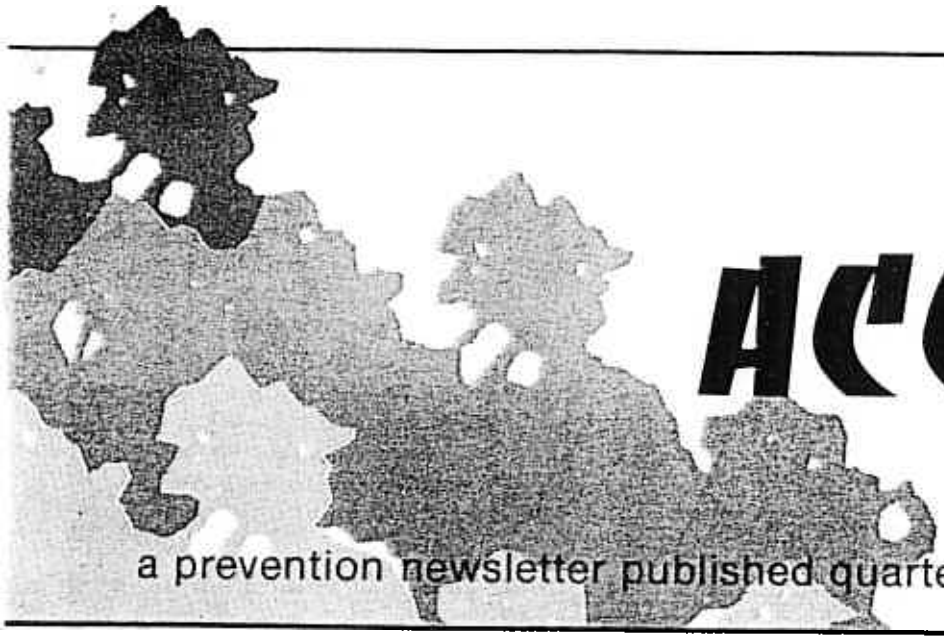

ACCESS

Summer 1999

a prevention newsletter published quarterly by Twin Lakes Center

Drugs at Work - What is the Cost?

What if you knew that the driver of the big semi-trailer truck in the lane next to you started his day with a visit to a methadone maintenance clinic? That two workers on the crew that assembled your automobile were dealers and users of crack cocaine? Or that the surgeon who will be operating on your son tomorrow morning drinks a half bottle of scotch every evening?

Drugs on the street corner get the media attention, but drugs in the work place are far more likely to affect your life. Three of four drug abusers are gainfully employed in full-time jobs, according to government statistics. One of every 12 American workers uses illegal drugs. And drugs influence work in every employment sector, from construction to medicine, and in every occupation, from security guard to chief executive officer.

In addition to endangering lives, drugs have many costs, direct and indirect, totaling $75 to $100 billion a year and pushing up the price of nearly every item we buy.

Individuals using drugs on the job or impaired by hangovers are less efficient than other workers and more likely to be affected by mistakes or poor judgment. They are late to work more frequently, take more sick leave and make more claims on health insurance and workers' compensation. Addicted workers may steal from the company or from fellow employees; or they may become involved in dealing or delivering drugs on company property. Intangible costs include friction with other workers, low morale and deflection of supervisory and management time to handle problems related to the substance abuse.

Experts estimate that a chemically dependent employee works at about two thirds capacity. About 47 percent of industrial accidents and 40 percent of fatalities can be attributed at least in part to substance abuse.

According to a 1997 national survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), a drug user had a risk of being fired triple that of the average employee and was significantly more likely to have unexcused absences or to miss several days' work each month because of illness or injury.

Toward a Drug-Free Workplace

As employers get the message about the high cost of drugs in the workplace, more and more are establish-

("Workplace" con'd on page 5)

FOR MORE INFORMATION or help with an alcohol or drug related problem, contact:

ALCOHOL ANONYMOUS	814-443-3639	**Somerset County**
	814-623-5996	**Bedford County**
	717-264-9289	**Franklin and Fulton Counties**
	814-533-5907	**Johnstown**
ALANON	814-267-3942	**Somerset County**, 814-623-8995 **Bedford County**
	717-264-9289	**Franklin and Fulton Counties**
TWIN LAKES CENTER	814-443-3639	**Somerset**, 814-623-1133 **Bedford County**
	717-267-0042	**Franklin and Fulton County**
	814-536-1576	**Cambria County**
	412-853-9570	**Prevention Services of Westmoreland**
	412-463-9131	**Indiana** or
	TOLL FREE 1-800-452-0218	

("Workplace" con'd from page 1)

ing programs to address the problem. The federal Drug-Free Workplace Act of 1988 requires that all companies with federal contracts exceeding $25,000 must have a substance abuse policy and a program for dealing with drugs. Other companies are strongly advised to follow federal guidelines, which include:

- certification of the intention to provide a drug-free workplace;
- a comprehensive, written policy statement about drugs that is communicated clearly to all employees;
- an ongoing drug awareness program, including training and education of supervisory personnel, and
- a clear statement of the obligations of each employee.

Prompted by this federal initiative, the majority of major employers have adopted comprehensive preventive strategies. About 95 percent of Fortune 500 companies now test both job applicants and employees for drugs, and a majority of workers in large and medium-sized businesses have access to an employee assistance program.

Most experts are convinced that these preventive efforts are working. Data from the 1991-93 Household Survey indicated that drug use reported by full-time employees declined from 16.7 percent of the work force in 1985 to 7.3 percent in 1992. The semiannual drug-testing index published by SmithKline Beecham Clinical Laboratories likewise shows a steady decline in positive test results—from 18.1 percent in 1987 to 5.4 percent in 1997.

As more tests are conducted, of course, the percentage of positive results can be expected to come down, a reflection of the larger number of non-drug-users being tested. Moreover, drug abusers are becoming more sophisticated and effective in their efforts to subvert the process.

Experts stress that drug tests should be mandatory, universal and random; testing should be conducted by a reputable professional organization that can assure a chain of custody over specimens as they are being delivered to the laboratory.

Other surveys and studies, however, confirm the downward trend of drug use, at least in companies that have adopted a drug-free workplace approach.

In the 1997 SAMHSA survey, 90 percent of workers in large and 80 percent of those in medium-sized companies reported that they were familiar with drug awareness materials and their employer's drug policy.

With low unemployment and stricter standards now being enforced at the majority of major companies, drug users may be gravitating toward smaller employers who are less likely to have formal drug policies.

In companies with fewer than 25 employees, according to the SAMHSA survey, 11 percent of workers reported illegal drug use compared to a 5.4 percent rate for larger companies. Only about half of workers in these companies were familiar with drug awareness materials or knew if their employer had a drug policy. This study concluded that small companies now harbor 56.6 percent of all drug abusers.

Efforts are underway to extend the preventive efforts to small businesses. Comprehensive drug programs cost money to develop and administer. Uncontrolled drug problems cost even more.

The work environment, with walls, fences and closed doors to seal off prying eyes and police SWAT teams, is an ideal environment to buy and sell drugs. Dealers know they can collect their debts promptly on payday.

In the war on drugs, the workplace may also be the best place to identify drug users early and get them to treatment. Employed drug users usually have good support systems of friends, colleagues and families that count on them for income. Once intervention has taken place, they are highly motivated to change.

REFERENCES:
Jane Easter Bahls, "Drugs in the Workplace," HR Magazine, February 1998.
"Conference Zeros in on Prevention in the Workplace," Alcoholism & Drug Abuse Week, April 22, 1996.
"Drug Trends: A Shot in the Arm?" Security Management, August 1996.
"Experts Demand More Attention to Workplace Treatment," Alcoholism & Drug Abuse Week, October 7, 1996.
Ira A. Lipman, "Drug Testing Is Vital in the Workplace," USA Today (magazine), January 1995.
"Report Highlights Gap in Workplace Programs at Small Firms," Alcoholism & Drug Abuse Week, November 24, 1997.
Michael J. Stoil, "Drugs on the Job," Behavioral Health Management, January-February, 1998.
Glenna Kay Twing, "Working High: When Employees Take Hits, So Do Profits," Journal of Property Management, November-December, 1995.
"Work and Drink: Who Calls the Shots?" The Brown University Digest of Addiction Theory and Application, February 1997.

Spotting the Signs

A worker troubled by substance abuse may show some of the following signs:

- mood swings,
- slower work pace,
- decreased productivity,
- low reliability,
- poor attendance,
- missed deadlines,
- accidents,
- excuses for not getting the job done,
- conflicts with co-workers.

Any of the above may also be signs of non-drug-related personal or family problems. Rather than attempting to diagnose a problem, supervisors are advised to monitor and document substandard performance, discuss these problems with the employee and offer constructive solutions.

{SOURCE: Glenna Kay Twing, "Working High: When employees Take Hits, So Do Profits," Journal of Property Management, November-December, 1995}

Workplace Substance Abuse - Did You Know?

Incidence of Substance Abuse in the Workplace

- Eight percent of full-time workers employed as adults are current users of illicit drugs. (1)

- The rate of illicit drug use among full-time workers is higher for:
  - Construction workers - 16%
  - Food preparation, waitstaff, and bartenders - 11%
  - Handlers, helpers, or laborers - 11%
  - Machine operators or inspectors - 11% (1)

- About 8% of the workforce are heavy drinkers, with significantly higher rates among:
  - Construction workers - 17.6%
  - Food preparation, waitstaff, and bartenders - 12%
  - Handlers, helpers, or laborers - 16%
  - Machine operators or inspectors - 14% (1)

- Seventeen percent of employees surveyed across five different work sites reported situations that imply prescription drug misuse. (2)

- Small businesses are more likely to have problems with illicit drugs. (3)
  - Employees in companies with fewer than 25 employees are twice as likely to use illicit drugs as employees in larger companies.
  - Illicit drug use among employees is linked to a lack of workplace drug policies; illicit drug users were less likely than employees from large establishments to report that their employer provided information, had written policies, or provided access to an employee assistance program (EAP).

- Fifteen percent of illicit drug users and 6% of heavy alcohol users report that they had gone to work high or a little drunk in the past year. (4)

- Seventy-five percent of people calling a cocaine hotline said they sometimes used cocaine on the job; 25% said they took cocaine on the job daily. (5)

- Drug-using employees at GM average 40 days of sick leave each year, compared with 4.5 days for nonusers.

- Employees testing positive on pre-employment drug tests at Utah Power & Light were five times more likely to be involved in a workplace accident than those who tested negative.

- The State of Wisconsin estimates that expenses and losses related to substance abuse average 25% of the salary of each worker affected.

Cost to Employers of Employees with a Diagnosed Chemical Dependency Problem

- Alcoholism causes 500 million lost workdays each year (6)

- Alcoholics are expensive to businesses in several different ways:
  - Workplace accident rates are two or three times higher than normal;
  - Alcoholics are five times more likely to file a worker's compensation claim; and
  - Alcoholics are 2.5 times more likely to have absences of eight days or more. (5)

- Employees diagnosed with a chemical dependency problem in a large manufacturing plant were found to have:
  - Six times the number of absences;
  - Seven times the number of days missed from work; and
  - Higher incidence of injuries, hypertension, and mental disorders. (7)

ALCOHOL

Although many people don't think of alcohol as a drug, it is the most commonly abused substance. Today there are between 10 and 13 million people who suffer from alcoholism. More than half of all automobile accidents are alcohol related.

Short-Term Effects

Alcohol always produces a level of intoxication — the greater the amount ingested, the greater the effects. What alcohol does is depress, or slow, the functioning of the body's cells and organs until they are less efficient. However, the effects of a drink vary according to how and under what conditions the alcohol is ingested. Most people can tolerate one drink per hour. This means that drinking at this rate produces little or no alteration in a person's ability to function. Naturally, mood, emotional state, and body weight can also influence the effect of alcohol.

As alcohol affects the brain, the drinker experiences slurred speech and misjudgments in thinking. As coordination and balance are affected, the drinker may stagger or fall. Later effects can range from boisterousness, verbal aggressiveness, and physically violent behavior in some persons, to quiet withdrawal and tearfulness in others.

In highly intoxicated individuals, reflexes slow down; they are unable to articulate words or even to stand. Eventually they will fall asleep. This is a protective mechanism that prevents them from drinking even more. In extreme cases, drinkers may lapse into a coma. If enough alcohol is consumed, the depressant effects can permanently stop life-sustaining reflexes, causing death.

Chronic Effects

In the short run, the body can adjust to alcohol's depressant effects. After a while, however, many parts of the body may become inflamed. The medical term for inflammation is "itis" as in the inflamation of the heart (myocarditis), the stomach (gastritis), the liver (hepatitis), the pancreas (pancreatitis), and the nerves (neuritis). At first these conditions may be reversible if alcohol intake is stopped. Continued drinking, however, may cause certain severe, nonreversible conditions such as sterility, impotence, and cirrhosis (the loss of functioning liver cells and related dysfunctions).

Effects of Alcohol on the Fetus

When a pregnant woman drinks alcohol, it is distributed throughout her body and eventually reaches the unborn child itself. *Because the developing fetus is highly sensitive to toxic substances, alcohol can have very damaging effects.*

Even small amounts of alcohol restrict the flow of oxygen to the fetus. Heavy exposure results in retardation of fetal development, as well as structural and functional disorders. The set of defects resulting from alcohol consumption during pregnancy is called *fetal alcohol syndrome.*

There is evidence that pregnant women who consume as little as a drink or two per day may have more miscarriages and deliver smaller babies who grow more slowly and have more behavioral difficulties than babies of non-drinking mothers.

FACTS

The user of alcohol is involved in:

70%	All murders
66%	Fatal accidents
60%	Child abuse cases
55%	All arrests
41%	Assaults
37%	Suicides
36%	Pedestrian accidents
22%	Home accidents

- Average beginning age of alcohol use: 12.5.
- Alcohol is a drug.
- Alcohol has no nutritional value.
- More than half of all drunk driving fatalities are underage.
- Every 5 seconds... a teen has a drug/alcohol-related traffic accident.
- Alcoholism is defined by when, how, and why a person drinks... not just quantity.
- Under 5% of alcoholics are skid row bums.
- 3,300,000 teenagers are alcoholics.
- Coffee and cold showers make drunks awake, cold, and wet... NOT sober.
- *Sober* means abstaining -- each drink is a new level of impairment.
- Alcoholic content in beer, a glass of wine, or a mixed drink is the same.

SYMPTOMS:

> Family or social problems caused by drinking
> Job or financial difficulties related to drinking
> Loss of a consistent ability to control drinking
> "Blackouts", or the inability to remember what happened while drinking
> Distressing physical and/or psychological reactions if you try to stop drinking
> A need to drink increasing amounts of alcohol to get the desired effect
> Marked changes in behavior or personality when drinking
> Getting drunk frequently
> Injuring yourself -- or someone else -- while intoxicated
> Breaking the law while intoxicated
> Starting the day with a drink

philly.com

The Inquirer

August 28, 1999

Front Page

PLAIN TEXT for printing
EMAIL the story

At Penn State, shock over near-fatal binge

A student was hospitalized after downing 21 drinks in 2 hours. Alcohol abuse is nothing new on campuses.

By Matt Archbold
INQUIRER SUBURBAN STAFF

As Pennsylvania State University began the fall semester this week, campus officials confronted what they termed one of the worst cases of alcohol poisoning ever seen there - a student hospitalized with a 0.682 percent blood-alcohol content after consuming 21 shots in two hours of bar-hopping to celebrate her 21st birthday.

The student, Kristine Lurowist, was recovering at her Audubon, Montgomery County, home yesterday after two days at Centre Community Hospital in State College. Her blood-alcohol level was more than six times the 0.10 percent at which a person is considered legally intoxicated in Pennsylvania.

"I've never seen a blood-alcohol level that high," said Margaret Spear, Penn State's health services director. "And I did some of my medical training in New York City 20 years ago, where we took care of people who drank tons of grain alcohol."

The Monday night incident once again put the spotlight on a culture of alcohol abuse at Penn State and other schools across the country.

Four years ago, Penn State's president, Graham Spanier, called binge drinking "the number-one problem facing higher education nationwide."

It remains a major problem - so much so that on Thursday, Spanier announced plans in a speech before the National Press Club to launch a national binge-drinking awareness campaign. The effort, which school officials say was planned before the Monday drinking incident, begins Sept. 10 with full-page ads in more than a dozen major newspapers.

"We don't want to say that drug use is no longer a problem, but the truth is we don't see nearly as much of it as excess consumption of alcohol," he said in his speech. "Alcohol has been the drug of choice on campuses today."

Spanier said alcohol was a factor in 40 percent of all academic problems and 28 percent of all dropouts.

Officials at the university and in State College said yesterday that the incident involving Lurowist was unusual only in the amount of alcohol she consumed.

"We have young people going to the emergency room each weekend," Penn State spokesman Bill Mahon said.

The school's associate director of judicial affairs, Barbara Copland, said about 900 students are charged with alcohol violations each year.

"It appears to us that the abuse is getting worse, with most drinking violations occurring immediately before and after football games," she said.

And Wilda Stanfield, a spokesperson for Centre Community Hospital, said yesterday that "about 30 students a month come into the emergency room because of an alcohol overdose."

Lurowist, a senior at Penn State, was celebrating her 21st birthday by attempting to consume at least that many shots of alcohol, mostly hard liquor, according to State College Police Sgt. Dana Leonard.

"That's a game that students play," said Henry Wechsler of Harvard University, author of a recent study that found that 44 percent of all U.S. college students engage in binge drinking.

The mother of a Michigan State student who died last year with a .440 blood alcohol level in a similar incident said yesterday that the 21st birthday binge is "an increasingly popular tradition."

"It scares me to death that this is going on out there and really nobody knows about it," said Cindy McCue of Clarkston, Mich. "A lot of young people are being hurt."

Police said Lurowist first went to the Acacia Fraternity House, then proceeded with friends to the Gingerbread Man, a local bar, and then to the Saloon, where she did most of her drinking.

After leaving the bar, Lurowist and her friends encountered police bicycle officer Erich Kessinger, who observed Lurowist staggering and falling, Leonard said.

Kessinger, performing a test used to gauge consciousness, thrust his knuckles into her breast bone in an attempt to rouse her. Lurowist barely stirred, and he called for an ambulance.

Neither Lurowist nor her family could be reached for comment yesterday.

Nancy Hebding, 47, a neighbor who has known the family for 18 years, described Kristine as petite. "She's always been a good kid and she's smart. . . . She was not a party animal."

Lurowist, her companions, and the drinking establishments she patronized could face charges because of the incident, Leonard said.

"We are gathering all the information and will present it to the district attorney," he said. "We're looking at the people who served her the alcohol and if there's enough evidence or culpability, there could be charges."

Technically, Lurowist was not yet 21 when she began drinking. Her birthday was Tuesday and she began drinking shortly after 11 p.m. "It's a technicality, but you never know," Leonard said.

It is doubtful that Lurowist will face public-drunkenness charges, however, "given what she's gone through," Leonard said.

But according to Penn State's Mahon, Lurowist and her friends could face disciplinary charges from the university.

"We will certainly look at her and the other students involved who didn't look out for their friend," he said.

They could face penalties ranging from mandatory counseling to expulsion.

Halbert Fillinger, medical examiner for Montgomery County, said a 0.60 blood-alcohol level "is well within the lethal range. Her survival is probably due to the efforts of the hospital staff. Thank God for [the police officer], or she would certainly be dead."

Patricia M. La Hay of The Inquirer's suburban staff contributed to this article, which also contains information from the Associated Press.

©1999 Philadelphia Newspapers Inc.

Hey, what's the deal?

6 pass out, 1 nearly dies from 'new' drug at party near PSU

Tuesday, March 21, 2000

By Tom Gibb, Post-Gazette Staff Writer

STATE COLLEGE -- It was just supposed to be a late night party. Instead, it wound up with five people unconscious and fighting to breathe, a sixth at the brink of death and shaken Penn State University officials warning that a relative newcomer to the local drug scene is really a killer.

The drug, newly outlawed in Pennsylvania, is gamma hydroxybutyrate, GHB for short. Users nicknamed it "liquid ecstasy," "salty water" and "grievous bodily harm." It's been dubbed a date-rape drug. But the six partiers who sipped the water-clear liquid at a rental house on the fringe of Penn State's University Park campus early Sunday were just chasing its high -- euphoria, giddiness, a lurch into mental low gear.

Fast enough, though, the party was over and an alarmed partygoer was phoning for ambulances. One person was unconscious outside the house; another four had passed out inside; and a sixth person had passed out by the time ambulances made it from Centre Community Hospital a mile away.

"They weren't just passed out but were in a deep state of unconsciousness," State College police Sgt. Dana Leonard said.

"One of the victims was put on a respirator," said Dr. Margaret Spear, director of Penn State's University Health Services. "That means that if the person had not been in a hospital with a respirator available, they would've probably stopped breathing and could've died.

"This is as close as you can get to a fatal situation."

This one wouldn't be. All six of the people, three men and three women whom police and university officials refused to identify, were discharged from the hospital by the end of the day.

But over the weekend in a park near Hollywood, Fla., four people 18 to

23 years old ended up in critical condition after overdosing on GHB. And last week, three young men in Detroit were convicted of manslaughter for spiking a 15-year-old girl's drink with a fatal dose of GHB.

At Penn State, shaken officials credited only luck.

"The person who made the decision to call for help is a hero," Spear said.

The episode began about 3:40 Sunday morning in one of a row of rental houses that forms a buffer between campus and a well-to-do neighborhood called College Heights. Just three blocks down the street is the university president's residence.

At least three of the victims are students; the six range in age from 21 to 23.

The house where the party was held is home to three strangers thrown together for a semester when they couldn't find other quarters at the start of the school year, said one of the occupants, a graduate student who would talk only on the condition his name not be used.

He said one of his house mates threw the party but didn't bring the GHB.

"It wasn't anything we had here. How it got here, I don't know," he said. "I never heard of the stuff. I had to look up the name just to find out what it was."

University police Detective Thomas Sowerby said yesterday that in the few years since it elbowed its way into local drug usage, GHB has remained a statistical also-ran locally, well behind marijuana. But there have been eight overdose cases in less than two years on the Penn State campus and in the surrounding town.

"I can't think of overdoses here on any other kind of drug," Leonard said. Nationwide, the U.S. Drug Enforcement Administration ties GHB to 58 deaths in the past decade.

Researchers are investigating GHB as a narcolepsy treatment, but body-builders have used it for the better part of two decades as a fat-reduction drug. When the frequency of overdoses led the federal government to ban over-the-counter sales nine years ago, body-builders switched to chemical "precursors" -- compounds that, by themselves or mixed with other precursors, metabolize into GHB inside the body.

GHB earned infamy when police found it being used as a date-rape drug, a compound that could be slipped into a drink, robbing a victim of consciousness and memory before vanishing from the body within a day.

Now, GHB, which is widely sold, often over the Internet, has

metamorphosed into a recreational drug.

"In essence, it's for the feeling of euphoria, to get high, in the broadest sense of what it means ... to feel indestructible," Spear said.

A state law that took effect six weeks ago carries prison sentences of up to 15 years for possession, manufacturing and sale of GHB in Pennsylvania, Deputy Attorney General Troy Beaverson said.

No charges have been filed in the incident. Leonard said that investigators hope to find the supplier of the drug. While investigators said they were certain the drug was GHB, they said they were awaiting confirmation from the state police lab.

But officials at Penn State said GHB carries a larger risk than a stint in prison.

What recreational users get is "cooked up by kitchen chemists," Sowerby said.

"The difference between the dose of the drug that will get someone high and the dose that will result in death is very small," Spear said. "It's a very toxic substance."

"Young people are risk takers. They'll go out on the edge to get high," university police Supervisor Dwight Smith said. "But they don't realize how close to the edge they are."

E-mail this page to a friend

post-gazette.com Jump

Contact Us | Search | Site Map | Help | About PG | New | Corrections

Copyright © 1997, 1998, 1999, 2000 PG Publishing. All rights reserved.
Click here for Terms of Use.