform their duties.

The Company recognizes that employee off-the-job, as well as on-the-job involvement with drugs and alcohol can have an impact on the work place and on our ability to accomplish our goal of an alcohol and drug-free work environment.

As in the past, employees who voluntarily request assistance in dealing with a personal drug habit may participate in the Employee Assistance Program without jeopardizing their continued employment with the Company, provided they stop any and all involvement with drugs. The Employee Assistance Program will also continue to be available to any employees who feel that they may have a drinking problem. In either case, the Company Medical Department will refer employees to an appropriate treatment resource. Volunteering to participate in the Employee Assistance Program will not prevent disciplinary action for a violation of this policy which has already occurred.

The following is the Company's policy:

1. The illegal use, sale, or possession of narcotics, drugs, or controlled substances while on the job or on Company property is a dischargeable offense. Any illegal substances will be turned over to the appropriate law enforcement agency and may result in criminal prosecution.
2. Employees who are under the influence of alcohol, or who possess or consume alcohol on the job, have the potential for interfering with their own as well as their co-workers' safe and efficient job performance. Consistent with existing Company practices, such conditions will be proper cause for administrative action up to and including termination of employment.
3. Off-the-job illegal drug use which could adversely affect an employee's job performance or which could jeopardize the safety of other employees, the public, or Company equipment is proper cause for administrative or disciplinary action up to and including termination of employment.
4. Employees who are arrested for off-the-job drug activity may be considered to be in violation of this policy. In deciding what action to take, management will take into consideration the nature of the charges, the employee's present job assignment, the employee's record with the Company and

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other factors relative to the impact of the employee's arrest upon the conduct of Company business.

5. Some of the drugs which are illegal under Federal, State or local laws include, among others, marijuana, heroin, hashish, cocaine, hallucinogens, and depressants and stimulants not prescribed for current personal treatment by an accredited physician.
6. Employees undergoing prescribed medical treatment with a controlled substance should report this treatment to their supervisor or the Company Medical Department. The use of controlled substances as part of a prescribed medical treatment program is naturally not grounds for disciplinary action, although it is important for the Company to know such use is occurring.

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**Alcohol and Drugs**—Employees of the Company are visible and active members of the communities where they live and work. They are inescapably identified with the Company and are expected to represent the firm in a responsible and creditable fashion. The vast majority of our employees reflect credit upon themselves and the Company they represent. The use of non-medically authorized drugs is illegal under State and Federal law. Their use, therefore, quite naturally does not conform to creditable behavior.

—Any employee on Company premises who appears to be under the influence of, or is found to have in his or her personal possession, in his or her locker or desk or other such repository, alcohol or non-medically authorized drugs, or is found to have used or to be using such drugs on Company premises, will be suspended immediately pending further investigation. If use or possession is substantiated, disciplinary action, up to and including discharge, will be imposed.

—Supervisory employees are to be constantly alert for any such infraction and will be held responsible for identifying personnel who appear to be under the influence of or to be using alcohol or non-medically authorized drugs on Company premises. The supervisor will also be held responsible for taking appropriate and prompt action to suspend and remove any violator from Company premises.

—While the Company does not pretend to be judge of individual life styles, employees who use or traffic in any sort of illegal drugs off Company premises are also behaving unacceptably and serious consequences may result. Certain employees perform critical functions in complex and sensitive work assignments in plant or office where alertness and mature judgment are essential. Any such employee known to be using illegal drugs off Company premises will be subject to appropriate action, including possible removal from his or her critical assignment. Where the use of illegal drugs while off duty adversely affects an employee's job performance or the public trust in the ability of the Company to carry out its responsibilities, disciplinary action, up to and including discharge, will be imposed.

—These measures may appear harsh, but the Company believes them to be completely justified and necessary. In a time of searching public and governmental vigilance concerning the safe operation of critical utility facilities, we must adhere to strict standards of conduct on and off the job if we are to continue to fulfill our responsibility to provide reliable energy services to our customers.

This statement is to clarify the Company's operational stance and to provide for prompt effective reaction to any alcohol or drug-related situation which has or could have any impact on our operations. It does not alter in any way the policy of assisting employees in securing proper treatment or extending the coverage of the Sick Benefits Plan as indicated for problem drinking, alcoholism or other drug dependencies.

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## **Company Policy on Illegal Drug and Alcohol Abuse\***

**Subject:** *Conduct of Employees*

**Purpose:**

The purpose of this policy is to outline the Company's standards and regulations designed to guide officers, employees, and agents in the conduct of their daily business in such a manner as to ensure the highest utilization of the Company's assets and the greatest efficiency of the Company's employees.

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## **Policy:**

### **I. Illegal Drugs**

The possession, sale, or use of illegal drugs (defined as any drug or drug-like substance whose sale, use or possession is unlawful) is inconsistent with the Company's objective of operating in a safe and efficient manner. Accordingly, no officer, employee, or agent shall use or have in his or her possession illegal drugs during working hours or on Company property at any time. Additionally, no officer, employee, or agent shall report to work while under the influence of illegal drugs. The services of any employee who engages in such conduct will be subject to discipline up to and including discharge per vested authority. The only exception is the taking of prescribed drugs under the direction of a physician.

The unlawful involvement with drugs or narcotics off Company property will constitute grounds for severe disciplinary action, up to and including termination of employment.

### **II. Alcoholic Beverages**

The use of alcoholic beverages by employees engaged in the construction, operation or maintenance of the Company's facilities is inconsistent with the objective of operating in a safe and efficient manner. Accordingly, no officer, employee, or agent shall use alcoholic beverages during working hours nor shall alcoholic beverages be served at a Company function without prior approval by the appropriate senior officer of the Company as designated by the Chief Executive Officer. Additionally, no officer, employee, or agent shall report to work under the influence of alcoholic beverages. Employees in violation of this policy will be subject to discipline up to and including termination of employment per vested authority.

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## **Company Policy Statement— Employee Involvement With Drugs\***

### **To All Employees:**

PSE&G is firmly committed to provide its employees with a safe workplace and to promote high standards of employee health. Because of this, the Company has strengthened and

broadened the scope of its policy concerning actions it will take when an employee becomes involved with drugs. Any employee involvement with drugs would prevent the Company from meeting its commitment.

A drug-free work environment is especially important in the utility industry because of the basic responsibility of utilities to serve the public safely and without interruption. The responsibility is of even greater significance where nuclear facilities are concerned—as in our own Company. Therefore, the unlawful use, distribution, or possession of drugs on Company property will not be tolerated.

Also, the Company expects all employees to report to work able to perform their duties safely. Off-the-job drug involvement may impair this ability. Where circumstances indicate that such an impairment may exist, the Company will take appropriate action.

The importance of this issue to the Company and its employees cannot be overemphasized. Please read the attached policy statement carefully.

*H.W. Sonn*

## **Employee Involvement With Drugs\***

### **General:**

It is the policy of PSE&G to take action against employees who unlawfully use, distribute or possess drugs or controlled substances during or outside Company hours.

### **Purpose:**

This is a guideline to prevent illegal activities and to protect employees, the public and Company property from any danger which may result from the use of drugs.

### **Objective:**

The objective of this policy is to provide and maintain a safe, drug-free work environment.

### **Scope:**

Employees who unlawfully use, distribute or possess drugs or controlled substances while on Company time or on Company property will be subject to discharge. Illegal substances will be confiscated and turned over to the appropriate law enforcement agency.

Employees found to be unlawfully involved with drugs or controlled substances on their own time will be subject to disciplinary action up to and including discharge, or job reassignment, if such involvement has or may have an adverse effect on the Company. Examples of

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\*Reproduced with the permission of Public Service Electric & Gas Company.

adverse effect are impaired work performance, endangered safety of employees and the public, improper use of Company property, and undermined government or public confidence in the Company.

The Company will take action against employees arrested for off-the-job drug activity. In deciding what action to take, the Company will consider the nature of the charges, job assignment, record with the Company and other factors related to the impact of arrest upon the conduct of Company business.

Employees with personal drug problems are encouraged to request assistance from the Personal Guidance Program. Voluntary participation in the Personal Guidance Program is treated on a confidential basis. In addition, while voluntary participation in a drug rehabilitation program usually will not involve disciplinary action by the Company, such participation will not prevent the Company from taking disciplinary action where warranted.

Employees undergoing prescribed medical treatment with a drug or controlled substance which may alter their physical or mental ability must have their physician report this fact to the Company Medical Director. It may be necessary to change an employee's job assignment while the employee is undergoing treatment.

#### **Responsibility:**

The Vice President-Human Resources administers this policy.

The Vice President and General Counsel interprets this policy.

The Medical Director interprets and monitors this policy as it relates to medical matters.

All supervisory personnel implement this policy.

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## **2. Top Management Support**

Though top management may be in favor of a comprehensive drug and alcohol/fitness for duty program, the effectiveness of the program will depend upon the degree of demonstrated involvement from top management in communicating the policy to employees, setting the example, and supporting fair and impartial enforcement of the policy as the need arises. The policy can be compromised by a lack of understanding or interest at the top. It can also be compromised by the perception of a double standard, one for management and one for other employees.

The level of management support will depend, in part, on how much management actually knows about the health and safety hazards of drugs and alcohol and their impact on the work environment. A briefing by a top health or medical professional on this matter, combined with a clear outline of the company's program implementation plan, has proven to be effective in gaining the necessary management support. Emphasis on alcohol and drug policy adherence among technical and professional personnel will also enhance policy credibility with other employees.

To achieve the needed senior management support, the following steps are suggested:

- a. Brief the chief executive officer and senior management with health and safety information on drugs and alcohol before the program is presented company-wide, spending enough time to involve management in questions and answers on the subject.
- b. Ensure that top management representatives attend employee and departmental meetings on this subject and, in fact, deliver the policy guidance that is appropriate.
- c. Encourage upper management to set an example regarding not drinking alcoholic beverages during luncheon hours.
- d. Ensure that senior management makes reference to the company's drug and alcohol/fitness for duty policy and programs (including employee assistance) at departmental staff meetings.
- e. Assign a program manager, generally the chief human resource executive, to be responsible for the implementation of the program company-wide, working closely in a team approach with other company officials.

## **3. Effective Policy Communication**

How company policy is communicated—by whom, to whom, and in what context, has been shown to be as important as the message itself. For drug and alcohol/fitness for duty policies, chief executive officer endorsement and line management involvement in communicating the policy to employees is



very important. This section discusses elements that should be considered when planning how the policy will be communicated both within and outside the company:

- a. The chief executive officer and senior management should be fully briefed and supportive of the policy (see Section 2).
- b. Field management—plant and division managers—should be given health and safety information and a preview of the general policy communication that will be repeated throughout the company in the various work locations (see Section 2 and Appendix).
- c. Employees should be briefed orally and given a copy of the company policy in writing. To be most effective, meetings should be held at normal locations and presided over by the location manager, accompanied by a health professional who can discuss the health and safety hazards of drug and alcohol abuse and answer questions on how such abuse on and off the job affects job performance. Sample training formats are included in this section. Periodic retraining can be effectively conducted during general employee training.
- d. In addition to explaining the company policy on drug and alcohol/fitness for duty, employees should be given written information about these topics that they can retain for future reference. One effective communication method that many companies use to enhance employee awareness is the distribution of a booklet that includes the company policy statement, a message from the chief executive officer, health and safety information on drug and alcohol abuse, as well as direction on how the employee assistance program can be used by employees. This one document provides information on drugs and alcohol that will be useful not only to the employee but to family members, and can serve as a reference point should the need arise for using employee assistance on a confidential basis or for obtaining further information on chemical dependency from outside resources.

An example of the health and safety information on drug and alcohol abuse contained in such a booklet is included in the Appendix.

- e. Supervisors should be given special training on the signals and warning signs of deteriorating job performance, and in handling cases of drug and alcohol abuse or other fitness for duty problems. This should be provided in addition to the training they will receive with all other employees. Because of their day-to-day contact with employees, it is important that they are familiar with the procedures to be followed with respect to fitness for duty. Periodic assessment of program effectiveness should be conducted to ensure that the program is understood and being followed (See Sections 4 and 5).
- f. Company newsletters and other publications may be used to help communicate the company policy and implementation measures. Utilizing company publications reinforces the importance the company attaches to the program. Company publications are often shared with family members, and relevant articles may provoke discussions within the family on the problem of drugs and alcohol, whether it relates to school use, community use, personal use or friends or relatives who may be dependent on alcohol and/or drugs. An example of a relevant company newsletter article is reprinted at the end of this section.
- g. Bulletin boards, signs, welcome booklets, supervisory guides, personnel manuals, and industrial relations in-service training brochures can also be used to disseminate the policy and such guidance as is appropriate.
- h. Co-workers should be involved in supporting the policy. Health and safety information on drug and alcohol abuse and other factors that is aimed only at alcoholic and/or drug-dependent persons (a small percentage of the workforce) is not generally effective. Often, these people are reluctant to recognize that they have a problem and they will not readily seek assistance. In addition, family members, friends and fellow employees will often "cover up" for drug and/or alcohol abusers to help them retain their jobs if they think there is no way to help them get assistance.

In order to overcome these problems, companies have successfully enlisted the help and support of non-abusing employees by stressing the importance of a safe workplace and the availability of employee assistance programs. All employees should be aware that their health, safety and job performance can be significantly affected by a co-worker's impairment. An employee with a problem, whether related to drugs, alcohol or other factors, puts more work on other employees who will have to compensate for the impaired employee's reduced performance, possibly compromising quality, efficiency and safety. Public confidence in the company and its employees could be adversely affected.

In health and safety meetings, during discussions with employees, supervisors and union representatives, the company's concern for *all* employees should be made clear. The health information should reach out not only to those who may have problems, but to their peers. Having employees realize that someone else's impairment can affect their own safety and paycheck is important to gaining their support.

The following steps are normally appropriate before the policy is explained to employees:

- a. Prior to dissemination of the policy within the company, a union leadership briefing may be helpful. The union briefing should cover the basic policy, the implementation plan, the health and safety objectives of the company and the union, and the need to protect all employees from unnecessary hazards in the workplace, including those that can result from drug and alcohol abuse (see Section 6).
- b. Appropriate liaison arrangements should be scheduled with local law enforcement agencies (see Section 8).
- c. Contractors should be advised of the company policy and their responsibilities (see Section 7).
- d. The medical, employee assistance, labor relations, personnel and security units of the company should be given guidance and instruction as to their respective roles.

Following these internal and external briefings, the company can communicate the policy to its employees and supervisors in a scheduled manner at corporate headquarters and field locations. Special efforts should be made to see that all employees attend the briefings.

## **Company Policy Communication Plan Example**

1. Group meetings for plant, division or office employees, including management, chaired by a line manager (area manager, station superintendent, department head, etc.). Meetings to be held at plant, division, or office location.

### **Discussion of Drug and Alcohol Abuse/Fitness for Duty and Company Policy:**

- Health and safety impact of drug and alcohol use and emotional or psychological problems presentation by a medical or other health professional.
- Explanation of company policy—presentation by plant, division or unit manager.

Each meeting ideally should last for one hour and be attended by approximately 40–50 employees, in accordance with facility operating requirements, work schedules, etc.

2. Group meetings for all supervisory employees chaired by line manager (station superintendent, department head, district manager, etc.).

### **Supervisory Responsibilities:**

- Fitness for duty determination—presentation by medical or other health professional.
- Supervisory guidelines for administering the company policy—presentation by plant, division, unit manager.

Each meeting should ideally last 45 minutes to 1 hour. Supervisors should attend employee group meetings also.

### **NOTE:**

- (1) Questions for the medical or health professional and/or management would be encouraged for all meetings.
- (2) Provide supervisors with written information on dealing with employees under the influence of drugs, alcohol, behavioral, emotional or psychological disorders; provide answers to commonly asked questions they can expect regarding the company's policy.



## **New Policy Takes a Tough Stance on Drug Abuse\***

*(The following is reprinted from  
the PSE&G NEWS)*

The company will be taking a tougher stand against employees who abuse the use of drugs—on or off the job.

The aim of the new policy, which went into effect on April 25, is three-fold: To prevent illegal activities, to protect employees, company property and the public from any danger which may result from the use of drugs, and to provide and maintain a safe, drug-free work environment.

The policy embraces a number of efforts to help all employees become better educated about the dangers of drug abuse and to provide personal and confidential aid to those who may have a drug problem, no matter how slight.

The policy was developed by a special task force made up of representatives from the industrial relations, safety and security, employee relations, and medical departments. The task force's work was carried out under the direction of W. Kenneth Huggier, assistant vice president-human resources, in conjunction with the company's employee relations committee, and the various aspects of the policy will be implemented under the guidance of the human resources department.

All employees will receive a copy of the policy by early May, along with a letter of endorsement signed by the company's president, Harold W. Sonn. The new policy contains five major points:

- Employees who unlawfully use, distribute or possess drugs or controlled substances while on company time or on company property will be subject to discharge. Illegal substances will be confiscated and turned over to the appropriate law enforcement agency.

- Employees found to be unlawfully involved with drugs or controlled substances on their own time will be subject to disciplinary action, including discharge or job reassignment, if there has been or could be an adverse effect on the company, such as impaired work performance, endangerment of employees or the public or the improper use of company property.

- The company will take action against employees arrested for off-the-job drug activity.

In determining the measures against an employee, the company will consider, among other things, the nature of the charges, job assignment, and record with the company.

- Employees with personal drug problems will be encouraged to request assistance voluntarily from the confidential Personal Guidance Program. However, participation in the program will not prevent the company from taking disciplinary action where warranted.

- Employees undergoing prescribed medical treatment with a drug or controlled substance which may alter their physical or mental ability will be required to have their physician make a report to the company's medical director. It may be necessary to change an employee's job assignment while he or she is undergoing treatment.

### **Information program**

As part of the policy, a drug information program will be developed and presented to all employees within the next several months. A special training program will be prepared for supervisory personnel to help them implement and carry out the terms of the policy.

The new policy makes PSE&G one of the first utilities in the nation to take a strong approach in dealing with drug use following an industry-wide study that showed the problem was on the rise.

The study was done by an Edison Electric Institute (EEI) task force, whose chairman was Michael R. Tuosto, PSE&G's general manager of personnel and equal opportunity. Dr. Bernard Reilly, the company's medical director, was also on the task force.

The EEI study was sparked, Tuosto explained, by a Nuclear Regulatory Commission (NRC) proposal last August that companies with a nuclear reactor establish and implement "fitness for duty" controls over employees who have unrestricted access to the plant. In essence, the proposal was designed to keep an employee who may be under the influence of drugs or alcohol out of a nuclear plant.

Tuosto said the utility industry believes, however, that any drug problem a company faces would not be limited to a nuclear plant. As a result, the task force was formed to define the problem, industry-wide, and recommend methods to cope with or prevent drug problems in an entire company, not just a nuclear station.

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Electric & Gas Company.

The task force hired Chicago consultant Peter B. Bensinger, who served as head of the federal Drug Enforcement Administration from 1976 to 1981, to help with the effort.

The task force completed its work in February and concluded that the utility industry was experiencing drug-related problems "no worse, but no better" than industry in general, Tuosto said. The general consensus, though not absolute, is that upwards of 7% of the nation's workforce is involved with the misuse of drugs, he said.

Utilities are now being encouraged by the EEI task force to develop a policy that will deal with any problems they may have.

PSE&G moved ahead with the development of its policy, even as the EEI task force was finishing its work. "The company felt the need for drug awareness was important so we got started quickly," Tuosto said. "We want to insure a safe working environment for all of our employees. The policy that has been developed is not meant to be punitive. Rather, it is designed to be preventive."

There have been some drug-related incidents in the company over the years, Tuosto said. "Ideally, it will be to everyone's benefit if there would be no more incidents here at PSE&G," he said. "Perhaps this new policy, with its provisions for drug awareness and personal help, will set us in that direction."

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## 4. Behavioral Observation Training for Supervisors

Supervisors are in day-to-day contact with their personnel and are most familiar with their normal behavior patterns. Therefore, they are in the best position to detect changes in employees' behavior and to initiate appropriate corrective action. Supervisors should be given clear responsibility for behavioral observation of their employees and should be given special training to ensure they have the knowledge and ability to perform that task well. Supervisory training should stress that the supervisor's job is NOT to diagnose but to refer employees to competent professionals for appropriate treatment.

The examples provided in this section reflect an outline in depth of guidelines that supervisors can refer to when evaluating an individual employee's work. Questions in the examples relate to efficiency, errors, absenteeism, cooperation, social interaction,

mood changes, personal health and hygiene, changes in behavior, the feelings that supervisors may have about the individual employee, and the need for clear documentation. Guidelines on "do's" and "don't's" for supervisors are included in one company's job performance and behavior observation guidelines. One example is a brief summary outline of some of the signs of deteriorating job performance often associated with drug and alcohol abuse. In this particular case, the company emphasizes that unusual or odd behavior may not always be connected with drug or alcohol abuse and that supervisors should not make judgmental decisions nor should they assume the role of a counselor, diagnostician or policeman. The guidelines in this section and in section 5 underscore the responsibility of the supervisor to act in accordance with the company guidelines for administering the policy on substance abuse/fitness for duty and to take action if the threat of safety impairment is clear, not only for the individual employee but for others.

Behavior observation and job performance assessment will depend upon the supervisor's judgment and working knowledge of the individual employee. Supervisors will need to document performance and behavior and to interpret them in light of the individual employee, his/her past and current work attitude, and capability. There is no substitute for a supervisor knowing his/her employees.

### *On-the-Job Behaviors\**

#### **Work Performance:**

Employees on-the-job behaviors and work habits that directly impact on efficiency and effectiveness of task accomplishment.

1. Has the individual's work *QUALITY* or *QUANTITY* changed?
  - Greatly changed speed of working
  - Changed level of work involvement
2. Has the employee made more *MISTAKES* or *BAD JUDGMENTS*?
  - Has numerous accidents
  - Laughs off errors or reprimands
  - Denies mistakes
  - Unnecessarily condemns self for mistakes

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3. Has the employee's *EFFICIENCY* lessened?
  - Has trouble arriving at decisions
  - Often fails to meet deadlines
  - Needs repeated directions for easy tasks
4. Does the individual have more difficulty *CONCENTRATING*?
  - Forgets important or obvious things
  - Acts without thinking
  - Daydreams too much
  - Doodles excessively
  - Repeats same action over and over
5. How much is the worker *ABSENT FROM THE JOB*?
  - Late or absent, especially Monday or Friday
  - Often takes off half-days
  - Leaves work without notice
  - Falsifies attendance records
  - Takes a lot of sick leave
  - Gives improbable excuses for absences
6. Is the employee *ABSENT "ON THE JOB"*?
  - Wanders around the plant a lot
  - Takes excessively long lunches and breaks
  - Avoids a part of the plant because of fear
  - Gets sick while at work
7. Does the employee adhere to *COMPANY POLICY*?
  - Steals or damages property
  - Disregards rules
  - Bends the rules
8. Have you noticed the individual becoming *OVERCAUTIOUS*?
  - Overreacts to normal conditions
  - Freezes or disappears in an emergency
  - Overly concerned about details/accuracy
  - Doublechecks work too much
9. Has the employee become *OVER-ZEALOUS*?
  - Never takes breaks
  - Comes to work early
  - Hangs around after shift
  - Volunteers for excessive amounts of overtime
  - Suddenly exceeds work expectations
10. Does the employee engage in a lot of *RISK-TAKING*?
  - Drives recklessly
  - Operates equipment carelessly on or off the job

- Shows poor judgment in dangerous physical activities
- Gambles a lot

11. Has the individual's *COOPERATION* with *CO-WORKERS* changed?
  - Refuses to share equipment or information
  - Refuses to take directions
  - Refuses to accept help from others

#### **Social Interactions:**

Type and quality of employee's relationships with work associates that may impact on team performance.

1. Does the employee appear *LESS SOCIABLE* than before?
  - Isolated/withdrawn
  - Shallow friendships
  - Smiles and talks to self
  - Refuses social contacts
  - Poor eye contact
  - Lacks a sense of humor
  - Overly suspicious of others
  - Holds grudges/sulks
2. Has the individual become *TOO SOCIABLE*?
  - Talks too much with other employees
  - Unusual talking together
  - Plays pranks/jokes
  - Monopolizes conversation
  - Inappropriate sex behavior
  - Flashes money
3. Are there changes in the employee's choice of *FRIENDS*?
  - Especially for breaks/lunch or transportation
  - Only those younger or easily dominated
  - Has separate set of friends just for drinking or gambling
4. Are there changes in the way *OTHER WORKERS* react to him/her?
  - Ignore or avoid
  - Get angry with
  - Become condescending
  - Complain about
  - Mistrust
  - Play pranks on
  - Joke about
5. Does the employee show more *ANGER*?
  - Impatient
  - Overreacts to real or imagined criticism
  - Irritable
  - Argumentative
  - Physical fights
  - Temper outbursts

6. Does the individual *MANIPULATE* others?
  - Builds up brownie points
  - Brags/exaggerates
  - Acts naive or innocent
  - Lies
  - Shows off
  - Borrows money
7. Have you noticed any changes in the employee's *SPEECH BEHAVIOR*?
  - Talks slower/faster
  - Talks more/less
  - Stammers
8. Has the employee's *SPEECH CONTENT* changed?
  - Jumps from topic to topics
  - Talks about hopeless future
  - Occupied with suicide, disasters, destruction
  - Occupied with one topic
  - Never chats about family/interests
9. Does the employee have more *COMPLAINTS* about:
  - Physical ailments
  - Back pain/muscle aches
  - Co-workers or superiors
  - Being ignored/left out
  - Family/money problems
  - Lack of privileges
  - Filling out required forms
  - Or has stopped complaining
4. Has the individual's *ENERGY LEVEL* changed?
  - Yawning
  - Fatigue
  - Restlessness
  - Fidgeting
5. Are you aware of any changes in *DAILY LIVING ROUTINE*? In *WORK ROUTINE*?
  - Sleep difficulties
  - Change in after-work hobbies, activities
  - Change in amount/pattern of eating
  - Rigidly follows same pattern without reason
6. Have you noticed any changes in the individual's *GENERAL APPEARANCE*?
  - Appears better/more poorly groomed
  - Walks differently (slower, stumbles)
  - Change in posture
7. Have you noticed any *FACIAL* changes?
  - Blushing or paleness
  - Red eyes
  - Dry mouth (frequent swallowing/lipwetting)
  - Dilated pupils
  - Puffy face
  - Difficulty hearing
8. Have you noticed any changes in the individual's *BODY* or *LIMBS*?
  - Shaky hands
  - Nail biting
  - Weight loss/gain
  - Cold, sweaty hands
  - Twitching
  - Sweating, especially nonseasonal

#### **Personal Health:**

Employee's physical and emotional states that affect work behavior.

1. Are you aware of any signs of "*NERVES*" or *EMOTIONAL UPSET*?
  - Headaches
  - Startles easily
  - Cries easily
  - Shaky voice
2. Does the individual use *ALCOHOL* or *DRUGS* differently?
  - Drinks too much
  - Alcohol on breath
  - Preoccupied with drinking or drugs
  - Gulps drinks, especially the first couple
  - Encourages others to use
  - Frequently "on the wagon"
3. Has the individual had unusual *ILLNESS*?
  - Claims large amounts of dental/medical, emotional benefits
  - Slow recovery from illness
  - Preoccupied with death or suddenly religious
  - Ignores own illness
9. Has the employee had any *GASTROINTESTINAL* changes:
  - Nausea/vomiting
  - Stomach ache/gas
  - Frequent trips to the restroom
  - Excessive use of antacids, coffee/tea or other liquids, aspirin, cigarettes
10. Does the employee have any *CARDIOVASCULAR* difficulties?
  - Dizziness/fainting
  - Breathing irregularities
11. Have you noticed any changes in the employee's *THINKING PATTERN*?
  - Sees things that aren't there (hallucinations)
  - False beliefs (delusions)
  - Bizarre or unusual ideas



### Part I

Think about the employees you supervise. Do any of them have any of the following characteristics? Go through the list below and place an "x" next to each characteristic you have noted in any of your employees.

#### Changes in

##### 1. Absenteeism

- ☐ A. Instances of unauthorized leave
- ☐ B. Excessive sick leave
- ☐ C. Frequent Monday and/or Friday absences
- ☐ D. Repeated absences, particularly if they follow a pattern
- ☐ E. Excessive tardiness, especially on Monday mornings or in returning from lunch
- ☐ F. Leaving work early
- ☐ G. Peculiar and increasingly improbable excuses for absences
- ☐ H. Higher absenteeism rate than other employees for colds, flu, gastritis, etc.
- ☐ I. Frequent unscheduled short-term absences (with or without medical explanation)

##### 2. "On-the-Job" Absenteeism

- ☐ A. Continued absences from post more than job requires
- ☐ B. Long coffee breaks
- ☐ C. Repeated undealt-with physical illness on the job

##### 3. High Accident Rate

- ☐ A. Accidents on the job
- ☐ B. Accidents off the job (but affecting job performance)

##### 4. Difficulty in Concentration

- ☐ A. Work requires greater effort
- ☐ B. Jobs take more time

##### 5. Confusion

- ☐ A. Difficulty in recalling instructions, details, etc.
- ☐ B. Increasing difficulty in handling complex assignments
- ☐ C. Difficulty in recalling own mistakes

##### 6. Spasmodic Work Patterns

- ☐ A. Alternate periods of high and low productivity

##### 7. Reporting to Work

- ☐ A. Coming to/returning to work in an obviously abnormal condition

##### 8. Generally Lowered Job Efficiency

- ☐ A. Missed deadlines
- ☐ B. Mistakes due to inattention or poor judgment
- ☐ C. Wasting more material
- ☐ D. Making bad decisions
- ☐ E. Complaints from customers or clients
- ☐ F. Improbable excuses for poor job performance

##### 9. Poor Employee Relationships on the Job

- ☐ A. Over-reaction to real or imagined criticism
- ☐ B. Wide swings in morale
- ☐ C. Borrowing money from co-workers
- ☐ D. Complaints from co-workers
- ☐ E. Unreasonable resentments
- ☐ F. Avoidance of associates

### Part II

Now, go back over the list and indicate in the left hand margin how you felt about this type of employee's behavior.

- ☐ A. ☐ I felt helpless.
- ☐ B. ☐ I felt sad.
- ☐ C. ☐ I felt hurt.
- ☐ D. ☐ I felt let down.
- ☐ E. ☐ I was fearful of approaching employee.
- ☐ F. ☐ I was fearful of doing the wrong thing.
- ☐ G. ☐ I was fearful of what my boss would say.
- ☐ H. ☐ I felt guilty somehow.
- ☐ I. ☐ I felt angry.
- ☐ J. ☐ I felt superior.
- ☐ K. ☐ I felt frustrated.
- ☐ L. ☐ Other.

### Part III

One more time, go over the list and indicate in the left hand margin what you did about this behavior.

- ☐ A. ☐ I did nothing, I ignored it.
- ☐ B. ☐ I covered up for him/her.
- ☐ C. ☐ I gave him/her a good "chewing out."
- ☐ D. ☐ I moved him/her to a less demanding job.
- ☐ E. ☐ I cut off communications with him/her.
- ☐ F. ☐ I complained to others (my boss, colleague, secretary, wife/husband, etc.)
- ☐ G. ☐ I threatened him/her.
- ☐ H. ☐ I did his/her work.

- \_\_\_\_ I. ☐ I promoted him/her.
- \_\_\_\_ J. ☐ I persuaded him/her to retire.
- \_\_\_\_ K. ☐ I resigned/retired.
- \_\_\_\_ L. ☐ I discussed it.
- \_\_\_\_ M. ☐ I helped.
- \_\_\_\_ N. ☐ I did something else.

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## ***What Data Should Supervisors Document?\****

### **General Instructions**

It is important that data which is collected be as specific as possible and be centered on job performance or any unusual behavior on the job. Recurring patterns ought to be noted. Everyone has an "off day" once in a while so observation or documentation should go on over a period of time. Collection of data helps the supervisor make a fair and impartial assessment of job performance. It also guards against "euphoric recall," that is remembering only the peaks of performance—the "good days" and not the "bad days." The supervisor is not a counselor or judge of the employee. Rather he is someone who assesses performance and then asks for assistance from the Employee Assistance Program.

### **Job Performance**

1. Frequent absence or days off with vague or impossible excuses
2. Excessive use of sick leave
3. Tardiness
4. Early departures
5. Erratic or deteriorating production
6. Missed deadlines
7. Failure to follow instructions
8. Errors in judgment
9. Absent from post frequently
10. Repeated or unreasonable accidents on or off the job
11. Patterns of decreased efficiency as compared to past performance

### **Other indications**

1. Complaints from fellow workers about an employee who is difficult to "get along with"
2. Over-reaction to criticism
3. Able to get other workers to take over job responsibilities for no good reason

4. Begins to avoid associates
5. Personal appearance becomes "sloppy"
6. May appear withdrawn or preoccupied
7. Wide mood swings during the day for no apparent reason
8. Might smell of liquor or use breath deodorizers

### **Data Pertinent to Supervisory Level**

1. Becomes lax in his supervisory duties
2. Issues conflicting instructions to employees
3. Uses employee's time and skills to cover responsibilities
4. Submits incomplete reports and data
5. Mismanages budgets
6. Fails to coordinate schedules

## ***Specific Actions by the Supervisor\****

Specific action to be taken by the supervisor to correct poor job performance due to emotionally based personal behavior problems does not differ basically from action to be taken to correct poor job performance resulting from any other reasons. Action to be taken is outlined under two headings: What the supervisor should do, and what the supervisor should not do.

### **What the supervisor should do**

1. The supervisor should make sure each of his employees is informed about and understands what is expected of him in terms of work performance and attendance.
2. The supervisor should be alert, through continuing observation, to changes in the work and behavioral patterns of employees under his supervision.
3. The supervisor should document all unacceptable behavior, attendance and job performance that fails to meet established standards.
4. The supervisor should discuss deteriorating work performance, attitude or attendance with the employee. Make it clear that the Company is concerned with job performance. Unless performance improves, his job is in jeopardy.

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5. The supervisor should monitor employees' work performance, intervene if work continues to deteriorate and suggest that the employee contact the Employee Assistance Program Director. In referring the employee to the program, he should explain that the employee must decide for himself whether or not to seek assistance, emphasizing that all aspects of the program are strictly confidential. The supervisor should notify his supervision through the customary channels of any proposed action regarding an employee.
6. The supervisor should be aware that the alcoholic tends to deny his illness. The sicker an individual becomes, the more convinced he tends to be that he doesn't have a problem—or at least a problem he can't handle himself.
7. Be sure all employees are aware of the service available to them through this program.

#### **What the supervisor should not do**

1. The supervisor should not play the role of "amateur diagnostician." He is not necessarily qualified to judge whether an employee is an "alcoholic." The supervisor must stick to job performance. Don't moralize!
2. The supervisor should not discuss whether or not any employee has a "drinking problem" or attempt to counsel him in this regard. He should not discuss drinking unless it occurs on the job.
3. The supervisor should not recommend termination of a previously satisfactory employee without first offering help through the Employee Assistance Program if it's not possible his poor performance is the result of emotionally based personal behavior problems.
4. The supervisor must not engage in any "cover-up" activities regarding any "problem employee."

IT IS THE SUPERVISOR'S RESPONSIBILITY TO IMPLEMENT THESE PROCEDURES.

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## ***Behavior and Job Performance "Warning Signs"***

Job behavior and work performance should be the concern of the Supervisor. Expert knowledge about abuse of controlled substances or abused drugs isn't necessary, but the Supervisor should remain alert to changes from the *normal* work pattern and/or behavior of the employee.

It's the responsibility of the Supervisor to act in accordance with Company guidelines for administering the policy on drug abuse. It's important to take immediate steps, since delayed action can threaten the safety of others and result in the total deterioration of the abuser.

Listed you will find various "warning signs" that usually appear on the job, indicating some consequences of abuse. It's impossible to rate all behavioral and work pattern problems that occur in this process of deterioration. They can appear singularly or in combination. They may signify problems *other than* substance abuse. For example, alcoholism, diabetes, high blood pressure, thyroid disease, psychiatric disorders, emotional problems and certain heart conditions all share some of the same signs. *Therefore, it's important to remember that unusual or odd behavior may not be connected in any way with drug or alcohol abuse.* The role of the Supervisor is to recognize and document changes without making any moral judgment or taking the position of counselor or diagnostician.

### **Signs of Deteriorating Job Performance**

#### **Physical Signs or Condition**

Weariness, exhaustion  
Untidiness  
Yawning excessively  
Blank stare  
Slurred speech  
Sleepiness (nodding)  
Unsteady walk  
Sunglasses worn at inappropriate times  
Unusual effort to cover arms  
Changes in appearance after lunch or break

**Mood**

Appears to be depressed all the time or extremely anxious all the time  
Irritable  
Suspicious  
Complains about others  
Emotional unsteadiness (e.g., outbursts of crying)  
Mood changes after lunch or break

**Actions**

Withdrawn or improperly talkative  
Spends excessive amount of time on the telephone  
Argumentative  
Has exaggerated sense of self-importance  
Displays violent behavior  
Avoids talking with Supervisor regarding work issues

**Absenteeism**

Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays  
Frequent unreported absences, later explained as "emergencies"  
Unusually high incidence of colds, flu, upset stomach, headaches  
Frequent use of unscheduled vacation time  
Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)  
Unexplained disappearance from the job with difficulty in locating employee  
Requesting to leave work early for various reasons

**Accidents**

Taking of needless risks  
Disregard for safety of others  
Higher than average accident rate on and off the job

**Work Patterns**

Inconsistency in quality of work  
High and low periods of productivity  
Poor judgment/more mistakes than usual and general carelessness  
Lapses in concentration  
Difficulty in recalling instructions  
Difficulty in remembering own mistakes  
Using more time to complete work/missing deadlines  
Increased difficulty in handling complex situations

**Relationship to Others on the Job**

Overreaction to real or imagined criticism  
Avoiding and withdrawing from peers  
Complaints from co-workers  
Borrowing money from fellow employees  
Complaints of problems at home, such as separation, divorce and child discipline problems  
Persistent job transfer requests

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## 5. Policy Implementation Training for Supervisors

Supervisors should be provided with specific guidelines and training as to what to do if an individual employee appears to be unfit for duty or appears to have drugs or alcohol in his possession. This guidance and training is necessary so that supervisors can take the initial actions correctly, promptly, and decisively without the need for on-the-spot guidance from others who might not be available. Timeliness in such cases is important. The guidance and training should cover the actions supervisors should take before they can obtain direct advice or assistance from management or drug program experts.

The examples included in this section illustrate the type of guidance supervisors should be given. One example takes the supervisor through a step-by-step process, commencing with the observation of the employee's behavior, the advisability of getting a second supervisor's opinion (if practical), requesting the employee to explain his/her behavior, agreement to include a union steward if requested during this initial discussion, how the employee is to be taken to a designated medical resource for a fitness for duty examination which may include chemical testing of blood or urine (and what to do if the employee refuses to go for such a physical), notification to law enforcement if drugs or suspected drugs are found, and other specific procedural steps that supervisors should take to enforce the fitness for duty policy.

Another example of supervisory direction is reflected by guidelines contained in a question-and-answer format for supervisors. This method provides supervisors with specific direction based on actual questions asked by employees and supervisors about company drug and alcohol abuse policy and procedures.

### Supervisory Guidelines for Administering the Company Policy on Drug and Alcohol Abuse\*

These guidelines are for use by supervisors at all levels throughout the Company. They are intended to provide assistance in the administration of the Company's drug and alcohol abuse policy.

1. Each supervisor has a responsibility to assure himself that employees under his supervision are at all times free from the influence of alcohol or illegal drugs.
2. Employees who have a drug problem and who ask for help should be referred immediately to the Company's Employee Assistance Program. This request for assistance may not be used by an employee as a means of avoiding disciplinary action if he or she has violated the Company's drug abuse policy.
3. Each supervisor is responsible for taking appropriate action whenever an employee's demonstrated judgment or performance seems to be impaired by the possible use of alcohol or drugs. When a supervisor suspects that an employee is "unfit for duty," he should arrange, if practical, for at least one other supervisor to observe and evaluate the employee's behavior. The employee's supervisor should ask the employee to explain why he appears unable to perform his job. If a bargaining unit employee requests that a steward be present, management should comply with the request, assuming it can be arranged promptly.

Should the employee fail to explain his impaired condition to the supervisor's satisfaction and if it is still the supervisor's determination that drugs or alcohol may be involved, he should accompany the employee or arrange for him to be taken by another management employee, to the designated Company physician for testing. If the employee refuses to go, he should be warned that he may still receive severe discipline pending further investigation. Depending upon his condition, he should then be sent or taken home and told when to report back to work. The supervisor should exercise caution in committing to any specific disciplinary action or how the employee's pay may be handled.

4. When a supervisor observes the use, sale or possession of illegal drugs or alcoholic beverage by employees on the job, the supervisor should take the following steps:
  - A. Immediately confiscate all alcohol, drugs and/or drug paraphernalia if possible. As soon as time permits, get another supervisor and the Company's Security Department or the designated drug awareness coordinator to participate in the early stages of the investigation.

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- B. Separate the employees involved and take them to a location where they can be questioned individually about the incident.
- C. With another supervisor present, question the employees individually about the incident. Allow a steward to attend the questioning if the employee requests it.
- D. Report the incident to your superior, the Company's Security Department, and either the Labor Relations or Personnel Department depending on whether the employee is a member of the Union.
- E. While it may be appropriate to conduct a search of the employee's locker, personal effects or clothing, recognize that certain legal requirements must be met if the search is to be considered valid for any future purposes. Consult your local management and the Security Department. They may recommend contacting local law enforcement authorities.

It may also be necessary to take action if the employee appears to be under the influence of the drug or alcoholic beverage he was observed with. In this case, refer to Item 3 in these guidelines.

- F. As soon as Steps (A) through (E) have been completed, turn any confiscated drugs or paraphernalia over to the Security Department or appropriate law enforcement authorities. A signed receipt should be obtained from any outside agency.
- G. If the employee has not been removed from Company property by law enforcement personnel, send him home or take him there, depending on his condition. Make no commitment regarding whether the employee will be paid or what discipline will follow. After the investigation is complete, the employee should be given the opportunity to respond to the results of the investigation. After hearing what the employee has to say, the appropriate discipline that management considers consistent with the nature of the offense should be given.

- 5. Following any incident that might fall under these guidelines, it is essential that the supervisor immediately make a detailed record of all actions, observations, statements and other pertinent facts, to include date, time, location and witnesses to the incident.
- 6. An employee who has been arrested for a drug or alcohol-related offense off Company property should not be permitted to report for work until the Labor Relations or Personnel Department has been consulted.
- 7. If drugs or drug paraphernalia are found on Company property, and it is not obvious who the owner is, the first step should be to report the incident to your supervisor and the Security Department (or the designated drug awareness coordinator). An effort should be made to determine the owner of the property by questioning supervisors who may have been in the immediate area. Upon instruction from the Security Department, the appropriate law enforcement authorities should be contacted and all drugs and illegal drug paraphernalia should be turned over to them. A signed receipt should be obtained from the authorities.
- 8. If a supervisor receives a report that an employee has violated the Company drug policy, the supervisor should try to obtain as much detailed information as possible from the person reporting the violation. The supervisor's superior, the Security Department, Labor Relations, and Personnel should then be notified. Unproved allegations of drug policy violations shall be kept highly confidential and shall only be discussed with management level individuals who have a need to know by virtue of their position of responsibility.

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### **Supervisors' Questions and Answers about the Drug and Alcohol Abuse Program\***

**How can I tell when an employee is "not in a condition" to perform his work?**

An employee's physical appearance, unusual behavior, slurred speech, incoherent manner, lack of coordination, etc. may indicate that he

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is "not in a condition" to perform his work. For specific signs of possible drug use, a supervisor should refer to the training material that has been supplied.

**Is it possible for a foreman to determine whether an employee is actually under the influence of alcohol or drugs?**

It is not possible without a chemical analysis for a supervisor to determine whether an employee is under the influence of a specific drug. In obvious cases, however, a supervisor can, if necessary, determine that an employee is "under the influence." Supervisors should generally rely on a fitness for duty exam before coming to any conclusion, but in rare circumstances when an exam cannot be administered, the supervisor, with the aid of another supervisor's observation, can reach a determination that would be valid for purposes of discipline.

**Is it possible for an employee to sue me if I accuse him of being drunk?**

Yes, if you do so in an arbitrary or capricious manner. That is why a supervisor should never accuse an employee of being drunk or on drugs. He should ask the employee for an explanation when the employee appears unfit and should take him to the doctor for an exam. No matter how certain the supervisor may be, he should always wait until all the available facts are in before telling an employee his conclusions and taking action. The Company as a matter of policy provides legal assistance in law suits arising from a supervisor's performance of his duty.

**What should I do if an employee comes in smelling of whiskey or beer?**

The smell of alcoholic beverages often lasts longer than their effects, so the presence of an alcohol odor alone is not a fool-proof indication that an employee is intoxicated. It is, however, a warning sign, and the supervisor should keep a close eye on the employee for additional indications. If the employee comes in repeatedly with an alcohol odor, the supervisor should talk to him both about his hygiene and about the availability of the Employee Assistance Program.

**How should I handle borderline cases where I think the employee may be "unfit for duty," but I'm not sure?**

No guidelines can be so specific as to cover every situation. Two factors should be kept in mind, however. First, safety is always our primary consideration, and if any doubt exists about an employee's fitness to perform a hazardous task, take him off the job. Second, taking an employee for a fitness for duty exam is not a form of discipline. If the lab reports back that the employee had no foreign substances in his system, he is simply paid for the time he was on administrative suspension and he comes back. Don't be afraid to use the procedure when doubt exists, though don't use it so frequently that employees feel harassed.

**Why is it important for a member of supervision to accompany an employee to a fitness for duty exam?**

Three reasons: a) In most cases, when an employee is unfit to do his job, he is also unfit to drive to the doctor; b) It is important that a fitness for duty exam be administered as soon as possible to get an accurate indication of the employee's condition when he was on the job (Some chemical substances are undetectable within just a few hours of their being taken); c) Supervision should be present and in control of the situation until the employee is completely on his own time.

**What should a supervisor do if an employee will not allow him to drive him home?**

We should take all reasonable steps to ensure that someone under the influence does not try to drive. If he will not ride with his supervisor, suggest that one of his co-workers take him. If that doesn't work, try to get one of his family members to pick him up.

**How long does it take to get the results back from a fitness for duty exam?**

Usually two or three days. When the doctor takes his samples, he sends them to a laboratory for analysis. It takes that much time for the shipping and lab work. During this time the employee should be placed on administrative suspension.

**What should I do if I see a number of employees using drugs and the possibility exists that they may become hostile if confronted?**

Get help. Depending on the situation, contact other supervisors, the Security Department or local law enforcement. Supervisors should not allow illegal activity on Company property to go unchallenged. They should not, however, subject themselves to unnecessary risk.

**What should I do if an employee refuses to surrender a suspicious substance when so instructed?**

Accompany the employee to your office or work station while observing that he does not dispose of the substance. Repeat your instruction in the presence of another supervisor, warning the employee that his refusal is an act of gross insubordination and subject to discipline up to and including discharge. If he still refuses, send him home without commenting on specific discipline, then conduct your investigation. Be sure to consult with your supervisor and with the Labor Relations or Personnel Department.

**How important is it to have another supervisor present when I question an employee?**

It is essential, especially if the employee chooses to challenge your action later on. It is also helpful if a covered employee exercises his right to have a union representative on hand as his own witness.

**What are the legal limitations that apply to searching lockers, desks, or work stations?**

That depends on the purpose of the search. If the end result will be disciplinary action by the Company, supervision has an almost unrestricted right, since lockers and desks are Company property. Caution must be taken, however, to avoid any searches that are discriminatory or harassing in nature. It is a good idea to have another member of management and a shop steward, if applicable, as witnesses. If the purpose of the search is criminal prosecution, a much higher standard of conduct applies. The courts require that "reasonable cause" exist and that a search warrant be issued. For this kind of search the Security Department and/or local law enforcement should be involved.

**What should I do with any drugs that I find?**

Major work locations will have at least one member of management acting as a drug awareness coordinator. These people are trained by our Security Department in the proper handling of contraband. If you cannot contact the nearest drug awareness coordinator, call your supervisor and the Security Department. Keep the suspicious substance under your direct custody to avoid it being tampered with, and try to hand it over to another authority as quickly as possible.

**What if an employee is arrested off Company property for suspected drug activity?**

Call the Labor Relations or Personnel Department. Many of these cases fall into a grey area and require considerable thought and research into past practice. We have a limited right to determine that an employee does not have sufficient moral character to remain in our employ. We must be extremely careful, however, in deciding on an employee's guilt or innocence independent of a court finding. If the facts indicate guilt, the Company has a right to take disciplinary action regardless of the outcome of any court action.

**Are our Company doctors aware of our drug and alcohol abuse program?**

Yes. In fact, the Safety and Health Department and the Company's chief physician assisted in the program's development. They have contacted all major Company doctors.

**What if an employee says he has been drinking when he is called to come in to work on an off day?**

The supervisor should try to ascertain how much the employee has had to drink and when. Ask the employee if he thinks he is in condition to work. If the slightest doubt exists, get someone else to do the job. Remember Company policy prohibits working when under the influence. Consult your supervisor when a difficult judgment call comes up.

**What if an employee suspected of being unfit for duty requests union representation, but a steward is not readily available?**

If the shop or department steward is not on the job he should be called in and paid accordingly. If he cannot commit to arrive within a reasonable period of time (within one hour),



instruct the employee that he must choose another member of the bargaining unit as his representative. Tell him why. Remember, if too much time elapses between the time an employee is judged to be unfit and the time he is examined, reliable test results may not be obtainable.

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## 6. Union Briefing

Most utilities have collective bargaining agreements with unions governing wages, hours and working conditions. The company, however, has the right to establish policies and rules for the safe and effective operation of its plants and equipment. Company rules and regulations that promote safety and efficiency and that are administered fairly and without discrimination should be welcomed by unions and management alike.

When implementing a new or revised company drug and alcohol/fitness for duty policy, briefing of union leadership (where a collective bargaining relationship exists) is recommended. Such a briefing should involve the senior company labor relations official generally in contact with union leadership and, to be most effective, should take place prior to communication of the company's drug and alcohol/fitness for duty policy to employees and supervisors.

The union briefing should focus on establishing a spirit of cooperation and enlisting the interest and support of union leadership for an effective health and safety program that affects their membership. During the briefing, the company should stress its concern for all employees and their mutual interest in protecting the safety and jobs of the non-drug and non-alcohol abusers—the vast majority of employees—whose positions and personal well being could be jeopardized by the actions of alcohol- and drug-impaired individuals. It should also be emphasized that drug and alcohol impairment may cause accidents, reduce productivity, damage or destroy plant and equipment, increase costs, and reduce the level of confidence in the company on the part of the public, regulators, media, and consumers.

The briefing team might include an outside medical or other health professional to provide a perspective to the union on current steps other companies are taking with respect to drug and alcohol abuse and fitness for duty, and providing an insight into the health and safety hazards of drugs and alcohol and the effects that off-the-job use can have on on-the-job performance. The briefing should stress that the company intends to administer this policy in a uniform manner, and that all supervisors will be given thorough training on fitness for duty standards and their responsibility to be fair in the administration of the program. The company should stress that the policy will be applied to management as well as bargaining unit personnel, and that it has been reviewed from a legal, labor relations, security, operational and safety standpoint.

The senior company official present or an outside resource may wish to cite relevant, current national statistics, which, for example, might point out that: one out of 3 individuals 18 to 25 years of age uses an illicit drug at least once a month; industry alone has a productivity loss in excess of \$50 billion from drug and alcohol abuse; and in 18 U.S. railroad incidents in which alcohol and drug use was involved, 25 railroad employees were killed, over \$25 million of property damage occurred, dozens of employees were injured, and an entire town of 3,000 people had to be evacuated because railroad employees were intoxicated. Statistical data will also show that throughout plants in the United States millions of dollars in equipment has been destroyed and billions of dollars of costs incurred due to alcohol and drug abuse by employees.

The benefits of the employee assistance program and the company's willingness to help its employees overcome substance abuse and other problems affecting job performance should be emphasized to the union representatives. However, it should also be pointed out that access to the EAP is not necessarily a substitute for disciplinary measures.

## 7. Contractor Notification

Companies should require that contractor employees abide by company rules on drugs and alcohol. Clear notification should be given that this is a condition of access to the company's property and equipment. This policy should be communicated in writing to principal contractors and suppliers, either through reference in purchase orders and contracts or by letter from the contracting official. This is particularly important at construction sites and generating stations, where large numbers of contractor employees are engaged over long term periods assisting in the maintenance and construction of company facilities and equipment. In addition, signs posted on gates, entrance areas, and visitor and employee parking lots that spell out that drugs and alcoholic beverages are prohibited from company work locations and that individuals under their influence likewise can be denied access, have been helpful. If a company has already established the right to search vehicles and employees without notice as a condition of entry onto company property, and postings to this effect are in use at the locations noted, additional postings may not be necessary.

Contractors at individual company locations should be advised that this work rule is based on the need for safe and efficient operations, reflects a need to conform with the law, and provides for the safety and protection of the public as well as all employees and workers. Companies need not conduct a drug education and awareness program for contractor employees; some contractors may wish to conduct this program themselves. Companies should require that contractor employees conform to company policies and make clear to contractor employees that indications of variance from company rules will result in denial of access and law enforcement notification.

Experience has shown that many small contractors may benefit from company assistance in developing their own policies on drugs and alcohol. A meeting with contractors to explain company policy may also prove helpful to the contractor and serves to emphasize the importance placed by the company on its drug and alcohol/fitness for duty policy.

An example of notification by a company to contractors is included below.

January 20, 1984

TO: all Contractors\*

FROM: General Manager—Purchasing  
PUBLIC SERVICE ELECTRIC AND GAS  
COMPANY  
REVISION OF SPECIFICATIONS

Public Service Electric and Gas Company is making an addition to its general terms and conditions for construction services in the following specifications:

General Terms & Conditions Paragraph No. 23  
for Consulting Services

General Specification Paragraph No. 16  
No. 83-5100

General Specification Paragraph No. 8  
No. 83-5001

General Specification Paragraph No. 14  
No. 83-5002

The additional paragraph will read as follows:

"All Contractors are expected that in the performance of work and the furnishing of materials as required by the contract of which this specification is a part, they and their subcontractors, if any, shall comply with the Company's rules, regulations, and policies regarding personnel practices in the work place, including but not limited to, its policy on drugs and alcohol. A copy of the rules, regulations, and practices is available for inspection upon request in the office of the General Manager—Purchasing, 80 Park Plaza, Newark, N.J. 07101."

We make this available to you prior to inclusion in the new specifications to enable you to immediately begin compliance.

Enclosed for your information is a booklet which is being distributed to every PSE&G employee. An explanation of the Company's policy appears on page ii.

You are invited to attend a briefing meeting at which the PSE&G Drug and Alcohol Policy will be reviewed. This meeting will be held on February 9, 1984, at 10:00 a.m., at the Nuclear Training Center, 244 Chestnut Street, Salem, New Jersey.

Please return the attached reply form *no later than February 2, 1984*, indicating whether or not you will be in attendance at this meeting.

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## 8. Law Enforcement Liaison

Federal law prohibits the possession, sale or use of controlled substances except by qualified individuals. State laws vary in penalty, but no state permits any individual or any institution to interpret what drugs should or should not be confiscated, reported or discarded. Local law enforcement officials should be routinely notified upon the discovery of suspected illegal substances. Companies should ensure that all employees are advised of the company's intention to meet this legal requirement.

Most drug seizures on company property will be in small amounts and may not result in legal prosecution of the employee or employees in question. That decision, however, is a state or district attorney's determination, in concert with the police, and not the company's. The drug incident reporting form example in this section provides for clear documentation of information. Appropriate company security representatives should be given the responsibility for coordination and liaison with local law enforcement and for any internal inquiries that need to be made concerning company and/or contractor employees.

### Coordinator's Report— Drug and Alcohol Abuse Program \*

1.	Division:	District:	Plant:	Other:
2.	Check One: <input type="checkbox"/> Drug Discovery Incident <input type="checkbox"/> General Information			
3.	Date of Incident:			
4.	Person Reporting Incident:			Phone:
5.	Details of Incident:			
6.	Description of Suspected Drugs:			
7.	Chain of Evidence:			
	(1)	(2)		
	(3)	(4)		
8.	Notify: Security Investigations <input type="checkbox"/> D. R. Russell, Superintendent 526-3373			
	Date:	Time:		
9.	Signature of Person Making Report:			
10.	Position/Title:			
11.	Work Location:			Phone:
12.	Date:			

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Contact: Art Benson, Manager of Security, (404) 526-5526.

A liaison visit by the plant or division senior official to the local chief of police accompanied by the security director or security officer for that facility, is a sound approach. During that visit, the company's drug policy and awareness program can be outlined. The company's intention to notify the police when suspected substances are found and specific reporting procedures between security and police can also be confirmed.

Such a visit will usually be welcomed by local law enforcement officers and will likely generate an appreciation of the company's commitment to work with law enforcement and within the law, while also improving cooperation on this and other matters. Generally, prompt police notification results in less, rather than more publicity, and avoids the perception by the media of an attempted cover-up on the part of the company. On the contrary, it shows that the company is facing up to a widespread problem in society, and one which the company itself is committed to removing from the work place.

## 9. Chemical Testing of Body Fluids

Chemical testing of body fluids is becoming more widely used throughout the electric utility industry to identify persons who use drugs illegally. It is an objective means to determine whether or not a person actually has drugs in his/her system. This can be especially important when disciplinary action may be necessary. Urine testing is the most common method used to detect drug use. Blood testing may also be used to detect the presence of drugs and/or alcohol. A more common method for determining alcohol levels in the body is the use of a breath analyzer.

Typical situations in which chemical testing is used fall into three general categories:

a. **Pre-Employment Screening** is used to identify drug users before the hiring decision is made. Companies inform prospective employees that they are subject to drug/alcohol testing as part of the pre-employment screening process. The major benefit of pre-employment screening is that it provides the company with additional background information prior to employment.

Since the employer-employee relationship has not yet begun, the employer has the right to condition employment on an applicant's successful passing of a physical

examination which may include chemical testing of body fluids for drugs and/or alcohol. An applicant objecting to such an examination has the right to decline to participate in such an examination, and the company has the right to refuse to hire the applicant.

b. **Testing "For Cause"** is used to verify whether or not an employee suspected of drug or alcohol abuse has in fact used prohibited drugs or alcohol. When an employee is referred for a fitness for duty medical evaluation, body fluid samples will be requested from the individual and will be analyzed by trained laboratory technicians to determine if (and what) chemicals which indicate substance abuse are present in the body fluid sample. The need for this type of testing is usually determined from behavioral observation, performance problems or other evidence that the employee may be involved with illegal use of controlled substances. It should be noted that, from a legal sense, objective evidence of use can be obtained through chemical testing.

c. **Random or Regular Periodic Chemical Testing** can be used to provide added confidence that employees in designated positions are complying with the company's policy on drug use. This method is presently being used successfully at several companies as a way to demonstrate continuing achievement of a safe and drug-free work environment. It is sometimes included as part of a regular physical examination. An example of a drug screening procedure used at a nuclear power plant is reproduced at the end of this section. This use of chemical testing is a sensitive issue in that it may be perceived as an indication of a "lack of confidence" in employees or an invasion of personal privacy; accordingly, it should be initiated and administered carefully.

If a company decides that chemical testing is desirable for any of the purposes described above, experience has shown that considerable care must be taken to ensure that testing results are accurate and that the program serves as an effective deterrent to illegal drug use. The following factors should be considered:

- Advance notification to employees that they are or may be subject to chemical testing for drug or alcohol abuse is an impor-



tant step in promoting the deterrent value of the program. Especially in the case of regular or random testing, it is important that employees understand that the purpose of the program is not to entrap anyone, but to provide objective evidence that persons subject to the program are or are not using prohibited substances.

- Accountability procedures for urine or other body fluid specimens should be comprehensive and detailed to ensure that valid samples are received from employees being tested, are appropriately labeled and kept under custody controls that will preclude substitution of invalid specimens before analysis. Drug users familiar with urinalysis testing have been known to show considerable resourcefulness in preventing their own urine samples from being analyzed.

Care should be taken also to prevent contamination of the sample after collection and before analysis; back-up samples also need to be protected from deliberate or accidental contamination. The number of individuals handling the sample before analysis should be limited as much as possible. A record of the identities of individuals handling fluid samples should be kept. The carefully maintained chain of accountability may be of assistance should the employee-donor claim that his sample was contaminated before laboratory analysis.

- The testing facility's methods and techniques need to be reliable. There are several commercial laboratories available throughout the country that provide chemical testing services. Careful selection of a reputable testing laboratory with stringent quality controls on specimen accountability and analysis and prompt reporting of test results is worth substantial time and effort.
- Courts have held that chemical testing of employees is legal, provided that testing is performed in a non-discriminatory way. It must be fair, and be applied consistently to all appropriate persons. Use of voluntary consent forms can be helpful in ensuring that employees understand the testing program.

Use of voluntary consent forms can be helpful in ensuring that employees understand the testing program.

- Clinical laboratory testing is subject to a wide number of variables that may significantly alter results and cause misinterpretation. False positive, false negative and erroneous reports are relatively infrequent, but the possibility must be considered if disciplinary actions are to be based on test findings. The results of chemical testing should be maintained as confidential as possible. Personnel involved with processing chemical tests should be instructed in the need for confidentiality.

Considerable attention should be given to determining what test levels will be considered as positive evidence of drug use. Various laboratories may use different levels in determining if test results are positive indications of drug use. If more than one laboratory is used without clear direction on the levels to be considered positive, ambiguity can result. Modern testing equipment is capable of detecting chemicals at levels below those that are definite indications of drug use. For example, passive inhalation, but not active use of marijuana can cause detectable levels of THC in urine.

### ***Procedure for "Fitness for Duty" Screening for Georgia Power Nuclear Construction, Project Management, Project Field Engineering, and Contractor Non-Manual Employees \****

#### **I. Purpose**

The purpose of this procedure is to establish the guidelines to be followed for fitness for duty screening for all GPC Nuclear Construction, Project Management, Project Field Engineering, Temporary Service Contractors and Contractor Non-Manual employees at Plant Vogtle.

#### **II. Responsibility**

The General Manager—Vogtle Nuclear Construction Department has the overall responsibility for this program. The Site Labor Relations Coordinator has the functional responsibility for the administration of the program. The Construction Safety Supervisor is responsible for the coordination with the

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Toxicological Services contracted in performing the screenings and the scheduling of employees to be tested.

The contracted Toxicological Service will be responsible for the handling and transfer of custody for all specimens collected to be tested. The contracted Toxicological Service will also be responsible for providing a courier service to transport the specimens from Plant Vogtle to the testing facility.

### **III. Procedure**

#### **A. Scheduling for Screening**

Employees will be scheduled alphabetically by shift. There will be 6 employees scheduled every 30 minutes, beginning with GPC Nuclear Construction and followed in order as listed above. Contractor non-manual employees will be scheduled the same beginning with the largest and followed in order by manpower numbers to the smallest.

#### **B. Consent for Screening**

Employees, at their scheduled times, will be assembled in the Safety Department's Conference Room. The screening procedure will be explained and the employees will be asked to list all medications (prescription and/or over the counter) he/she is taking, within the last 30 days, the condition for which taken and the prescribing physician on the "Employee Consent for Drug Analysis" form (see exhibit 1). The employee will *not* be required to sign the consent form at this time.

The employees will be individually escorted by the GPC Safety Inspector to the Safety Department's screening room. The "Employee Consent for Drug Analysis" form will be given to a technician of the contracted Toxicological Service. The employee will be required to present positive identification such as Plant Vogtle ID or Drivers License. He/she will sign the form and it will be witnessed by the Toxicological Services technician.

If an employee refuses to submit to the screening or sign the consent form, he/she will be referred to the General Manager—Vogtle Nuclear Construction Department or GPC Manager of Administrative Operations to be interviewed. A decision will be made to either terminate or approve a special exception option. Termination will result in permanent denial of access to any Georgia Power Company facility in the future.

#### **C. Collection of Specimens**

The technician will number two (2) screw cap specimen containers identically with in-

delible ink. All employee specimens will be sequentially numbered beginning with V0001. The employee will sign two (2) gummed labels with his/her signature on the label. This will be done in the presence of the employee. The employee will initial below the specimen container number with indelible ink.

The specimen number, employee's name, employee number, and date will be entered on the "Specimen Log" (see exhibit 2) and signed by the technician. This will be done in the presence of the employee. The employee will place his/her initials in the appropriate space on the log.

The urine specimen of at least 80 ML shall be collected in the presence of and witnessed by the Toxicological Service Technician. Male employees will be witnessed by a male technician and female employees by a female technician. The specimen shall be placed in 2 screw cap specimen containers, one of which *must* contain at least 50 ML of urine. The second specimen *must* contain at least 30 ML of urine.

After the sample has been collected, the gummed labels will be attached to the containers whereby it acts as a seal. Both containers will then be dipped in hot wax sealing the lids in the presence of the employee. The 50 ML samples will be retained by the Toxicological Service technician for transporting to the lab at the end of each day of testing. The 30 ML sample will be maintained in a locked freezer located in the Safety Department and will be used for confirmation if necessary.

#### **D. Handling and Transporting of Specimens**

The Toxicological Service technician will initiate a specimen packing list that will include the identification number of each specimen, date collected, and date of shipment. The technician will place his/her name, signature, and date on the packing list (exhibit 3). The specimen packing list will be placed in an envelope and secured to the shipping container. A copy of the specimen packing list will be given to the Construction Safety Supervisor.

The Toxicological Service technician will initiate a transfer of custody document (exhibit 4). The document will include the name and signature of the technician originating the shipment of specimens and date of shipment.

The courier will place his/her name, signature, and date in the appropriate space on the transfer of custody document. The courier then assumes custody of the contents of this



shipment. A copy of the transfer of custody document will be given to the Construction Safety Supervisor to be maintained as part of permanent records.

When the testing facility receives the shipment from the courier, the technician receiving the shipment shall assume the responsibility of the contents by placing his/her name, signature and date received in the appropriate spaces on the transfer of custody document. A copy of the final document shall be retained by the Toxicological Service and the original document shall be returned to the Construction Safety Supervisor by courier the next day to be maintained as part of permanent records.

The receiving technician shall verify the contents of the shipping container with the packing list. Any discrepancies shall be noted on the packing list and the on-site technician shall be notified by phone immediately. The receiving technician shall place his/her name, signature and date on the packing list. The packing list will be returned to the Construction Safety Supervisor by courier the next day.

#### **E. Handling and Processing Results**

Analytical results will be returned no later than 72 hours after receiving specimens. The results shall be identified by the employee's name, company, employee number, and specimen number. The results will be delivered by the courier to the Construction Safety Supervisor when returning to site to pick up specimens for testing.

#### **1. GPC Nuclear Construction and Project Management**

The Construction Safety Supervisor or his designee will hand deliver copies of all analytical results to the Site Human Resources Supervisor for placing in the employees' personnel files.

If the results are negative, the appropriate manager and department head will be notified. They, in turn, will notify the employee. The employee's specimen will be removed from the freezer and disposed. A copy of the completed "Specimen Log" will be used to verify with the label and specimen number on the specimen container. This copy will also be used to maintain the inventory in the freezer. As specimens are removed, the specimen number will be marked off the log and initialed by the GPC Safety Inspector removing the contents.

If the results are positive, the respective manager will be notified. The manager will interview the employee and decide to either terminate or request to the General Manager—Vogtle Nuclear Construction Department for an appeal based upon the validity of the employee's response. The managers shall keep written records of all interviews and meetings with the employee. The employee's specimen will remain in the freezer.

#### **2. Project Field Engineering Employees**

The Construction Safety Supervisor or his designee will hand deliver copies of all analytical results to the Project Field Engineering Manager, or his designee, for placing in the employee's personnel files.

If the results are negative, the manager, or his designee, will notify the employee. The employee's specimen will be verified and disposed as stated in III.E.1.

If the results are positive, the manager will interview the employee and decide to either terminate or request to the General Manager—Vogtle Nuclear Construction Department for an appeal based upon the validity of the employee's response. The managers shall keep written records of all interviews and meetings with the employee. The employee's specimen will remain in the freezer.

#### **3. Contractor Non-Manual Employees**

The Construction Safety Supervisor or his designee will hand deliver copies of all analytical results to the respective Project Manager, or his designee, for placing in the employee's personnel files. If the results are negative, the Project Manager, or his designee, will notify the employee. The employee's specimen will be verified and disposed as stated in III.E.1.

If the results are positive, the Project Manager will interview the employee and decide to either terminate or request to the General Manager—Vogtle Nuclear Construction Department for an appeal based upon the validity of the employee's response. The employee's specimen will remain in the freezer.

#### **F. Appeal Process**

The employee will be suspended without pay at the time the appeal is granted. The General Manager or his designee will notify the Construction Safety Supervisor that an appeal has been granted for a secondary confirmation test. The GPC Safety Inspector will remove the employee's frozen specimen from the freezer and it will be entered on the packing list with other specimens taken that day. The specimen will be marked "Confirmation Test" and the packing list will reflect the same. The "Specimen Log" will be noted to reflect the specimen has been removed from secondary confirmation and initialed by the GPC Safety

Inspector removing the specimen. The specimen will be turned over to the technician responsible for packing specimens to be transported to the Toxicological Service lab. The secondary confirmation test will be conducted using a different technician for all substances detected as positive in the initial screening. The analytical results will be returned by the courier to the Construction Safety Supervisor. Notification of the results will be given to the respective manager and copies handled as stated in Section III.E.1, 2 and 3. If the results are positive, the employee will be terminated as of the date of suspension. If the results are negative, the employee will be reinstated with no loss of wages.



## EMPLOYEE CONSENT FOR DRUG ANALYSIS

I, \_\_\_\_\_, Employee No. \_\_\_\_\_  
print

do hereby give my consent to Georgia Power Company and (name of Toxicological Service Co.) to perform appropriate tests or examinations on me for drugs. I further give my permission to Georgia Power Company and (name of Toxicological Service Co.) to release the results of the tests or examinations to my employer.

I have taken or am taking the following medications with the past 30 days:

Name of Drug	Condition for which taken	Prescribing Physician/Over the Counter
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specimen No. V- \_\_\_\_\_

\_\_\_\_\_  
 (Signature of employee being tested)      Date      (Witness)

\_\_\_\_\_  
 Employer





## TRANSFER OF CUSTODY DOCUMENT

Specimens Released to Courier by: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature) (Date)

Specimens Transported by: \_\_\_\_\_  
( Please Print)

\_\_\_\_\_  
(Signature) (Date)

Specimens Received by: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature) (Date)

## SPECIMEN PACKING LIST

Date of Shipment \_\_\_\_\_ Contents Packed by \_\_\_\_\_

Specimen No.

Specimen No.

Specimen No.

Specimen No.

[illegible]

Date Shipment Received \_\_\_\_\_ Contents Verified by \_\_\_\_\_



## 10. Employee Assistance Programs

Though an effective policy prohibiting alcohol and drug abuse is key to an effective fitness for duty program, the availability of rehabilitation assistance to individuals who need it can substantially strengthen such a program. Assistance programs should help employees free themselves from drug and alcohol abuse and/or psychological problems and return to productive work. Assistance programs should complement written policies and employees should be made fully aware that assistance is available. Companies must be prepared to address potential conflicts between providing assistance to employees and implementing appropriate disciplinary actions. The two examples of member company employee assistance programs cited in this section include several elements worth noting.

- a. The supervisor has a responsibility to intervene. Intervention is the key to improving employee performance, and supervisory referral is one major way to access a successful employee assistance program. Others include self referral, family referral, union or outside agency referral. Supervisors working with employees with deteriorating job performance are advised not to diagnose the problem but to document performance, to look for indicators of problems, and to refer employees for help as appropriate. If the employee is in clear violation of company rules, such as possession of drugs or alcohol, or is apparently intoxicated, a medical referral would be appropriate. Employee assistance referral should not be a spur of the moment decision for the employee or the supervisor. The company examples cited reflect a reasoned and well thought out approach.
- b. A second key ingredient that is illustrated in the examples in this report is the need for the company and its supervisors to be conscious of how to deal with an employee who has been in a rehabilitation program, where appropriate, upon his or her return to work. The examples describe the role of the supervisor, including what the employee and supervisor can expect from the employee assistance program, discuss

how to approach employees with job performance problems and emphasize performance is not likely to improve if the problem is ignored.

Benefits realized from experiences with employee assistance programs throughout the industry have proven that they are a sound and very desirable investment. Many companies have found it returns dividends in improved morale, reduced absenteeism, retention of experienced workers, and that it provides the opportunity for intervention from a confidential, independent source, which is often more successful than direct advice from company management or family members.

### *Referral Procedures for the Employee Assistance Program \**

Employees may obtain professional assistance through the Employee Assistance Program in one of the following four ways:

1. Self-Referral (including family referral)
2. Supervisor Referral
3. Union Referral
4. Medical Referral

The following procedures are designed to facilitate each of these types of referral to the program.

#### **1. Self-Referral**

- A. An employee, or a member of an employee's family, who desires confidential assistance for a personal problem should call the EAP Counselor.
- B. The EAP Counselor will either provide the necessary assistance on the telephone, or will arrange to see the individual for further confidential consultation.
- C. All communication between the employee and the EAP Counselor will be held in the strictest confidence unless the employee requests in writing that the Company or other parties be notified. The Company will in no way require the reporting of names of self-referred employees or family members.

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## 2. Supervisor Referral

- A. The basis of a referral to the Employee Assistance Program by a supervisor must be:
  - 1) a deterioration in employee performance which may appear to be due to a personal problem; or
  - 2) more positive evidence that a personal problem is the cause of inadequate performance.
- B. If the supervisor determines that the problem is of a serious nature, he/she should call the EAP Counselor to discuss the on-the-job incidents or the pattern of declining performance. The supervisor should make available to the EAP Counselor all information relevant to the performance problem of the employee.
- C. The supervisor should have a meeting with the employee to discuss the performance problem(s) and the possible supervisory action that may result if the performance does not improve.
- D. After the employee has been confronted with the recurrent performance problem, the supervisor should remind the employee of the Employee Assistance Program, advise him/her of the availability of confidential professional assistance for any work-hampering personal problem, and strongly encourage the employee to allow the supervisor to obtain an appointment with an EAP Counselor. Though the final decision to use the program must be left up to the employee, the supervisor should emphasize the importance of the EAP.
- E. If the employee agrees to accept assistance, the supervisor should immediately call the EAP Counselor and arrange a meeting for the employee. The Counselor will advise the supervisor of any further action which might be necessary.
- F. If the supervisor is uncertain as to how to handle the confrontation, the supervisor may arrange by calling the EAP Counselor to confront the employee jointly with the assistance of the Counselor.

- G. If the employee chooses not to accept assistance at this time, the supervisor should reinforce Wisconsin Electric's expectation for satisfactory performance and the consequences of failure. The supervisor should also point out that the EAP is available should the employee change his/her mind in the future.
- H. All information pertaining to the employee's referral to the EAP and information provided by the EAP Counselor to the supervisor should be accorded the highest standards of confidentiality.

## 3. Union Referral

- A. The referral process can be initiated by union representatives.
- B. If a union representative is aware of a series of on-the-job incidents which may indicate the possible presence of a personal problem, he/she is encouraged to talk to the represented employee confidentially.
- C. The union representative should remind the member of the Employee Assistance Program and encourage full use of the program.
- D. If the represented employee agrees to accept assistance through the program, the union representative should call the EAP Counselor and arrange a confidential meeting.
- E. The Company will not seek the names of represented employees or their families who are referred by either themselves or their union representatives.

## 4. Medical Referral

The following steps outline Medical Department referrals to the Employee Assistance Program:

- A. The basis of the referral should be either:
  - 1) The identification of a medical symptom or disorder which is commonly associated with a personal problem, for example, alcoholism.
  - 2) A request from the employee for advice or assistance regarding a personal problem.



- B. The Medical staff will have a meeting with the employee to discuss the medical symptoms or disorder which may indicate a personal problem. The employee will be advised of the EAP and, if appropriate, an appointment will be arranged.
- C. The Medical staff will advise the employee that the appointment is viewed as part of a prescribed treatment plan and the referral by the physician will become part of the employee's medical records. The decision to accept assistance through the EAP will be left up to the employee.
- D. The employee will be advised that the same high standards of confidentiality accorded other medical procedures apply to referral to the EAP. There should be no report made to the employee's supervisor unless and until the supervisor reports a work performance problem.

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### ***Guidelines for Using the EAP\****

The following is a practical guideline for implementing the Employee Assistance Program. If you have further questions, call the Medical Department, the EAP Counselor or the Labor Relations Division.

#### **GUIDELINE #1**

##### **Put it in Writing!**

- A. **Observe** job impairment as demonstrated by excessive absenteeism, decreased productivity, or other problems.
- B. **Document**—It is important that data which is collected be as specific as possible and be centered on job performance or any unusual behavior on the job. Recurring patterns ought to be noted. Everyone has an "off day" once in a while, so observation or documentation should go on over a period of time. Collection of data helps the supervisor make a fair and impartial assessment of job performance. It also guards against "euphoric recall," that is remembering only the peaks of performance—the "good

days" and not the "bad days." The supervisor is not a counselor or judge of the employee. Rather he/she is someone who assesses performance and counsels based on work performance.

#### ***Suggested Performance Items To Observe:***

1. Frequent absence or days off with vague or implausible excuses.
2. Excessive use of sick leave.
3. Tardiness.
4. Early departures.
5. Erratic or deteriorating production.
6. Missed deadlines.
7. Failure to follow instructions.
8. Errors in judgment.
9. Frequent absences from work area.
10. Repeated or unreasonable accidents on or off the job.
11. Patterns of decreased efficiency as compared to past performance.

#### ***Other Indications***

1. Complaints from fellow workers about an employee who is difficult "to get along with."
2. Over-reaction to criticism.
3. Attempts to persuade other workers to take over job responsibilities for no good reason.
4. Avoidance of associates.
5. "Sloppy" personal appearance.
6. Withdrawn or preoccupied behavior.
7. Wide mood swings during the day for no apparent reason.
8. Smell of liquor or use of breath deodorizers.

#### ***Indications Pertinent to Supervisory Level***

1. Increasing laxness in the handling of supervisory duties.
2. Issuance of conflicting instructions to employees.
3. Assignment of employees to cover responsibilities clearly within his/her direct responsibility.
4. Submittal of incomplete reports and data.
5. Inattentiveness to budget.
6. Failure to coordinate schedules.

#### **C. Prepare**

1. Document all absenteeism, poor job performance, etc. (specific criteria are necessary). Have this documentation in hand during your discussion with the employee.

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2. Be aware of your own expectations. How much irresponsibility will you tolerate? What is acceptable or unacceptable to you?
3. Be consistent. Don't tolerate more with one employee than you would with another.
4. Don't be an "armchair diagnostician." Attempting to label the employee's personal problem is *not* your responsibility. Your concern is only with correcting deficient performance.
5. Select a place and time for the discussion which affords privacy. No one enjoys criticism, however appropriate, but criticism in the presence of co-workers can cause more difficulties than it resolves.

#### GUIDELINE #2

**Confront and Support the Employee**—In this performance review, it is extremely important that the supervisor not make any attempt to diagnose the cause of the employee's job performance problem and that no attempt to counsel the employee on personal problems is made.

##### The Discussion

- A. It is usually wise to preface your discussion of performance deficiencies by pointing out to the employee that the department recognizes his/her value (years with Wisconsin Electric Power Company, technical skills, past performance, previous level of competence and dependability, etc.).
- B. Be firm and honest. Don't hedge. Using your documentation, tell the employee exactly what it is that dissatisfied you with his/her performance.
- C. A good rule of thumb in a situation of this sort is to base your discussion on the employee's *job performance* rather than the person. Remember, your goal is to restore the employee as a productive member of your department.
- D. Don't let the employee play you against higher management and/or the union. If the employee is represented by a union, the employee may request that a union representative be present at this meeting.
- E. If the employee blames his/her poor performance on some off-the-job problem,

avoid any personal involvement or discussion of this problem. Even if the employee appeals to you for advice, your only legitimate course of action is to refer him/her to the EAP Counselor.

**NOTE:** The severity of the problem should always be taken into consideration. Personal concern should be shown in all cases.

#### GUIDELINE #3

**Make the Referral**—Refer the employee, either by suggestion or direction, as fits the situation, to the EAP Counselor. You may want to call the EAP Counselor prior to referring the employee. In your conversation with the EAP Counselor, you will want to explain the work performance situation. You will want to confirm a time at which the Counselor can see the employee. Keep a record of the appointment time yourself. Give the employee a written appointment slip, re-emphasizing the importance of keeping the appointment. If you have called the EAP Counselor prior to referring the employee, you will receive a call from the Counselor confirming as to whether or not the employee has kept the appointment. If a call about an employee should come in from the employee's family, the call should be referred directly to the EAP Counselor.

#### GUIDELINE #4

**Follow-Through**—As a supervisor, your role remains the same after the employee enters the program. Remember that participation in the program by an employee who accepts a supervisory referral will be considered confidential (unless the employee chooses otherwise) and supervisors should not expect to receive feedback from the program unless authorized by the employee. The best support you can provide is to stick to what you do best: monitor job performance, document slippage, and confront the employee honestly. Give him/her credit for a job well done. Point out any errors or omissions.

The key here is consistency. The employee doesn't need or want any sympathy or special favors. He/she wants to be able to do a full day's work for a full day's pay and be recognized for it.



Be careful not to *over-monitor* the performance of an employee in the EAP. If you're watching him/her closer than others and are quicker to point out performance deficiencies, he/she is going to feel discriminated against, resentment may build, and progress in the program may actually be hampered.

Again, the simple rule of thumb is: *be consistent!* No special favors and no special surveillance.

If you run into problems or have any questions, call the EAP Counselor.

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## ***Employee Assistance Referral Guide for Supervisors\****

### ***Introduction***

As a supervisor, you are acutely aware that the efficient functioning of any organization is directly related to the individual performance of each and every member. When employee problems interfere with that performance, you, the supervisor, must consider two very important factors in order to select your course of action:

- 1) The welfare of the employee, and
- 2) The welfare of the organization.

Dealing with the troubled employee can be the most frustrating part of a supervisor's job.

Current research has demonstrated that 50%-80% of employee problems are related to a combination of marital, emotional, financial and alcohol problems.

Psychiatrists and other physicians who have worked in business and industry report that about 80% of the emotional problems of employees will eventually affect their job in some way. Many take time off for legal, financial and marital concerns. When they are affected personally, then job impairment begins to take place.

Recognizing its commitment not only to "organizational efficiency" but also to the welfare of its employees, Commonwealth Energy System has initiated the Employee Assistance Program.

It must be emphasized that this program is in no way to be interpreted as an invasion of privacy.

The information included in this manual is about doing your job as a supervisor and helping your employees at the same time. It's about giving support and maintaining confidentiality. It can be your solution to what used to be "unsolvable" problems.

The goal of the Employee Assistance Program is the recovery of valued employees. It is hoped that the program will be instrumental in changing traditional attitudes and behavior toward troubled employees and that as a consequence he or she will be encouraged to seek help *early* enough to maintain his or her position as an employee.

Successful rehabilitation requires a high degree of employee motivation. It takes the efforts of all people within the company who are involved in employee motivation to obtain the fullest benefits possible.

It is this kind of cooperative action by all concerned that makes programs for employees successful. All must work with trust in this particular area. All segments within the company, as with society in general, will benefit when an individual is restored to normal functioning on or off the job. This manual is provided for your use. As a supervisor you can make the program work for you, if you follow its suggestions.

### ***Role of the Supervisor***

We know that the key person in an Employee Assistance Program is that person who is troubled enough either to seek help for himself or herself, or whose difficulties on the job require others to pressure them to seek help from the Employee Assistance Program. Sometimes it is a life or death proposition for the person with the problem.

The goal of an Employee Assistance Program is to restore valuable employees to full productivity. The program is designed to assist the employee with a developing pattern of deficient performance, motivate the individual to seek help, direct him or her toward the expert assistance available, and provide continuing support and guidance when requested.

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Another important person in any Employee Assistance Program is, quite naturally, the immediate supervisor. Sometimes this relationship is as important to the employee as that of a spouse, child and/or parent. When the relationship between a supervisor and an employee has existed over a period of years, friendships and deep feelings can be developed. These relationships have a tendency to sometimes cause ambivalence on the part of the supervisor when job action seems to be in order in a problem situation. The role of the supervisor is to assist employees to their full potential as an individual and as a member of a work unit. It is the responsibility of company supervision to develop people and their abilities. Any problem which substantially interferes with this process demands the direct and active concern of the supervisor. The supervisor is usually the first person to become aware of an employee's declining job performance. The supervisor is in a position to motivate the individual to seek appropriate help before the job performance has deteriorated to the point where it may be necessary to discharge the individual.

It is important that supervisors know and effectively administer the progressive discipline procedures in the bargaining process, if they should become necessary. The Employee Assistance Program has no role in the discipline procedures; however, if as a result of discipline, it becomes evident that the "troubled person" has an individual personal problem which may be contributing to a poor work attitude or performance, he or she should be made aware of the help that is available through the Employee Assistance Program. It should be explained that professional assistance may be necessary to help the individual resolve his or her difficulty.

The Employee Assistance Program will fail if it is abused by a supervisor. It can be abused by trying to "dump" purely management problems, or using it as a "witch hunt" to retaliate or discriminate against certain employees. When there is legitimate information that discloses evidence of deteriorating job performance on the part of an individual, the prime objective of the supervisor is to precipitate a crisis. The crisis should be of sufficient intensity to motivate the individual to seek the help he or she needs. There is a human tendency to ignore our failings until there is a crisis—after which one must realistically face the problem or suffer unpleasant consequences.

Although recognizing problems is the responsibility of the supervisor it must be emphatically noted that he or she is not expected to play the role of a doctor. He or she can only legitimately point out deficiencies of job performance. The supervisor can *suggest* that they may be related to some kind of health problem if the evidence is available that indeed it is. It is then possible to suggest that the employee do something about the problem—perhaps place a call to the Employee Assistance Department.

It is the duty of the supervisor to be aware of growing job impairment and then to refer to those whose responsibility it is to deal with employee problems. The supervisor may wish to initiate discussing the problem with upper supervision or with the Employee Assistance Department. If referral is made to the Employee Assistance Department, it may be necessary to tie it into outside private agencies that can deal with the problem presented.

The Employee Assistance Program is directed toward the rehabilitation of employees and is not "pro-management" or "pro-labor." It is "pro-human" and must be presented as such to employees.

There are several facets to the area of poor job performance. *Any of these conditions can exist, at times, without being a serious problem requiring referral for help.* They may be passing situations easily correctable. *However, when these situations continue to be repeated after correctable measures have been suggested, then a pattern develops.* It is this pattern of poor job performance, that denotes help is needed. Some of these areas that are most readily noted are as follows:

1. Actual physical problems restricting or preventing satisfactory job performance of required duties (intoxication, under influence of drugs or medication, etc.).
2. Absenteeism in all its forms.
  - a. Excessive sickness
  - b. Tardiness reporting to work or at luncheon time
  - c. Leaving work before quitting time
  - d. Pattern of Monday and Friday absences (also could be days after "payday")
3. Accident Prone Syndrome.
  - a. Accidents on and off the job frequent enough to affect reliability of presence on job



- b. Accidents on the job causing injury to fellow workers
- c. Near accidents on the job
- d. Altercations with other employees
- 4. Deteriorating Personal Appearance.
- 5. A consistent pattern of increased or decreased levels of behavioral activity.
  - a. Poor judgment
  - b. Moodiness, depression, or anxiety

Our purpose here is not to "nit-pick"—but merely to formally focus on the more noticeable and general deviations from acceptable job performance.

### The Art of Confrontation

An important aspect of an Employee Assistance Program is the confrontation with the affected employee whose job performance is deficient.

It is important that the supervisor not make an attempt to diagnose the cause of an employee's personal problem which is having an adverse effect on his or her job performance and at no time should the supervisor try to counsel an employee in such matters. This is a job for the people trained to handle such cases.

The initial discussion with the employee will be based on objective performance data rather than vague references to the unsatisfactory job performance. Such a discussion can prove to be motivational for the employee. Dealing with performance problems is part of the supervisor's job. *Remember that anyone can have an "off-day."* It is the continuing deficient job performance which may indicate a problem and warrant constructive confrontation. Some helpful hints:

#### 1. Realistic Preparation.

- a. Select a place and time for the discussion which affords privacy. No one enjoys criticism, however appropriate, but criticism in the presence of others can cause more difficulties than it resolves.
- b. All absenteeism, tardiness, and poor job performance must be documented. Have this documentation in hand during your discussion with the employee.
- c. Be consistent. Do not be more tolerant with one employee than you would be with another.

- d. Be aware of your own expectations. What is acceptable or unacceptable?
- e. Attempting to label the employee's problem is not your responsibility. Your concern is with only correcting poor job performance.

#### 2. Details of Discussion.

- a. Try to prepare your discussion of performance deficiencies by pointing out the company recognizes his or her value, including years of service, past performance, technical skills, previous level of competence, and dependability.
- b. Honesty and firmness are a must; don't hedge. Use your documentation outline and tell the employee exactly what it is about his or her performance that is unsatisfactory.
- c. Remember your goal, to restore this person as a productive member of your department. Base your job performance discussion on just that.
- d. The employee may sometimes try to play you against either upper management or other employees. Be aware of this possibility.

#### 3. Follow-Through

- a. All company employees are expected to follow company standards. Make sure your employee understands fully what to expect when indifference to or abuse of these standards occurs.
- b. A plan for improvement should be realized. Get a commitment from the employee.

#### 4. Intervention.

It is your responsibility to intervene. You have a legitimate right to interfere when one's job performance is below standard. It is highly probable that a troubled employee's performance will improve if he or she is confronted constructively and consistently. On the other hand, if he or she is ignored or warned in an inconsistent or arbitrary manner, it is highly unlikely that his or her performance will improve.

## **A Word of Caution**

Please stay with your role! Avoid these pitfalls:

1. Don't sermonize or pontificate.
2. Don't get into personal matters that are not your concern.
3. Don't diagnose.
4. Don't judge.
5. Don't be put off by sympathy.
6. Don't hesitate to seek advice when in doubt how to proceed.
7. Don't breach confidentiality!

Be as supportive as you can of the individual to motivate him or her to seek help. You can do this by:

1. Making the offer of help through the Employee Assistance Program.
2. Explaining your legitimate concern over job performance.
3. Reinforcing the confidentiality of the Employee Assistance Program.
4. Emphasizing the professional approach.
5. Explaining the viewpoint of management in supporting the Employee Assistance Program.

You must convince the troubled employee of just one thing: there must be no doubt in the individual's mind that the job performance is unsatisfactory and that he or she, regardless of any and all other problems, has a very real current problem of job performance which must be faced now.

If, as a result of discussions with an employee, the supervisor is reasonably certain of the nature of the underlying cause of an employee's job performance problems, and they can be resolved between the supervisor and the employee, the supervisor should take whatever steps are appropriate to help resolve the work situation. The employee should simply be offered a firm, fair choice: accept the confidential help of the supervisor for whatever problem may be causing poor job performance, or accept the consequences of that poor job performance.

If it is determined, however, that neither the efforts of the employee nor the supervisor are able to resolve the employee's problems, the supervisor should encourage the employee to accept the confidential help which is offered by the Employee Assistance Program. The employee should understand that the same consequences may result from failure to accept help from the Employee Assistance Program as is true in not accepting supervisory assistance.

## **What Should the Supervisor Expect of the Employee Assistance Program**

The Employee Assistance Department will cover the following areas with an employee referral:

1. Discuss the objectives of the Employee Assistance Program.
2. Find out why the individual came (if self-referral) or stress the reason he or she was referred if a job performance problem exists.
3. Assist the individual to identify basic nature of problem.
4. Discuss confidentiality aspects of program.
5. Offer several choices of referral sources (agencies) dealing with problems of that particular nature.
6. Cover the employee's responsibility to follow through with agreed treatment procedure and follow-up program.
7. Explain appropriate company benefits and the extent of the employee's coverage for recommended treatment.
8. Follow-up with 'significant others' when requested.
9. Set up after-care program if necessary.

## **When an Employee Returns**

If an employee has been hospitalized for any reason, on return, the supervisor and employee share a common experience—the uneasiness of "apprehension." Since the employee has usually been away for treatment, the anxieties experienced can be testing to all concerned. There is ambivalence on the part of those in positions of authority. Should you be sympathetic and protective? Should you overlook problems and performance deficiencies for the initial period upon return? The employee will also have his or her areas of doubt and anxieties. They could be experiencing feelings of guilt, lower self-esteem, and considerable concern over how others view them. In some treatment procedures, they refer to this process as "re-entry." Each individual returning to work experiences these transitional pressures to a greater or lesser degree. What should you as a supervisor do, or how should you conduct yourself and your duties during this period? We think



some of the following guidelines would be useful:

1. Keep feelings of sympathy and overprotectiveness to a minimum. The individual already feels different and sometimes these feelings are intensified by such an approach.
2. Sometimes you will notice an immediate and significant improvement in performance. Sometimes the recovery process will be slow and gains will be less evident. The "trend" of performance is more important than isolated incidents of either extreme. A word of encouragement for a job well done is important and provides reinforcement.
3. There can be subtle changes later on. Be sensitive to mood swings, difficulty in handling routine situations, lack of interest, and sometimes a return to "old patterns." These could be signs of relapse.

Discuss them with the Employee Assistance Department and seek advice on the matter and how to handle it.

4. Be sure you understand completely the advice given and follow it explicitly.
5. Encourage the employee to follow through with the recommendations of the Employee Assistance Program for after-care. If long-term therapy, such as Alcoholics Anonymous, psychiatry, group therapy, etc. has been suggested, be supportive of that solution throughout your involvement with the individual should they question you.
6. Don't expect that you are expected to know everything! And remember, TIME, and the passage of it, plays an important role. *Give it time!*

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### III. Policy Implementation Checklist

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1. Do you have a clear, written company policy on drug and alcohol abuse which addresses the key features of Section 1?
2. Has your company given written guidelines on this issue to management and supervisory personnel?
3. Have you provided employees and supervisors with health and safety information on drugs and alcohol and made known the impact that such use on and off the job can have on job performance?
4. Have supervisors been trained to recognize key performance indicators often associated with drug and alcohol abuse?
5. Do your supervisors and management personnel know what to do if they find an employee who may be unfit for duty, under the influence of drugs or alcohol, or found in possession of illicit or prohibited substances?
6. If drugs are found on company property or while on company assignment, are local law enforcement and company security promptly notified, and are procedures in place to accomplish this effectively?
7. Is there a medical resource designated for an examination including a urine test for employees suspected not to be fit for duty?
8. Is there an employee assistance program available as a resource to help employees, and are they familiar with how to participate in such a program?
9. Has the company briefed the union, if applicable, on its drug policy?
10. Is the company directing its message at the co-worker as well as the drug and/or alcohol abuser?
11. Have contractors been formally advised that personnel hired by them working on company property or on assignment for the company would be denied access if such individuals violate company drug and alcohol policy and would be referred to local law enforcement if found to be in apparent violation of the law?
12. Is the company policy on chemical testing of body fluids applied consistently, and with due care taken to safeguard the integrity of the fluid samples collected?
13. Have provisions been established for performing reliable chemical testing when appropriate?



## IV. Sources of Additional Information

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Additional information or materials on drug and alcohol abuse, or on behavioral/emotional/psychological problems or disorders, are available from the many state and local organizations dealing with these problems. They can provide lists of their available resources. In addition, there are several national information sources which provide information, such as:

National Clearinghouse for Drug Abuse  
Information  
P.O. Box 1635  
Rockville, MD 20850

Pyramid Project (for technical assistance  
in drug abuse prevention resources and  
program development)  
Suite 1006  
7101 Wisconsin Avenue  
Bethesda, MD 20014

National Drug Abuse Center for Training  
and Resource Development (for drug  
abuse professional training materials)  
5530 Wisconsin Avenue  
Washington, DC 20015

Prevention Branch Division of Resource  
Development  
National Institute on Drug Abuse  
(for guidance on the development  
of prevention programs)  
5600 Fishers Lane, Room 10A-30  
Rockville, MD 20857

Center for Multicultural Awareness  
(for drug abuse multicultural materials  
and assistance to minorities)  
2924 Columbia Pike  
Arlington, VA 22204

National Clearinghouse for Alcohol  
Information  
P.O. Box 2345  
Rockville, MD 20850

Alcohol, Drug Abuse and Mental Health  
Administration  
Office of Communications and Public Affairs  
5600 Fishers Lane, Room 6C15  
Rockville, MD 20857

National Audiovisual Center  
(for federally produced drug abuse films)  
National Institute of Mental Health  
5600 Fishers Lane, Room 11A-33  
Rockville, MD 20857

## APPENDIX

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The following information comes from a pamphlet which is based on the National Institute on Drug Abuse publication, "Let's Talk About Drug Abuse." It was adapted for use by several electric utility companies by Peter Bensinger, consultant to the EEL Task Force and president of Bensinger, DuPont and Associates, Chicago, Illinois.

The pamphlet as used by individual companies, would normally include a foreword (generally by the chief executive officer of the company), a statement of the company policy, information on accessing the employee assistance program, and a listing of regional, state and local information resources; such information has not been included herein, as it should be company-specific when adapted for individual company use. The information that follows should be an integral part of the pamphlet, however.

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### Contents\*

Foreword .....	i
Company Policy on Drugs and Alcohol .....	ii
Introduction .....	1
Alcohol .....	6
Marijuana .....	9
Hallucinogens .....	15
Phencyclidine (PCP) .....	18
Stimulants .....	20
Sedatives .....	23
Narcotics .....	25
Inhalants .....	28
Tobacco .....	30
Employee Assistance Program .....	33
Information Resources .....	35

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*\*Pagination in this Table of Contents is illustrative only and does not reflect actual pagination in this Appendix.*



# Introduction

## What is a drug?

A drug is any chemical substance that produces physical, mental, emotional or behavioral change in the user.

## What is drug abuse?

Drug abuse is the use of a drug for other than medicinal purposes which results in the impaired physical, mental, emotional or social well-being of the user. Drug *misuse* is the unintentional or inappropriate use of prescription or over-the-counter drugs, with similar results.

## Which drugs are abused?

Narcotics, sedatives, alcohol, tobacco, stimulants, marijuana, inhalants, hallucinogens, phencyclidine—these are the major drugs of abuse. All have one thing in common: to one degree or another, they affect the user's feelings, perceptions and behavior. Most of these drugs affect the user in physical ways as well, but they are abused because of their psychoactive (mind-altering) properties.

## What is drug addiction?

The term *drug addiction* has been popularly used to describe a "physical" dependence on a drug. Originally associated with narcotic dependence, the term is gradually being replaced by the more neutral *drug dependence*.

## What is tolerance?

Tolerance is a state which develops in users of certain drugs and requires them to take larger and larger amounts of the drug to produce the same effect. Tolerance often, but not always, occurs along with (physical) dependence.

## Why do people abuse drugs?

There are many reasons: the wish or belief that drugs can solve every problem, the pressure from friends to experiment, the enjoyment of drug effects, and easy access to socially acceptable drugs like alcohol and tobacco.

Reasons for drug experimentation—such as curiosity or social pressure—differ from reasons for occasional drug use—such as enjoyment or availability. And reasons for continuing to use drugs—such as dependence and fear or withdrawal—are different still.

## What is a drug dependence?

Drug dependence is the need for a drug which results from the continuous or periodic use of that drug. This need can be characterized by mental and/or physical changes in users which make it difficult for them to control or stop their drug use. They believe that they must have the drug to feel good, or normal, or just to get by. This mental aspect of drug dependence is often called psychological dependence.

Some drugs, like narcotics and barbiturates, change the body's physical system so that it becomes used to the drug and needs it to function. When a user stops taking the drug, he or she will experience withdrawal symptoms, like vomiting, tremors, sweating, insomnia, or even convulsions. So to avoid withdrawal and to continue to function, the user takes the drug again. This aspect of drug dependence is often called physical dependence.

Many people try to distinguish between psychological and physical dependence, believing one type of dependence is worse than the other. However, heavy use of any psychoactive drug produces some type of dependence; and this dependence interferes with the social, behavioral and physical functioning of the individual.

## **A**re drugs harmful?

Any drug can be harmful. Drug effects depend on many variables, including the amount of drug taken, how often it is taken, the way it is taken, and other drugs used at the same time. Also, the user's weight, sex (personality, mood, expectations), and setting of use (environment) help determine how a drug affects a person.

## **H**ow can misuse of legally obtained drugs be controlled?

Drugs should be used only as prescribed and should be destroyed when they are no longer needed. All drugs, including nonprescription, over-the-counter drugs, should be kept away from children. Doctors and pharmacists should watch prescription renewals for drugs that can lead to dependence.

## **A**re substances other than those commonly called drugs ever abused?

Yes. Substances like various aerosols, gasoline, paint thinner and model airplane glue contain volatile anesthetic-like chemicals which people sometimes sniff to get high. These inhalants should be sold and used with caution. Young children often get into common household products such as volatile solvents, so parents should take precautions to keep these substances out of reach.

## **D**o drug abusers ever take more than one drug?

Yes. Multiple drug abuse is common. People who abuse one drug are likely to abuse other drugs, either by taking a variety of them all at once or at different times. Multiple drug abuse means multiple risk. Mixing alcohol and sleeping pills, sedatives or tranquilizers is especially dangerous. Unfortunately, young people are experimenting more and more now with these potentially lethal combinations.

## **D**o most drug experimenters become drug dependent?

No. Most people who experiment with drugs do not become dependent. In fact, most do not even become regular users.

## **W**hat is the effect of drugs on sexual response?

No drug seems to be a true aphrodisiac (capable of creating sexual desire rather than reducing inhibitions), although various substances have been considered as such throughout history. What users expect is probably more important than what drugs do. In fact, narcotics and alcohol in particular often actually *reduce* sexual responsiveness. Small doses of certain drugs, however, may make a person feel less inhibited.

## **I**s it unsafe to use drugs during pregnancy?

It can be. Pregnant women should be extremely cautious about taking *any* drug, even aspirin, without first consulting their physician.

Research has shown that heavy smoking and drinking can harm the developing fetus. Babies born of narcotic- and barbiturate-dependent mothers are often born drug dependent and require special care after birth.

## **W**hat is drug overdose, and what can I do about it?

An overdose of drugs is any amount which produces an acute and dangerous reaction. A severely low breathing rate, stupor or coma are indicative of drug overdose. Get medical help immediately! In the meantime, make sure the overdosed person gets plenty of air. Artificial respiration may be necessary.

Sometimes hallucinogens, PCP, marijuana or stimulants produce a panic reaction. The person may become frightened, suspicious, and may fear harm from others. It is crucial that everyone remain calm and reassure the person that these feelings are drug related and will subside. Outside help is usually available from community hot lines, drug crisis centers, or hospital emergency rooms, and should be sought as soon as possible.



## **I**s it possible to get medical help for drug problems without getting into trouble with the law?

Yes. There are important regulations which safeguard the confidentiality of patients in treatment. Federal law requires doctors, psychologists, and drug treatment centers to keep confidential any information obtained from patients. However, under certain conditions, the law does allow disclosure. (The information might be necessary so other doctors can treat the patient, or so insurance carriers can provide benefits.)

## **C**an over-the-counter (nonprescription) drugs be dangerous?

Yes. When these drugs are overused or misused in some other way, they too can cause serious problems. Drugs bought without prescription, such as antihistamines, aspirin, cough medicines, diet pills, sleeping pills and pep pills, can be helpful for minor, short-term discomforts. Although these preparations are relatively safe, users should always read labels carefully and check with their doctor if uncertain about the effect a particular over-the-counter drug may have.

## **W**hat are controlled drugs?

Controlled drugs are those placed on a schedule or in special categories to prevent, curtail or limit their distribution and manufacture. Under the Controlled Substances Act of 1970, the Attorney General of the United States (on the recommendation of the Secretary of Health, Education, and Welfare) has the authority to place drugs into five schedules or categories, based on their relative potential for abuse, scientific evidence of the drug's pharmacological effect, the state of current scientific knowledge about the drug, and its history and current pattern of abuse.

## **W**hat are the legal distinctions between possession, dealing and trafficking in controlled substances?

Possession means: 1) having controlled legal drugs that are not obtained either directly from a doctor or from a pharmacist using a valid prescription; or 2) having controlled drugs which are illegal for use under any circumstance, like heroin or marijuana.

Dealing is illegally supplying or selling controlled drugs to users on a small scale. Trafficking is the illegal manufacture, distribution, and sale of these drugs to dealers on a large scale.

Penalties for each offense vary from state to state and according to schedule.

## **W**hat kind of treatment is available for the drug abuser?

In recent years, the kinds of treatment programs have multiplied since no single therapeutic approach seems to succeed for all people and with all drugs.

Treatment approaches for narcotics abusers principally include drug-free or methadone maintenance in residential or outpatient facilities. Approximately two-thirds of the 3,400 treatment programs located across the country are drug free; the remaining one-third utilize methadone maintenance. Rehabilitation services such as career development, counseling, and job skills training are also available.

For alcohol-dependent people, treatment often includes drug therapy during the alcohol withdrawal phase, group or individual psychotherapy, and the particular kind of support provided by self-help groups similar to Alcoholics Anonymous.

There are many other programs providing short-term counseling or drug crisis therapy in health agencies, schools, community mental health centers and other organizations.

Georgia Power sponsors a confidential Employee Assistance Program to provide counseling on drug and alcohol abuse or other problems. For further information on this program see the section on the Employee Assistance Program.

# Alcohol

## **W**hat is alcohol?

First of all, alcohol is a drug. Like the sedatives, it is a central nervous system depressant. The major psychoactive ingredient in wine, beer and distilled liquor, alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. The kind of alcohol in alcoholic beverages is ethyl alcohol—a colorless, inflammable liquid.

Technically, ethyl alcohol can also be classified as a food since it contains calories.

## **W**hat effect does alcohol have?

In small doses, alcohol has a tranquilizing effect on most people, although it appears to stimulate others. Alcohol first acts on those parts of the brain which affect self-control and other learned behaviors; lowered self-control often leads to the aggressive behavior associated with some people who drink.

In large doses, alcohol can dull sensation and impair muscular coordination, memory and judgment. Taken in larger quantities over a long period of time, alcohol can damage the liver and heart and can cause permanent brain damage.

## **C**an people become dependent on alcohol?

Yes. When drinkers see alcohol as an escape from the problems and stresses of everyday life, they may want to keep on drinking. They begin to depend on the drug for relief. Repeated drinking produces tolerance to the drug's effects and dependence. The drinker's body then needs alcohol to function.

Once dependent, drinkers experience withdrawal symptoms when they stop drinking. Although considerable success has been reported in nonmedical withdrawal from alcohol, in some serious cases hospitalization may be required for a short period of time.

## **W**hy does alcohol seem to affect different people differently?

Individual physical, mental and environmental factors determine how people react to alcohol or any other psychoactive drug. How fast and how much they drink, whether they drink before or after eating, and such factors as weight, personality, mood and environment—all interact to produce slightly different reactions in different people.

## **H**ow many Americans drink?

About two-thirds of all adults drink at least occasionally. Many younger people drink, too, and evidence suggests that alcohol use among young people is spreading. In fact, about half of all junior high school age children have tried alcoholic beverages.

## **W**hy do people drink?

People drink for a variety of cultural, religious, medical, social or personal reasons. Wine in particular has a long history of use among different ethnic groups. In certain religions, it is an element of sacrament or ceremony. Some people take a small glass of whiskey every now and then when they are ill because they believe it helps them feel better.

Most people probably think of themselves as social drinkers. Social drinking is usually defined as the light to moderate drinking people do for "social" reasons—to help relax at get-togethers, to celebrate an occasion, to "fit in" with others who are having a drink. There are probably as many reasons for social drinking as there are social situations. Other people use alcohol to forget their worries for the moment or to escape a distressing reality.



## **W**hat dangers are associated with social drinking?

We do not know for sure if moderate amounts of alcohol are harmful to health. One problem is that "social drinking" means different amounts to different people. While we are doing research to find the answer, we do know that "social drinkers" can be a danger to themselves and others when they drive. Even one or two drinks can significantly impair a driver's judgment and reaction time. Of the 50,000 deaths from car accidents each year in this country, about half are related to alcohol abuse.

## **W**hat is alcoholism? And who is an alcoholic person?

Alcoholism is a condition which is characterized, among other things, by the drinker's consistent inability to choose whether to drink at all, or to stop drinking when he or she has obviously had enough.

But what is "enough"? It is certainly more than enough, for instance, when a person takes an overdose and becomes drunk. But one episode of intoxication does not make an alcoholic. In general, people are said to have a problem with alcohol, or to be alcoholics, if they cannot control their drinking, if they are dependent on the drug, and if their drinking has a negative impact on their families, friends and jobs. By these criteria, about 10 million Americans are problem drinkers or alcoholics.

The reasons people abuse alcohol and how seriously that abuse affects their lives may be more important in determining alcoholism than how long or how much they drink.

## **C**an alcohol kill?

Yes. A large dose of alcohol, which can be as little as a pint or less of whiskey consumed at once, can interfere with the part of the brain that controls breathing. The respiratory failure which results can bring death. *Delirium tremens*, the most extreme manifestation of alcohol withdrawal, can also cause death. On the average, heavy drinkers shorten their life span by about 10 years.

## **I**sn't alcoholism mostly a man's problem?

No. It has been estimated that about half the alcoholic people in this country are women. However, women have historically been more reluctant than men to admit to alcohol dependence. One reason may be that society has looked upon female alcoholics as somehow "worse" than males.

## **W**hat effect does alcohol have on the human fetus?

Recent studies show that women who drink heavily during pregnancy—more than three ounces of alcohol per day (equal to about 2 mixed drinks)—run a higher risk than other women of delivering babies with physical, mental and behavioral abnormalities.

A pregnant woman's occasional binge or light to moderate drinking may also affect her unborn child, but the evidence is not so clear as with heavy drinking. In addition, women who drink heavily are more likely to smoke heavily, eat poorly and neglect their health in general. All of these factors can affect the outcome of pregnancy.

# Marijuana

## **W**hat is marijuana?

Marijuana ("grass," "pot," "weed") is a common plant with the botanical name of *Cannabis sativa*. The chief psychoactive (mind-altering) ingredient in marijuana is delta-9-tetrahydrocannabinol, or THC, although over 400 other chemicals are also contained in the plant. A marijuana joint (cigarette) is made from the dried particles of the whole plant except the main stem and roots. The amount of THC in the joint primarily determines its psychoactive potential. In recent years, the strength of street samples of marijuana has markedly increased. In 1975, samples exceeding 1 percent THC content were rare; by 1980, samples with 5 percent THC were common. This more potent marijuana increases the physical and mental effects and the possibility of health problems for the user.

## **D**oes marijuana vary in strength?

Plant strain, climate, soil conditions, time of harvesting and other factors determine the strength of marijuana. The plant that grows wild in the United States is usually lower in THC than cultivated marijuana, especially Mexican, Lebanese, Southeast Asian or Indian varieties. Sensemilla, a relatively new cultivated form of marijuana, is now grown in this country and may contain as much as 7 percent THC. Because the strength and chemical composition of naturally grown marijuana vary so much, delta-9-THC is synthesized (created through a chemical process) so that a pure, measurable drug is available for drug abuse research.

## **H**ow many people smoke marijuana?

According to the latest national survey (1982), 64 percent of young adults (ages 18-25) tried marijuana at least once with 27 percent reporting current use—"current" because they reported smoking during the past month; 23 percent of adults over 26 years of age tried the drug with 7 percent reporting current use; and 27 percent of young people (ages 12-17) tried the drug with almost 12 percent reporting current use.

A breakdown of teenage marijuana use shows that 59 percent of high school seniors had tried it, and 1 out of 14 was a daily user; 8 percent of the 12-13 age group reported that they had smoked marijuana at least once, and 2 percent of this group were current users; and 24 percent of the 14-15 age group had tried it, and 8 percent were still using it.

While children under the age of 12 were not surveyed, many in the 12-17 age group report that they first tried marijuana, and even started smoking it regularly, while they were still in grade school—probably before their parents even suspected they knew about the drug.

## **W**hat are some of the immediate effects of smoking marijuana?

Most users who smoke marijuana experience an increase in heart rate, reddening of the eyes, and dryness in the mouth and throat. Studies of marijuana's mental effects have revealed that the drug temporarily impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions and coordination. Many feel that their hearing, vision and skin sensitivity are enhanced by the drug, although these reports have not been objectively confirmed by research. Feelings of euphoria, relaxation, altered sense of body image and bouts of exaggerated laughter are also commonly reported.

## **D**o people ever react badly to the drug?

The most commonly reported immediate adverse reactions to marijuana use is the "acute panic anxiety reaction." It is usually described as an exaggeration of normal marijuana effects in which intense fears of losing control and going crazy accompany severe anxiety. The symptoms often disappear in a few hours when the acute drug effects have worn off. Other physical and mental effects are described below.



## **C**an marijuana cause dependence?

Physical dependence on marijuana has been demonstrated in research subjects who ingested an amount equal to smoking 10 to 20 joints a day. When the drug was discontinued, subjects experienced withdrawal symptoms—irritability, sleep disturbances, loss of appetite and weight, sweating and stomach upset. Tolerance to marijuana, the need to take more and more of the drug over time to get the original effect, has been proven in animals and humans.

## **H**ow can marijuana affect young people?

In addition to the physical effects described later, a very real danger in marijuana use is its possible interference with growing up. As research shows, the effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and arithmetic skills. Clinicians also believe that the drug may interfere with the development of adequate social skills and may encourage a kind of psychological escapism. Young people need to learn how to make decisions, handle success, cope with failure, and form their own beliefs and values. By providing an escape from "growing pains," drugs can prevent young people from learning to become mature, independent and responsible.

## **H**ow does marijuana affect women's reproductive systems?

One recent study of marijuana use and human female endocrine functioning, with 26 women using street marijuana for 6 months or more, found they had defective menstrual cycles three times more frequently than a similar group of nonusers. These defective cycles involved either a failure to ovulate or a shortened period of fertility—findings which suggest that regular marijuana use may reduce fertility in women. Many female animal studies have been completed and show that marijuana influences levels of estrogen, the principal female sex hormone; progesterone, another reproductive hormone, and the growth hormone from the pituitary. These studies suggest that marijuana use should be avoided by adolescent girls.

## **C**an marijuana affect pregnancy?

Research on women is limited because of possible risks to the unborn child. But laboratory tests using female monkeys, whose reproductive systems are very similar to humans, have found that THC-treated monkeys were four times more likely than untreated monkeys to abort or have stillborn infants. And males born of the THC-treated monkeys weighed less than average at birth. Scientists believe that marijuana, which crosses the placental barrier in the pregnant mother's womb, may have a toxic effect on embryos and fetuses. Using marijuana during pregnancy is taking an unnecessary risk.

## **H**ow does marijuana affect men's reproductive systems?

Studies of adult males have found that chronic marijuana users had lower levels of testosterone (the principal male sex hormone) than nonusers and that abstinence from marijuana after heavy use produced a reversal of this condition. Other research has shown that the sperm count in young adult males diminishes as marijuana use increases. Still other studies have shown that some of the sperm of chronic marijuana users are defective and nonfunctional. On the basis of these findings, scientists feel that those with marginal fertility or endocrine functioning should avoid marijuana use. These findings also suggest that marijuana may be especially harmful during adolescence, a period of rapid physical and sexual development.

## **C**an marijuana cause brain damage?

To date, no definitive neurological study of humans has turned up evidence of marijuana-related permanent brain damage. However, in a recent study, a rhesus monkey was trained to smoke a marijuana cigarette 5 days a week for 6 months. The researcher reported that persistent changes in the structure of the monkey's brain cells followed. This and other studies lead researchers to conclude that the possibility of subtle and lasting changes in brain function from heavy and continuous marijuana use cannot be ruled out.

## **W**hat is marijuana "burnout"?

"Burnout" is a term first used by marijuana smokers themselves to describe the effect of prolonged use. Young people who smoke marijuana heavily over long periods of time can become dull, slow moving and inattentive. These burned-out users are sometimes so unaware of their surroundings that they do not respond when friends speak to them, and they do not consider themselves to be burned out. Scientists believe that burnout may be a sign of drug-related mental impairment that may not be completely reversible, or is reversible only after months of abstinence.

## **H**ow does marijuana affect the heart?

Marijuana use increases heart rate as much as 50 percent depending on the amount of THC in the cigarette. It brings on chest pain in people who have a poor blood supply to the heart—and it produces these effects more rapidly than tobacco smoke does. For this reason, doctors believe that people with heart conditions, or those who are at high risk for heart ailments, should not use marijuana.

## **H**ow does marijuana affect the lungs?

Scientists believe that marijuana can be particularly harmful to the lungs because users typically inhale the unfiltered smoke deeply and hold it in their lungs as long as possible, thereby keeping the smoke in contact with lung tissue for prolonged periods. Repeated inhalation of smoke, whether of marijuana or tobacco, inflames the lungs and affects pulmonary functions. In one study on humans, it was found that smoking five joints a week over time is irritating to the air passages and impairs the lungs' ability to exhale air more than smoking almost six packs of cigarettes a week. Another study on animals using THC at levels similar to daily human use found that extensive lung inflammation developed after a time period equal to a quarter to a half the animal's lifetime.

## **C**an marijuana cause cancer?

Marijuana smoke has been found to contain more cancer-causing agents than is found in tobacco smoke. Examination of human lung tissue that had been chronically exposed to marijuana smoke in a laboratory showed cellular changes called metaplasia that are considered precancerous. In laboratory tests, the tars from marijuana smoke have produced tumors when applied to animal skin. These facts suggest that it is likely that marijuana may cause cancer if used for a number of years.

## **H**ow long does marijuana stay in the body after it is smoked?

When marijuana is smoked, THC, its active ingredient, is absorbed by many tissues and organs in the body. The body, in its attempt to rid itself of the foreign chemical, chemically transforms the THC into metabolites. Human tests on blood and urine can detect THC metabolites up to a week after marijuana is smoked. Tests involving radioactively labeled THC have traced these metabolites in animals for up to a month.

## **H**ow does marijuana affect driving?

Research has shown that social doses of marijuana can impair driving ability. Actual driving experiments reveal that the drug has a significant effect on judgment, caution and concentration. Marijuana also affects the driver's perceptual and motor abilities. A recent study of 300 drivers responsible for fatal accidents in Boston showed that 39 percent were intoxicated with alcohol and 16 percent were under the influence of marijuana at the time of the fatal crash, according to interviews with witnesses. With its increased use among the general population, marijuana presents a definite danger on the road.



### **D**o marijuana users go on to use other drugs?

Surveys show that regular marijuana users are more likely to experiment with other drugs such as hashish, hallucinogens, amphetamines and, occasionally, barbiturates and heroin. In addition, a recent study found that regular users combine use of alcohol with marijuana, which is more hazardous than the use of either drug alone.

### **H**ow are people usually introduced to marijuana?

Most people are introduced to marijuana by their peers—that is, by people their own age, usually acquaintances or friends. Pushers are rarely involved at the outset.

### **D**oes marijuana have any medical uses?

Research on marijuana has found that certain of the plant's chemicals, particularly THC or related substances, may have value in medical treatment. The most promising area is as a means of controlling the nausea and vomiting experienced by cancer patients undergoing drug therapy. Another potential use is in the treatment of open-angle glaucoma, a disease characterized by excessive pressure in the eye, which leads to blindness. Marijuana or THC, often used in combination with standard eye medication, has been found to reduce the pressure.

# Hallucinogens

## **W**hat are hallucinogens?

Hallucinogens (also called psychedelics) are drugs which affect perception, sensation, thinking, self-awareness and emotion. Changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing unreal sensations) may be mild or overwhelming, depending on dose and quality of the drug. Effects vary; the same person may have different reactions on different occasions.

Many natural and synthetic hallucinogens are in use. LSD, a synthetic, is the most potent and best studied. Mescaline (from the peyote cactus), psilocybin (from a mushroom found in Mexico), morning glory seeds, DMT, DOM (STP), PMS, MDA and others have somewhat similar effects. Phencyclidine (PCP) is sometimes considered a hallucinogen although it does not easily fit into any one category. PCP is discussed in a separate section.

## **W**hat is LSD?

Lysergic acid comes from fungus (ergot) and was first converted to lysergic acid diethylamide (LSD) in 1938. It was not until 1943 that its psychoactive properties accidentally became known.

## **W**hat are the effects of LSD?

Effects of LSD vary greatly according to the dosage, the personality of the user and the conditions under which the drug is used. Basically, it causes changes in sensation. Vision alters; users describe changes in depth perception and in the meaning of the perceived object. Illusions and hallucinations often occur. The sense of time and of self are altered. Sensations may seem to "cross over" — that is, music may be seen or color heard.

Physical reactions range from minor changes such as dilated pupils, a rise in temperature and heartbeat, or a slight increase in blood pressure, to tremors. The user's emotional response to LSD varies widely. High doses can greatly alter the state of consciousness.

## **W**hat is a flashback?

A flashback is a recurrence of some features of a previous LSD experience days or months after the last dose. Flashbacks may be spontaneous, or they may be triggered by physical or psychological stress, by medications such as antihistamines, or by marijuana. A flashback that occurs without apparent reason often causes great anxiety. Infrequent users of LSD rarely report flashbacks. Heavy use of the drug seems to produce them more frequently. Flashbacks, however, are extremely rare.

## **D**oes LSD improve creativity and self-knowledge?

Though some people who have taken LSD say they feel more creative, research has failed to show significant changes. In some cases, LSD may reduce the motivation to work, thus reducing creativity. New perceptions of the body and of the self have been reported, but they can be frightening as well as gratifying.

## **W**hat is the source of illicit LSD?

Nearly all LSD comes from illegal domestic laboratories or is smuggled in from abroad. The quality of the drug varies. Some LSD is fairly pure; however most street samples contain impurities and adulterants. Generally, the user has no way of knowing the quality of LSD or any drug obtained on the street.

## **W**hat are the dangers of LSD?

After taking LSD, a person loses control over normal thought processes. Although many perceptions are pleasant, others may cause panic or may make a person believe that he or she cannot be harmed. Either reaction may bring about behavior that can be dangerous to the user. Longer term harmful reactions include anxiety and depression, or "breaks with reality" which may last from a few days to months. The exact cause-and-effect relationship between LSD use and emotional disruption is not known. When a person has suffered from emotional disturbance before using LSD, the drug may simply act to trigger breakdown.



**I**s there evidence that heavy LSD use affects the mind?

Research has shown some changes in the mental functions of heavy users of LSD, but they are not present in all cases. Heavy users sometimes develop signs of organic brain damage, such as impaired memory and attention span, mental confusion and difficulty with abstract thinking. These signs may be strong or they may be subtle. We do not yet know whether such mental changes are permanent or if they disappear when LSD use is stopped.

**C**an LSD damage chromosomes?

While pure LSD does not appear to damage chromosomes, street LSD is so often mixed with other substances that its effects are uncertain.

**W**hat is mescaline?

Mescaline comes from the peyote cactus and its effects are similar to those of LSD. (Often street doses of mescaline, psilocybin, and LSD contain amphetamines (stimulants), DOM (STP), phencyclidine (PCP), or other contaminants.)

# Phencyclidine (PCP)

## **W**hat is phencyclidine (PCP)?

Phencyclidine ("angel dust") is a drug which was developed as a surgical anesthetic for humans in the late 1950s. Because of its unusual and unpleasant side effects in human patients—delirium, extreme excitement and visual disturbances—PCP was soon restricted to its only current legal use as a veterinary anesthetic and tranquilizer.

## **W**hat are PCP's effects?

Effects of the drug vary according to dosage levels. Low doses may provide the usual releasing effects of many psychoactive drugs. A floaty euphoria is described, sometimes associated with a feeling of numbness (part of the drug's anesthetic effects). Increased doses produce an excited, confused intoxication, which may include any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, convulsions, speech impairment, violent behavior, fear of death, and changes in users' perceptions of their bodies.

Research shows that PCP seems to scramble the brain's internal stimuli, altering how users perceive and deal with their environment. Everyday activities like driving and even walking can be a task for PCP users.

## **W**hat makes PCP so dangerous?

One danger of PCP intoxication is that it can produce violent and bizarre behavior even in people not otherwise prone to such behavior. Violent actions may be directed at themselves or others and often account for serious injuries or death. Bizarre behavior can lead to death through drownings, burns, falls from high places, and automobile accidents. More people die from accidents caused by the erratic and unpredictable behavior produced by the drug than from the drug's direct effect on the body.

A temporary, schizophrenic-like psychosis, which can last for days or weeks, has also occurred in users of moderate or higher doses of the drug. During these episodes, users are excited, incoherent and aggressive; or they may be quite the opposite: uncommunicative, depressed and withdrawn. Paranoia, a state in which the user feels persecuted, often accompanies this condition.

## **H**ow do users get PCP?

Nearly all PCP in today's drug culture is made illicitly, since it is easily synthesized in bootleg laboratories. Because of its bad reputation on the street, dealers often sell it as mescaline or other drugs more attractive to users. Users can never be sure what they're buying. Street PCP comes in various forms: as the powdered "angel dust," as tablets, as crystals, and in pills named "hogs" or "PeaCe Pills." Smoking the dust, usually mixed with marijuana, parsley and mint leaves, has become the preferred method of PCP use. The smoker can control the drug's effects better than the pill-taker can.

## **I**s PCP a big problem?

Statistics tell us that PCP use is on the rise. In the 1960s and early 1970s PCP was not very popular with the drug community because of its unpleasant effects, but now it is becoming a drug of choice. More and more hospital emergency rooms and drug crisis centers are seeing cases of PCP-induced panic and overdoses.



# Stimulants

## **W**hat are stimulants?

The stimulants ("uppers") are a class of drugs which stimulate the central nervous system and produce an increase in alertness and activity. They include caffeine, cocaine and the amphetamines.

## **W**hat medical use do stimulants have?

Current medical use of synthetic amphetamine stimulants is usually restricted to treating narcolepsy (a rare disorder marked by an uncontrollable need for sleep) and minimal brain damage in children. They are also prescribed for short-term appetite control.

Caffeine, the naturally occurring stimulant found in coffee and tea, is a common ingredient in over-the-counter preparations designed to pep people up and help them overcome drowsiness.

The only legitimate medical use of cocaine in this country today is as a local anesthetic. It was used at the turn of the century in patent medicines, wines and soft drinks. Since antiquity, South American Indians, principally the Incas, have chewed coca leaves for religious and medicinal purposes. It was also used to increase workers' heart rate to combat the effects of the high altitude of the Andes Mountains.

## **W**hich stimulants are abused?

Overuse and abuse have been associated with all of the stimulant drugs, but risks are greatest with the amphetamines and with cocaine.

## **W**hat are the amphetamines?

The amphetamines are composed of three closely related drugs (amphetamine, dextro-amphetamine, and methamphetamine) which stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity.

## **W**hy do people use amphetamines?

Some people take these drugs under medical supervision to control their appetite. Others take amphetamines to feel alert and energetic or recreationally to get "high"; they often report a euphoric sense of well-being.

## **C**an users become dependent on amphetamines?

Yes. Users who take small amounts of amphetamines orally every now and then to combat fatigue or get "high" usually do not have trouble. However, people with a history of sustained low-dose use quite often become dependent and feel they need the drug to get by. These users frequently keep on taking amphetamines to avoid the "down" in mood they experience when the "high" wears off.

Some people try to relieve the insomnia which follows an extended period of drug taking with sleeping pills or alcohol. These users often begin taking amphetamines again to shake off drowsiness or to regain the "high" and so continue the up/down cycle, which is extremely hard on the body.

## **W**hat specific dangers are associated with amphetamine abuse?

Even small, infrequent doses of amphetamines can produce toxic effects in some people. Restlessness, anxiety, mood swings, panic, circulatory and cardiac disturbances, paranoid thoughts, hallucinations, convulsions and coma have all been reported.

Heavy, frequent doses of amphetamines can produce brain damage which results in speech disturbances and difficulty in turning thoughts into words. Taking more amphetamines increases these risks, which are greatest when the drug is injected. In addition, users who inject amphetamines intravenously can contract serious and life-threatening infections from nonsterile equipment. Finally, death can result from injected amphetamine overdose.

**What are the signals of chronic amphetamine abuse?**

Long-term users often have acne resembling a measles rash; trouble with teeth, gums and nails, and dry lifeless hair.

**Is violence associated with heavy amphetamine abuse?**

As heavy users who inject amphetamines accumulate larger and larger amounts of the drug in their bodies, the resulting toxicity can produce what is known as an amphetamine psychosis. People in this extremely suspicious, paranoid state frequently exhibit bizarre — sometimes violent — behavior.



# Cocaine

## **W**hat is cocaine?

Cocaine, a stimulant drug extracted from the leaves of the coca plant, increases heart rate and blood pressure. Street cocaine is a powder which is most commonly inhaled, although some users ingest, inject, or smoke a form of the drug called freebase.

## **W**hat dangers are associated with cocaine abuse?

Paranoia is a not uncommon response to heavy doses of cocaine. The drug may also trigger psychosis in users who are prone to mental instability.

Repeated inhalation often results in nostril and nasal membrane irritation. Injection with nonsterile equipment can cause hepatitis or other infection.

Some regular users have reported feelings of restlessness, irritability and anxiety. Others have experienced hallucinations of touch, sight, taste or smell.

When people stop using cocaine after taking it for a long time, they frequently become depressed. They tend to fight off this depression by taking more cocaine, just as in the up/down amphetamine cycle.

Cocaine is toxic. Although few people realize it, overdose deaths from injected, oral, and even snorted cocaine have occurred. The deaths are a result of seizures followed by respiratory arrest and coma, or sometimes by cardiac arrest.

Cocaine deaths are rare. But a pervasive public health problem could easily result if smoking cocaine base continues to catch on.

## **W**hat is cocaine base?

Cocaine base, or freebase, a smokable mixture converted from street cocaine, is the most toxic form of the drug. Since smoking is the fastest way to get cocaine to the brain, freebase smoking increases the risk that a user will become fearful, anxious, or develop serious psychological symptoms. Freebase smokers appear to be less able or willing than other cocaine users to control their use, which suggests that smoking can produce a strong form of psychological dependence.

## **C**an people become addicted to cocaine?

Cocaine isn't a narcotic. No evidence suggests that cocaine produces a physical dependence. But it is clear that a psychological dependence can result from heavy or continuous use.

# Sedatives

## **W**hat are sedatives?

Sedatives are drugs which depress the central nervous system. They are more appropriately called sedative-hypnotics because they include drugs which calm the nerves (the sedation effect) and produce sleep (the hypnotic effect). They are also known as tranquilizers and sleeping pills. These drugs will be referred to as sedatives in this section. There are three categories of sedatives: barbiturates, nonbarbiturates and benzodiazepines.

## **C**an sedatives cause dependence?

Yes, definitely. Dependence potential is greatest with barbiturates, but all sedatives can be addictive. How much and how often these drugs are taken determine how fast users develop tolerance and whether they develop physical withdrawal symptoms. Barbiturate withdrawal is often more severe than heroin withdrawal.

## **W**hich sedatives are abused?

Of all the drugs in this class, the barbiturates ("barbs," "downers," "reds") have the highest rate of abuse and misuse. The most commonly abused barbiturates include pentobarbital (Nembutal), secobarbital (Seconal), and amobarbital (Amytal). These all have legitimate use as sedatives of sleeping aids. Among the most commonly abused nonbarbiturate drugs are glutethimide (Doriden), meprobamate (Miltown), methyprylon (Noludar), ethchlorvynol (Placidyl), and methaqualone (Sopor, Quaalude). These are prescribed to help people sleep.

Benzodiazepines, especially diazepam (Valium), prescribed to relieve anxiety, are commonly abused, and their rate of abuse and misuse is increasing.

## **W**ho abuses sedatives?

People who have difficulty dealing with stress or anxiety or who have trouble sleeping may overuse or become dependent on sedatives. Sometimes heroin users take them either to supplement their drug or to substitute for it. Stimulant users frequently take sedatives to offset the jittery feelings stimulants produce. Others take sedatives recreationally to relax and forget their worries.

## **H**ow dangerous are sedatives?

These drugs can kill. Barbiturate overdose is implicated in nearly one-third of all reported drug-induced deaths. Accidental deaths may occur when a user takes an unintended larger or repeated dose of sedatives because of confusion or impairment in judgment caused by the initial intake of the drug. With lesser but still large doses, users can go into a coma. Moderately large doses often produce an intoxicated stupor. Users' speech is often slurred, memory vague, and judgment impaired.

## **I**s it true that combining sedatives and alcohol is especially dangerous?

Yes, taken together, alcohol and sedatives can be fatal. Many accidental deaths have been blamed on this mix. The risks of one multiply the risks of the other.

## **H**ow dangerous are tranquilizers?

Tranquilizers act somewhat differently from other sedatives and are considered relatively less hazardous. But, even by themselves or in combination with other drugs (especially alcohol and other sedatives), they can be quite dangerous. Users can become dependent on tranquilizers, as well as on other sedatives. As with any drug that produces dependence, uncomfortable physical symptoms have been associated with tranquilizer withdrawal.

## **H**ow are abused sedatives usually obtained?

About 50 percent of all the people admitted to emergency rooms as a result of nonmedical use of sedatives have a legitimate prescription for their drug. Others get sedatives from friends who have bona fide prescriptions or by using faked prescriptions.



# Narcotics

## **W**hat are narcotics?

Narcotics are drugs that relieve pain and often induce sleep. The opiates, which are narcotics, include opium and drugs derived from opium, such as morphine, codeine and heroin. Narcotics also include certain synthetic chemicals that have a morphine-like action, such as methadone.

## **W**hich narcotics are abused?

Heroin ("junk," "smack") accounts for 90 percent of the narcotic abuse in the United States. Sometimes medicinal narcotics are also abused, including paregoric containing opium, cough syrups containing codeine, and methadone, meperidine and morphine.

## **W**ho becomes dependent on heroin?

Anyone can become heroin dependent if he or she takes the drug regularly. Although environmental stress and problems of coping have often been considered as factors that lead to heroin addiction, physicians or psychologists do not agree that some people just have an "addictive personality" and are prone to dependence. All we know for certain is that continued use of heroin causes dependence.

## **W**hat are the physical dangers of narcotic dependence?

Physical dangers depend on the specific drug, its source and the way it is used. Most medical problems are caused by the uncertain dosage level, use of unsterile needles and other paraphernalia, contamination of the drug, or combination of a narcotic with other drugs, rather than by the effects of the heroin (or another narcotic) itself.

The life expectancy of a heroin addict who injects the drug intravenously is significantly lower than that of one who does not. An overdose can result in death. If, for example, an addict obtains pure heroin and is not tolerant of the dose, he or she may die minutes after injecting it. Infections from unsterile solutions, syringes and needles cause many diseases. Serum hepatitis is common. Skin abscesses, inflammation of the veins and congestion of the lungs also occur.

## **W**hat are the withdrawal symptoms of heroin?

When a heroin-dependent person stops taking the drug, withdrawal begins within 4-6 hours after the last injection. Full-blown withdrawal symptoms—which include shaking, sweating, vomiting, a running nose and eyes, muscle aches, chills, abdominal pains and diarrhea—begin some 12-16 hours after the last injection. The intensity of any of these symptoms depends upon the degree of drug dependence the addict has developed.

## **W**hat is methadone?

Methadone is a synthetic narcotic used in the treatment of heroin addicts. When used in a maintenance program, methadone is given to addicts daily in measured doses which relieve the physical craving for heroin and prevent the onset of withdrawal symptoms. Used with proper supervision, methadone allows the addict to lead a relatively normal life.

Since methadone itself causes physical dependence, it is under strict government regulation to prevent its diversion to illicit street use. Many programs provide for withdrawal from methadone, once rehabilitation has succeeded.

One disadvantage to methadone maintenance is the need for patients to visit the clinic each day to get their medication if the clinic does not allow its patients to take the medication home. This can interfere with work, school, or other rehabilitative activities. A new drug, called 1-alpha-acetyl-methadone (LAAM), may be the answer to this problem. LAAM, which is still in the testing stages, needs only to be given three times a week rather than daily. It has other advantages as well. It has fewer psychoactive effects than methadone, it eliminates the need for clients to take medication home and it reduces the patient's psychological dependence on the drug.

**If methadone is used for treatment, why do people die from it?**

Used in treatment, methadone dosage levels are carefully regulated and administered. When people do not follow the prescribed dose level or the regimen established for them, they may die from an overdose. But most methadone deaths occur in nonpatients, those who have used the drug accidentally or illicitly and are not tolerant of the dose.

**Why not prescribe heroin for treating narcotic dependence?**

There has been a great deal of interest lately in the United States about the prescribing of heroin for narcotic dependence treatment. This approach, which has been used in Great Britain, has a number of disadvantages when applied to our heroin problem and our narcotic treatment system.

Two areas of major concern involve eligibility requirements for patients in the program and administration of the drug, which must be given 5 or 6 times daily to prevent withdrawal. Since we currently treat more than 250,000 heroin-dependent persons each year, these become awesome problems indeed. In addition, heroin maintenance is often cited as a means of putting the major drug traffickers out of business, but the British have found that patients still go to the streets for heroin to supplement their legal dose—and the black market stays alive. In order to explore these concerns further, research into the effectiveness of heroin in the treatment of narcotic dependence is being planned in the near future.

**What are narcotic antagonists?**

Narcotic antagonists are drugs which block the "high" and other effects of narcotics. They also precipitate withdrawal symptoms in the narcotic addict. This feature of narcotic antagonists makes them extremely useful in treating overdoses. Research is currently going on to determine the usefulness of antagonists as maintenance drugs. Present narcotic antagonists (such as naloxine and cyclazocine) have too brief an effect and too many side effects to be completely satisfactory. A new drug, naltrexone, appears to be more promising since its effects last longer, and it appears to be more acceptable to the treatment clients.



# Inhalants

## **W**hat are inhalants?

Inhalants are a group of diverse volatile (breathable) substances people do not normally think of as drugs. These legal substances, most of which are found in everyday household products, are abused by sniffing or inhaling.

## **W**ho abuses inhalants?

Inhalant abuse is on the rise among young people, especially between the ages of 7 and 17, no doubt in part because inhalants are readily available and inexpensive.

Sometimes children unintentionally misuse the inhalant products which are often easily found around the house. Parents should see that these substances, like medicines, are kept away from young children.

Since inhalants are legal compounds, most of which are produced, distributed, and sold for legitimate purposes, their regulation for misuse is difficult.

## **W**hich inhalants are commonly abused?

Anything in an aerosol can—especially spray paint—is a likely candidate for abuse. Other abused sprays include vegetable oil and hair sprays.

Gasoline, transmission fluid, model airplane and other glues, paint thinners, nail polish and remover are other ordinary household substances abused in inhalation. The compound toluene in certain spray paints, gasoline and other products is the principal reason people sniff these substances.

Other substances abused by inhaling include nitrous oxide (laughing gas), the dry cleaning fluid used in commercial establishments and anesthetics like halothane. Some organic nitrites, marketed as "room odorizers," appear to be packaged and distributed specifically for their abuse potential.

Amyl nitrite is an inhalant with a legitimate medical use in treating heart patients. This substance, too, is abused.

## **W**hat risks are involved in sniffing inhalants?

There is a high risk of sudden death from spray inhalation. These spray inhalants can either interfere directly with breathing, or they can produce irregular heart beats (arrhythmias) leading to heart failure and death. Risk of death by suffocation increases when users sniff concentrated spray fumes from a paper bag. Most deaths, however, have been associated with the propellants used in aerosol sprays.

Studies of long-term users of sprays and other inhalants have reported the following physical dysfunctions (impaired functioning): bone marrow damage (which is usually associated with exposure to benzene); drastic weight loss; and impairment of vision, memory, and ability to think clearly. These dysfunctions generally cease when sniffing stops.

During and shortly after inhalant use, the sniffer usually exhibits motor incoordination, inability to think and act clearly, and sometimes abusive and violent behavior.

# Tobacco

## **D**o many people smoke cigarettes?

There are more than 50 million cigarette smokers in the United States today. Thirty-nine percent of adult men and 29 percent of adult women smoke cigarettes. Many adults have stopped smoking over the past few years, which reflects a general decline in the proportion of adult smokers in our society. Also, a significant drop in smoking among health professionals is the most encouraging result of antismoking efforts. The only major increase in smoking has been in teenage girls, which has only recently caught up with the incidence of smoking among teenage boys. There is also concern that adult women have not quit smoking at as high a rate as adult men have. Reasons for this are not yet known.

## **W**hat are the effects of smoking tobacco?

Nicotine (the active ingredient in tobacco) acts as a stimulant on the heart and nervous system. When tobacco smoke is inhaled the immediate effects on the body are a faster heart beat and elevated blood pressure. However, these effects are dissipated quickly.

Tar (in the smoke) contains many cancer-causing compounds called carcinogens. These compounds, many of which are in polluted air but are found in vastly greater quantities in cigarette smoke, have been identified as major causes of cancer and other respiratory problems. Even relatively young smokers can have shortness of breath, nagging cough, or develop cardiovascular and respiratory difficulties.

A third principal component of cigarette smoke, carbon monoxide, is also a cause of some of the more serious health effects of smoking. Carbon monoxide can reduce the blood's ability to carry oxygen to body tissues and can promote the development of arteriosclerosis (hardening of the arteries).

Some of the long-term effects of smoking cigarettes are emphysema, chronic bronchitis, heart disease, lung cancer, and cancer in other parts of the body.

Pipe smoking is related to cancer of the lip, and both pipe and cigar smokers who smoke heavily run a greater risk than nonsmokers of developing cancer of the mouth, larynx and esophagus.

## **W**hat are the risks of smoking during pregnancy?

Women who smoke during pregnancy are more likely to have babies that weigh less, and more frequently lose their babies through stillbirth or death soon after birth.

## **W**hy do people smoke?

There are many reasons why people smoke cigarettes. Since many adults smoke, and cigarettes are advertised and sold in so many places, young people are continuously exposed to smoking and many experiment with it.

Young people may start smoking cigarettes because their parents, older brothers and sisters, or friends do. People may learn to smoke for social reasons—to feel more grown up, or to be like their friends.

The regular smoker may continue to smoke for a variety of reasons which vary from person to person. Some people may smoke for stimulation, to relax or to feel better. Some people who have smoked for a long time may continue just because of habit.

## **D**o people become dependent on cigarettes?

Most regular users become dependent (psychologically and physically) on cigarettes. They find it difficult to stop smoking and may stop and start many times before they finally "kick the habit." Some never do. Physical withdrawal from cigarettes is characterized by irritability, restlessness, anxiety, insomnia and trembling. These effects make it difficult to stop.



## **W**hat about effects on the nonsmoker?

Studies have shown that the "smoke-filled room" can produce ill effects on nonsmokers—ranging from eye irritation, headaches, and nose and throat discomfort to more serious allergic reactions in many people. Those who suffer from chronic cardiovascular and pulmonary diseases are extremely vulnerable to cigarette smoke. High concentrations of, principally, carbon monoxide are often present in poorly ventilated, smoky atmospheres; but the effects of the high concentrations on nonsmokers are not yet known.

## **W**hat do people think about smoking today?

Ninety percent of Americans believe that smoking is hazardous to health; 84 percent believe that something should be done about it. Most smokers would like to quit because they believe that smoking can cause disease and death.

## **I**f I must smoke, how can I reduce the hazards?

Choose a cigarette with less tar and nicotine.

- Don't smoke the cigarette all the way down.
- Take fewer puffs on each cigarette.
- Reduce the amount of smoke you inhale.
- Smoke fewer cigarettes each day.

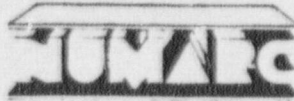
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**EDISON ELECTRIC  
INSTITUTE**

The association of electric companies  
1111 16th Street, N.W.  
Washington, D.C. 20036

07-85-48





NUCLEAR MANAGEMENT AND RESOURCES COUNCIL

1776 Eye Street, N.W. • Suite 300 • Washington, DC 20006-2496  
(202) 872-1280

Joe F. Colvin  
Executive Vice President &  
Chief Operating Officer

June 30, 1989

Mr. James M. Taylor  
Deputy Executive Director for  
Nuclear Reactor Regulation,  
Regional Operations and Research  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Dear Mr. Taylor:

The industry initiative to develop a uniform, industry-wide data collection form on fitness-for-duty program results is now complete. The intent of this effort was to develop a data collection form that would meet the regulatory requirements and provide consistent, meaningful data on an industry-wide basis in the least burdensome manner. The comments contained in your letter of May 15, 1989 were most helpful. Your comments were carefully evaluated, and the subsequent revisions to the Data Form have now been through our review process and approved. A copy of the revised text of the Data Form and the associated instructions that were prepared to assist in the completion of the Data Form are enclosed.

In sum, we incorporated five of the six modifications that you stated that you felt were needed. The only suggestion we did not incorporate, which was to include the number of employees and contractors whose access (or employment) has been terminated, is not a requirement specified in 10 C.F.R. 26.71(d). Additionally, we do not believe that it is appropriate for that data to be provided on the Data Form.

Your letter also contained three comments that you recommended be considered. We agree that it would be useful to begin using the data collection form prior to rule implementation, and we intend to recommend to our members that they complete a Data Form for the period July 1 - December 31, 1989 to gather experience in collecting data prior to the rule's implementation in January 1990 and to ensure that the form can be effectively used. With respect to the comment that the number of self-referrals to an Employee Assistance Program (EAP) be segregated from supervisory referrals, we don't think it is appropriate to include this data on a public document because of the potential for misinterpretation and because we believe that it could compromise the important principle that EAP information be kept confidential. We believe a better indication of the "quality of the training and the willingness of supervisors to take appropriate action" is to review the "for cause" data in comparison to the "post accident" data; this comparison will be able to be provided from the Data Form as revised. The remaining comment has been reflected in the revised Data Form.

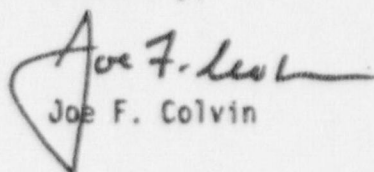
8908100177 7pp

Mr. James M. Taylor  
June 30, 1989  
Page Two

In your letter, you also described the NRC's intent to work with the Department of Health and Human Services to pursue a broader testing panel (i.e., to include barbiturates and benzodiazepines) and lower drug testing cutoff levels for marijuana and amphetamines. We strongly support the NRC's intent to petition the Secretary, Department of Health and Human Services, to lower the marijuana screen cutoff level to 50 ng/ml, and to lower the amphetamine cutoff level as well, and to add the additional drugs mentioned to the drug testing panel. To assist the NRC in the endeavor, we provided available NUMARC information concerning industry experience with these matters to Mr. Loren Bush by telephone on June 7, 1989. Please feel free to contact us if we can provide further assistance in the development and prosecution of that petition.

We appreciate the opportunity to once again work constructively with the NRC to develop appropriate regulation in this important area. If you have any questions regarding the revisions made to the Data Form and associated instructions, or any other aspect of the industry's position on this matter, please contact me or have your staff contact Rich Enkeboll, Warren Hall or Tom Tipton.

Sincerely,

  
Joe F. Colvin

JFC/RWB:bb  
Attachments

cc: Mr. Brian K. Grimes  
Mr. Loren L. Bush, Jr.



**Fitness for Duty Program  
Performance Data  
Personnel Subject to 10CFR 26**

<b>1</b>	<b>2</b>
Company	6 Months Ending
<b>3</b>	
Location	
<b>4</b>	<b>5</b>
Contact Name	Phone (include area code)
<b>6</b> Cutoffs: Screen/Confirmation (ng/ml) <input type="checkbox"/> Appendix A to 10CFR 26	
Marijuana            /	Amphetamines            /
Cocaine                /	Phencyclidine            /
Opiates                /	Alcohol (% BAC)            /

**7**

Testing Results	Licensee Employees				Long Term Contractor Personnel		Short Term Contractor Personnel	
Average Number with Unescorted Access			#	#				
Categories <b>8</b>	# Tested	# Positive	# Referred to EAP	# Access Restored	# Tested	# Positive	# Tested	# Positive
Pre-employment								
Pre-badging								
Periodic								
For cause								
Post accident								
Random								
Follow-up								
Other								
Total			<b>9</b>	<b>10</b>				

## Random Testing Program Results

Individuals Tested	1989	1990	1991	1992	1993
# Positive					
# Tested					
% Positive					

Graph of  
% Positive

5  
4  
3  
2  
1

## Confirmed Positive Tests for Specific Substances 12

[illegible]



Revised: June 7, 1989

## FFD PERFORMANCE DATA FORM EXPLANATION

### First Sheet (to be filled out semi-annually):

1. **Company** - The name of company/utility.
2. **Six Months Ending** - This form is to be filled out on a semi-annual basis covering the periods of January 1 to June 30 and July 1 to December 31. The first required form will be cover the period January 1, 1990 to June 30, 1990. (Implementation date is to be no later than January 3, 1990.) (As a pre-rule baseline and to exercise the company's FFD data collection system it would be beneficial to fill out a form for the period July 1, 1989 to December 31, 1989.)
3. **Location** - Enter the plant, corporate headquarters, or other utility entity for which the data is being collected. Each company should complete a separate form for each nuclear site. Corporate and other support locations may be separately consolidated.
4. **Contact Name** - Enter the name of person responsible for collecting the data and filling out the form.
5. **Phone Number** - Enter the phone number used to reach the responsible contact.
6. **Cutoffs: Screen/Confirmation (ng/ml)** - Enter specific cutoff levels used by the company or mark the box labeled Appendix A to 10 C.F.R. § 26 if the NRC standard cutoff levels are used. If more stringent cutoff levels are being used, record the values for both screen and confirmation in ng/ml (e.g. marijuana 50/15), except for alcohol which is recorded as a percentage of blood-alcohol concentration (BAC). If additional authorized substances are being tested in the company program, fill in the substance name and cutoff levels used in the blank spaces provided.
7. **Average Number With Unescorted Access** - There are three blanks to record the average number of licensee employees, long term contractor personnel, and short term contractor personnel in the unescorted access test population. The definition of long term and short term is the licensee's option (e.g. some define 6 months or less as short term). This separation would allow long term contractor employees, like security personnel, to be categorized separately from trade contractors that may be on site no longer than for an outage. If the company chooses not to split contractors into these two groups, then record total contractors in the short term contractor column and put N/A (not applicable) in the other space. In each category, the number to be entered is the average number of people in the random drug testing pool during the six-month reporting period; it is the sum of the average weekly random test populations.

FFD Performance Data Form Explanation  
Page 2

8. Categories - These blanks should contain the number of samples tested in each category and the number of confirmed positive samples in each category reported by the Medical Review Officer during the six-month reporting period. The rule does not differentiate between "pre-employment" and "pre-badging" or between "for cause" and "post-accident." The blanks provided on the form allow for a separation into these categories in case a company chooses to analyze the data for each category separately.
- o The "pre-employment" testing category results would be limited to those persons seeking to get a job in the nuclear power portion of the company.
  - o The "pre-badging" testing category is for current employees who are being moved into a position in the company requiring unescorted access to the Protected Area.
  - o The "periodic" testing category is for use by those companies that will continue to test samples coincident with annual physicals or similar periodic events.
  - o The "for cause" testing category is for providing the results of tests based on behavioral observation programs.
  - o The "post accident" testing category results would be for those tests administered because of the occurrence of events as opposed to behavioral observations.

Only those categories required by the rule (pre-badging, for cause, random and follow-up) must be included in the data collection spaces, but companies are encouraged to use the additional data categories to aid in the evaluation of individual segments of the program.

The "# tested" in each category is the number of urine/breath samples provided for testing purposes. An individual may provide several samples during the period; each occasion is counted.

The "# positive" in each category is the number of confirmed positives. If the company uses cutoff levels more restrictive than DHHS/NRC, the "# positive" columns should be split; on the left side record confirmed positives based on DHHS/NRC cutoff levels and on the right side record confirmed positives based on the company's more restrictive cutoff levels.

9. # Referred to EAP - Record the total number of licensee employees referred to a Employee Assistance Program (EAP) because of testing positive on any alcohol or drug test for the six-month reporting period. This number need not be the same as the total number of positives, because of factors such as, the individual resigned, refused EAP, is a repeat offender, etc. Companies may also want to track contractors in a similar manner although no blank is provided. The shaded areas are not intended to be used.



10. **# Access Restored** - The rule requires that unescorted access to the Protected Area be denied to any person who the Medical Review Officer has determined to have a confirmed positive test. The "# Access Restored" space is for recording the number of licensee employees who have had a confirmed positive test and who have done whatever the company policy requires in order to have their unescorted access status restored. Companies may also keep track of contractors in a similar manner although no blank is provided. The shaded areas are not intended to be used.

Second Sheet (this is a five year record incorporating data from the semi-annual records):

11. **The Random Testing Program Results** - This section provides space for recording the results of the semi-annual (or more frequent if desired) random drug/alcohol testing data for a period of up to five years. The upper portion has spaces to record the semi-annual values of the number of individuals tested (individuals may be tested more than once during the period) and the confirmed positive test results (recorded as one per occasion that an individual is tested even if that individual was positive for more than one of the substances listed under Confirmed Positive Test for Specific Substances [see Item 12]). The lower portion is a five-year trend graph used to plot the total percent positive during each six-month reporting period (plotted semi-annually, or more frequently if desired).

Although there is no separation of percent positive for drugs versus percent positive for alcohol, some licensees may choose to plot drug and alcohol test results separately in addition to the total percent positive. Similarly, some companies may choose to separately plot employees and contractors. Separate sheets can be used if desired.

12. **The Confirmed Positive Test for Specific Substances** - This section provides spaces for the number of confirmed positive tests, recorded by substance, during each semi-annual reporting period. Please note that there is no direct correlation between the sum of these numbers and the number of positives entered in Item 11; multiple positives per individual in Item 11 are recorded as separate items in this table.

Third Sheet (not provided with the form, but required for final rule reporting purposes):

The final rule requires this data to be submitted to the Commission within 60 days of the end of each six-month reporting period. In addition to the information provided by the standard form, a report of management actions to improve FFD programs is required. This should include: initiatives taken, lessons learned, effectiveness evaluation, etc., as appropriate.

A summary listing of events reported by telephone under 10 C.F.R. § 26.73 is also required to be included.