

**IMPACT OF EMPLOYEE ASSISTANCE ON SUBSTANCE ABUSERS AND
SAFETY INCIDENTS**

PROJECT REPORT

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By

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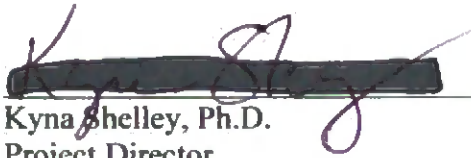
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We the undersigned certify that we have read this project and approve it as adequate in scope and quality for the Master's Degree in Psychology.

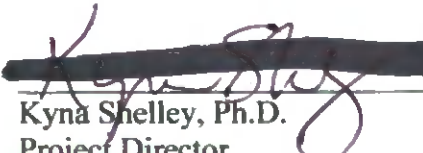

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Abstract

For decades, employers have had employees with personal problems that affect work performance. Some organizations have established Employee Assistance Programs (EAP) to address these problems in an effort to produce a safer work environment and enhance productivity. Substance abuse is one problem that organizations have dealt with in different ways. One large national company chose to fire employees with positive drug/alcohol tests, offer them EAP services, and then consider them for rehire upon completion of services. A study of records for 12,167 employees showed that the group receiving treatment after a positive drug/alcohol test had a lower recordable incident rate than the company's general population (GP), and had fewer post-EAP incidents than pre-EAP incidents. Implications of the results are discussed and suggestions are made for future research in this area.

Impact of Employee Assistance on Substance Abusers and Safety Incidents

When an employee tests positive for alcohol or drugs, what are your choices? One option is termination; consider the person unreliable or incapable of ever being productive and fire them. An alternative is to ignore the problem and hope it goes away. The latter decision ignores the fact that people are at risk and performance is deteriorating. Whereas some employers believe both actions are appropriate and easy, there are others who look for another way to deal with a substance-abusing employee—one that can benefit everyone.

In recent years, corporate America has been faced with a shortage of skilled labor. Management has had to compete for qualified workers, as there has not been an abundance of highly skilled people to choose from. This reality and a growing concern for employee welfare has led employers to focus on keeping the employees they have, which means dealing with problems such as substance abuse.

Millions of people are under the influence of drugs/alcohol while at work, creating risk to self and others in the organization. Immediate action is needed when such risk is identified. Today, an increasing number of employers are choosing rehabilitation for substance-abusing employees—acknowledging that a problem exists and offering services to the individual—in an effort to help the employee, which in turn can benefit the employer. However, this course of action raises the question of whether a substance abuser can be rehabilitated to become a productive worker without risk to others.

History of Substance Abuse and the Workplace

Alcoholism in the 1970s

The negative effects of alcohol and other drugs on work performance have been

well-documented (Caravan Surveys Inc., 1972,1974; Goldenberg, 1972; Johnson, 1971; Rush & Brown, 1971; Trice & Roman, 1972). Alcohol abuse was reported to cause deterioration in job performance which can be reflected in absenteeism, sporadic and reduced production, poor decision-making, and low morale of co-workers (Erfurt & Foote, 1977).

In 1974, alcoholism was presumed to be the most prevalent problem in organizations with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimating that over two-thirds of alcoholics were employees or employee family members (Erfurt & Foote, 1977). Presnall (1976) suggested that of all employee workplace problems, one-half to three-fourths could be identified by deteriorating job performance. He estimated that 35% of these employee problems were alcohol related and 10% were linked to other drug use. These 1976 figures produce a rate of alcoholism in the workforce of 8.7%, higher than the National Council on Alcoholism's (1968) rate of 5.3%. The largest economic cost of alcohol abuse to society was lost production (Berry, 1976), amounting to 47% of the total cost of alcohol abuse.

Drugs and Alcohol in the 1980s

Substance abuse escalated throughout the 1980s. The NIAAA estimated that alcohol abuse alone cost the U.S. almost \$90 billion in 1980. Organizations absorbed almost \$55 billion (60%) in increased health benefits payments, lost productivity, and absenteeism. Use of other drugs cost the U.S. an additional \$47 billion, with organizations absorbing about \$26 billion (55%) (Greiff, 1989).

Approximately one-third of all injuries and one-sixth of all injuries resulting in death occurred at work (National Center for Health Statistics, 1985). Bernstein and

Mahoney (1989) report that 47% of industrial injuries and up to 40% of industrial fatalities were linked to alcohol. Additionally, drug users were 1.7 times more likely to be involved in workplace injuries than non-users (Hingson et al., 1985), and substance abusers were 5 times more likely to have a vehicle accident than non-users (Crouch et al., 1989).

Problems Continue in the 1990s

The 1990s saw a continuation of substance abuse problems in organizations. The National Clearinghouse for Alcohol and Drug Information estimated that by 1998, 12.8 million people used illegal drugs, 32 million were binge drinkers, and 11 million were heavy drinkers (Bryan, 1998).

Workplace problems exacerbated by drug/alcohol use include tardiness, absenteeism, turnover, accidents, decreased productivity, crime, and violence (Bahls, 1998). Bahls found that substance-abusing employees were absent 3 times more often, used 16 times as many health care benefits, and were 6 times more likely to file a workers' compensation claim than non-abusers. Drug and alcohol abusers were linked to 40% of industrial fatalities (Substance abuse in the workplace, 1997), and had 4 times as many accidents as non-using employees (Goldstein, 1997).

The U.S. Department of Labor estimated that workplace drug use cost employers \$75 to \$100 billion annually in lost time, accidents, health care, and workers' compensation claims (Bahls, 1998). Alcohol abuse cost the U.S. economy \$167 billion, half of this amount due to lost productivity (Mangione et al., 1998). These costs reflect a 30% increase just in the 1990s alone.

Substance Abuse in Today's Workforce

The problem of drug/alcohol abuse in the workplace is getting worse. The National Council on Alcoholism and Drug Dependence (NCADD) reports the following on the use of alcohol in the workplace: 12% of the workforce reports being heavy drinkers, 47% of industrial injuries and 40% of workplace deaths are linked to alcohol consumption, and heavy drinkers and alcoholics are absent 4 to 8 times more than other workers (Atkinson, 2001). Almost 14 million Americans use illegal drugs; as workers, they are 3.6 times more likely to be involved in an accident at work and 5 times more likely to file for workers' compensation benefits than non-users (Nighswonger, 2000).

Problem drinking and drug use have enormous costs to both employees and their employers. In 2000, the cost of alcohol-related problems resulting in lost productivity, death, disability, accidents, and other problems was \$683 for every person in the U.S. (NIAAA, 2000), or \$184.6 billion per year. In 2002, nearly 15 million adults had alcohol-related problems (SAMHSA, 2002) ranging from missing a day of work to serious accidents, and approximately 100,000 American lives are lost each year to the effects of alcohol use, either through diseases or accidents (Goplerud & Cimon, 2002).

The Impact of Substance Abuse in the Workforce

Substance abuse problems clearly are a workforce issue. Chemical dependency creates financial, behavioral, health, and performance problems for employees as well as employers and cannot be ignored. Drugs and alcohol impair judgment, causing mistakes that result in financial loss, accidents, injuries, or even death. Historically, solving our nation's drug problem has been the responsibility of law enforcement agencies. Today, employers have a responsibility to their employees, the organization, and the public to

recognize that drug/alcohol abuse in the workplace exists, is a serious problem, and needs to be addressed.

Employers Take Action

Organizations want their employees to work hard, show initiative, and be productive day after day, year after year. These objectives can be met only when the employer recognizes that employees are individuals with personal lives and problems. Even though an individual must take responsibility for his or her own actions, some U. S. businesses have realized the importance of intervention and have established Employee Assistance Programs (EAP) to address substance abuse and psychological problems of their employees.

History of the EAP

The origin of employee assistance can be traced back to the founding of Alcoholics Anonymous (AA) in 1935, an organization that fostered the concept of alcoholism as a disease and promoted a long-term treatment for recovery (Riley & Zaccaro, 1987). By the 1940s, several major corporations were actively promoting helping relationships between alcoholic employees and AA members (Trice & Sonnenstuhl, 1985). Due to increased interest in dealing with deteriorating job performance, during the 1960s and 1970s, EAPs expanded to include other employee problems. EAPs spread rapidly in the 1970s and 1980s as organizations struggled with employee problems and the effect of these problems on the workforce (Fitzsimons, 1992). In 1972, 25% of Fortune 500 companies had some type of program that provided assistance to employees with alcohol problems, and in 1979 this percentage grew to 57% (Normand et al., 1994). A 1992 national survey (Blum et al.) indicated that nearly 50% of

all full-time, non self-employed individuals worked in settings with EAPs. From 1994 to 1998, program enrollment increased nearly 80% (Stieber, 2000) due in part to social and legal pressures and the high cost of substance abuse and mental illness. According to the U. S. Labor Department, 48% of companies with more than 100 employees and 15% of small businesses currently have EAPs. Today, EAPs are considered part of enlightened and humane employee relations whose mission evolves continuously to accommodate unanticipated events affecting the workplace (Fisher, 2002).

EAP Activities and Services

Whereas EAPs are not all the same, all EAPs provide the same essential functions: direct service delivery and system maintenance activities (Erfurt & Foote, 1977). Direct service delivery activities include: (1) intake counseling and problem evaluation; (2) counseling or referral to appropriate treatment; (3) follow-up with employees and treatment agencies; (4) helping employees return to work; and (5) monitoring employee performance after re-entering the workforce. System maintenance activities include: (1) publicizing EAP services to all employees; (2) training personnel in problem identification and program referral; (3) providing program coordination and evaluation of procedures through central record-keeping; (4) screening available treatment resources; (5) reviewing relationships between EAP and treatment facilities used by employees; and (6) ongoing assessment of services provided by treatment facilities.

Employee assistance programs, designed to help identify and aid employees needing assistance with health, behavioral, and job performance problems, may be established within the company or contracted with an outside provider. Some programs

address substance abuse only while others assist with any personal concerns. The EAP can move an employee toward seeking appropriate help and provide long-term support in helping the employee recover. No other system outside the family or legal system exists that has this kind of ongoing contact that allows a long-term relationship (Normand et al., 1994).

Productive, committed workers need stability. Stieber (2000) suggests that employers are aware that personal difficulties are linked to job performance and the EAP is a positive resource for eliminating problems and achieving stability. An employee's personal problems can quickly become employers' workplace problems, increasing the risk of accidents, injuries, absenteeism, decreased productivity, and diminished morale. Early detection and treatment of problems benefit both the employee and the organization. Employees are better able to balance their work and personal lives and the organization may retain a valued worker, enhance the workplace environment and the organization's value to the general public (Rotarius et al., 2000).

Identifying the Problem

A fundamental principle of EAPs is that organizations do not have the right to interfere in the private lives of its employees (Erfurt & Foote, 1977). However, every organization has the right to impose standards of job performance that employees are expected to meet and to establish sanctions when standards are not met. Failure to meet set standards normally leads to some sort of disciplinary action in order to maintain organizational productivity.

EAPs are usually part of the organization's overall discipline program (Goldstein, 1997). An employee might be referred to the EAP after testing positive for drugs or

alcohol. The EAP allows the employee the opportunity to identify and remedy the problem whereas ignoring the problem can lead to severe disciplinary action including termination. An EAP might use threat of termination as a way to motivate an employee to accept and maintain drug/alcohol treatment (Presnall, 1966, 1967).

Traditionally, EAP services are voluntary, counselors are neutral, participation does not negatively affect the individual, and records are confidential. EAPs use 42 CFR 2 confidentiality laws, which restrict the disclosure and use of drug and alcohol abuse patient information and are the strictest privacy laws in existence (Feerst, 2002).

EAP Contributions and Influence

A well-established EAP can contribute to and influence corporate life in numerous ways: (1) management training; (2) wellness promotion with a goal of education and prevention; (3) consulting with senior management; (4) specialized counseling; (5) benefit-cost containment; and (6) research (Riley & Zaccaro, 1987). EAPs are a support system for employees, promote positive workplace environments, a management tool for the organization, and contribute to greater success for the organization (Fisher, 2002; Rotarius et al., 2000).

Organizations have a strategic focus on productive capacity and an operational focus on meeting employee needs (Rotarius et al., 2000). An EAP can narrow the gap between the two by helping employees maintain their productive ability and contribute to the organization's objectives.

There is no ready-made formula for EAP success. Although every organization has employees needing assistance, each organization has different needs, budgets, and abilities (Fitzsimons, 1992). An EAP should not copy the specific design or procedures

of another program. Instead, each program must be designed to reflect the specific environment of the organization.

Benefits of EAPs

A good EAP can help strengthen work relationships, increase employee productivity and is one way an organization can show concern for its employees' welfare (McDonald, 2002). EAPs are cost-effective, saving money through lower health insurance costs, fewer accidents, reduced training and hiring costs, and greater job efficiency (Goldstein, 1997). The U. S. Department of Labor reports that companies with EAPs generally save between \$5 and \$16 for every dollar invested in the program (Hawkins, 2001).

Good employees are hard to find and costly to replace. The EAP process gives an organization a way of retaining valued workers and their tangible benefits by providing an appropriate mechanism for addressing difficulties and concerns, thereby increasing the chance of problem resolution and organizational productivity.

A No-Nonsense Corporate Approach

A large company employing 85,000 employees worldwide with approximately 67,000 employees in the U. S. established an EAP in 1980 and later, a corporate policy on substance abuse in the workplace and drug testing in an effort to maintain a drug free, safe work environment, conducive to high work standards. The policy has several provisions. First, the use of illegal and/or controlled substances by employees and contractors is prohibited at all times. Second, the use of alcohol by employees and contractors while engaged in company activities is prohibited. Third, substance abuse tests may be conducted by or on behalf of the company or its customers and can be any of

the following types: pre-employment, customer requested, post incident, random, sweep, reasonable cause, rehabilitation and other tests as mandated by local regulatory agencies and laws. Fourth, the presence of any illegal or prohibited substance is a violation of policy and grounds for immediate disciplinary action including termination.

Disciplinary Action

Disciplinary action for individuals with positive substance abuse tests varies depending on type of substance, urine pH, and number of times testing positive. A first positive alcohol test (.02 - .04 blood alcohol content [BAC]) results in a one-week job suspension. If the employee wants continued employment with the company, he/she must contact the Employee Assistance Program (EAP) and agree to comply with all EAP recommendations. A second positive alcohol test results in employee termination or applicants are denied employment. This individual is referred to the EAP, is ineligible for employment with the company for six months from the date of the last positive test, must attend a rehabilitation program, and comply with all EAP requirements. Any subsequent positive alcohol test is subject to the same conditions except the time frame extends to one year.

Confirmed positive alcohol and drug tests (BAC of .04 or greater) result in termination or denied employment. After a first positive test, the individual is not eligible for employment for at least thirty days from the positive test date. A second positive test extends the ineligible time period to six months with subsequent positive tests extending it to one year. The individual is referred to the EAP, must attend treatment and/or a rehabilitation program, and comply with all EAP recommendations if future employment with the company is desired.

Treatment

Employees are encouraged to seek treatment for drug/alcohol problems through the company's Employee Assistance Program. EAP counselors have assisted many employees in locating resources to remedy a variety of personal difficulties including substance abuse and alcoholism. Successfully completing EAP requirements means an individual is eligible to return to work or be hired, is subject to further drug testing, and will be monitored for a specified time period determined by the EAP.

Purpose of the Project

The manager of the company's EAP was interested in assessing substance abusing employees for the purpose of evaluating safety incidents (any event resulting in a loss or damage) and risk and comparing these values to the incident rates of the general population of the company. In addition, the incident rate after returning to work of the drug test positive employees was analyzed, and implications for hiring/rehiring substance abusing individuals were assessed.

Method

Participants

Participants for whom records were included were 12,167 employees with safety incidents: 12,092 in the general population with no positive drug tests and 75 who tested positive for drugs/alcohol, were fired, and completed EAP requirements to return to work. Participation was restricted to U. S. employees only.

Procedure

Safety incident records for all employees were obtained through the company's Business Objects database. Drug test results and work status were obtained through the

company's MedComp databases and Employee Assistance Program. The data encompassed all events occurring between January 2000 and December 2002, and included type, recordability, parties involved, multiple cases, and history.

The present study compared incident rates of return to work (RTW) employees before and after EAP intervention and the general population (GP). Further analyses compared recordable, lost time, medical, restricted, vehicle, and fatality rates as well as multiple incident rates of both groups and previous incident rates from 1994-1999.

Results

From 2000-2002, 644 (2.9%) employees tested positive for drugs/alcohol out of 21,492 drug tests given; 334 (51.8%) of these same employees completed EAP requirements and were eligible to return to work (RTW). Of the 334 RTW employees, 75 had safety incidents (an incident rate of 22.4%), while the company's general population (GP) employees had 12,092 incidents (an incident rate of 18%).

Safety incidents were classified into categories based on type and recordability. A recordable case is defined by OSHA criteria and includes lost time, medical, restricted, vehicle, and fatality cases. Lost Time cases reflect employees who are not able to return to work the day after injury or illness resulting from an incident. A medical case indicates the employee required treatment from a physician following a safety incident. A restricted case is one in which the employee is able to come back to work after a safety incident with restrictions/accommodations. Vehicle cases are those in which an employee is driving/operating a vehicle when an accident occurs. Multiple incidents include any combination of categories. Incident rates for each group were obtained in each category.

Recordable cases between 2000 and 2002 showed RTW with 25 (19%) and GP

with 5,304 (25.8%). The number of RTW employees with recordable cases was 21 (6.2%); 14 of these (4.1%) were pre-EAP services and 11 (3.2%) were post-EAP services; GP had 4,445 (6.6%) (see Table 1). The RTW group had 2 (.59%) multiple cases and the GP had 296 (.44%) (see Table 2). RTW employees had 1 (4.7%) case involving multiple parties while GP employees had 139 (3.1%).

In evaluating each year individually, RTW employees had 11 (3.2%) recordable cases in year 2000 and GP had 1,908 (2.8%). In 2001, RTW had 6 (1.7%) recordable cases and GP had 1,602 (2.3%). In year 2002, RTW had 7 (2.0%) recordable cases while GP had 1,110 (1.6%) (see Table 3).

Lost Time Cases

From 2000-2002, RTW employees had 11 (3.2%) lost time cases, 6 (1.7%) before treatment and 5 (1.4%) after treatment; GP had 1,441 (2.1%) (see Table 1). The RTW group had 1 (.29%) multiple case while the GP had 46 (.06%) (see Table 2).

In examining the years separately, RTW employees had 7 (2.0%) cases in 2000 and the GP had 558 (.83%). RTW had 2 (.59%) cases in 2001 and the GP had 498 (.74%). In 2002, RTW had 3 (.89%) cases, while the GP had 413 (.61%) (see Table 3).

Medical Cases

Between 2000 and 2002, RTW employees had 9 (2.6%) cases, with 6 (1.7%) before EAP services and 3 (.89%) after EAP services; GP employees had 1,765 (2.6%) (see Table 1). The RTW group had 1 (.29%) multiple case and the GP had 51 (.07%) (see Table 2).

In examining years individually, RTW had 4 (1.1%) cases in 2000 and GP had 820 (1.2%). In 2001, RTW had 2 (.59%) cases and GP had 579 (.86%). RTW

had 3 (.89%) cases and GP had 395 (.58%) in 2002 (see Table 3).

Restricted Cases

From 2000-2002, RTWs had 4 (1.1%) cases; 1 (.29%) prior to treatment and 3 (.89%) following treatment, while GPs had 1,416 (2.1%) (see Table 1). There were 0 RTW multiple cases and 34 (.05%) GP multiple cases (see Table 2).

Individual years showed that in 2000, RTWs had 1 (.29%) case and GPs had 572 (.85%). RTWs had 2 (.59%) cases in 2001 and GPs had 554 (.82%). In 2002, RTWs had 1 (.29%) case and GPs had 307 (.45%) (see Table 3).

Vehicle Cases

Between 2000 and 2002, there was 1 (.29%) RTW recordable vehicle incident whereas 131 (.19%) GP employees had 161 (.24%) recordable vehicle incidents (see Table 1); 19 (.02%) GP employees had multiple incidents (see Table 2).

Separate year analyses revealed that RTWs had 0 cases in 2000, whereas GPs had 49 (.07%). In 2001, 1 (.29%) RTW employee had an incident and 46 (.06%) GP employees had incidents. RTWs had 0 incidents in 2002, while 36 (.05%) GPs had incidents (see Table 3).

Fatality Cases

The RTW group had 0 fatality cases and the GP group had 14 (.02%) between years 2000 and 2002 (see Table 1). In 2000, there were 8 (.01%) GP fatalities; 5 (.007%) in 2001; and 1 (.001%) in 2002 (see Table 3).

Table 1

Incident rate of employees with cases between 2000 – 2002

<u>Type of case</u>	<u>RTW</u>	<u>Pre-EAP (RTW)</u>	<u>Post-EAP (RTW)</u>	<u>GP</u>
Recordable	6.2	4.1	3.2	6.6
Lost Time	3.2	1.7	1.4	2.1
Medical	2.6	1.7	.89	2.6
Restricted	1.1	.29	.89	2.1
Vehicle	.29	.29	.00	.19
Fatality	.00	.00	.00	.02

Table 2

Incident rate of employees with multiple cases between 2000 – 2002

<u>Type of case</u>	<u>RTW</u>	<u>GP</u>
Recordable	.59	.44
Lost Time	.29	.06
Medical	.29	.07
Restricted	.00	.05
Vehicle	.00	.02

Table 3

Incident rate of employees with cases per year

Type of case	<u>2000</u>		<u>2001</u>		<u>2002</u>	
	RTW	GP	RTW	GP	RTW	GP
Recordable	3.2	2.8	1.7	2.3	2.0	1.6
Lost Time	2.0	.83	.59	.74	.89	.61
Medical	1.1	1.2	.59	.86	.89	.58
Restricted	.29	.85	.59	.82	.29	.45
Vehicle	.00	.07	.29	.06	.00	.05
Fatality	.00	.01	.00	.007	.00	.001

Previous Incidents

History of recordable incidents between 1994 and 1999 shows the RTWs had 16 (.001) cases and the GPs had 11,072 (.15). This means that whereas RTWs constitute .5% of the company's population, only .1% of the recordable incidents were attributable to RTWs between 1994 and 1999. The RTW cases occurred within a three-year time frame while the GP cases were reported annually. The RTW group had 4 (.001) recordable incidents in 1999; 11 (.006) in 1998; and 1 (.0005) in 1996 which is less than 1% of all recordable incidents that occurred in each of these years (see Table 4).

Table 4

Recordable incidents between 1994 and 1999

<u>Year</u>	<u>RTW</u>	<u>GP</u>
1999	4 (.001)	2,216 (.16)
1998	11 (.006)	1,760 (.13)
1997	0 (.000)	1,794 (.13)
1996	1 (.0005)	1,721 (.13)
1995	0 (.000)	1,696 (.13)
<u>1994</u>	<u>0 (.000)</u>	<u>1,886 (.15)</u>

Note. Values in parentheses represent percentage rate of employees with recordable incidents.

Post-EAP Services

After returning to the job, there were 5 (45.4%) incidents in the first three months; 1 (9%) in each of the following months: 7-9, 10-12, 16-18, and 19-21; and 2 (18.1%) within 22-24 months after returning to work (see Table 5). Between 2000 and 2002, 14 (56%) of all RTW recordable incidents occurred before testing positive for drugs/alcohol and 11 (44%) occurred after testing positive, completing EAP requirements, and returning to work.

Table 5

Time table of RTW post-EAP recordable incidents (N=11)

<u>Months</u>	<u>Incidents</u>
0-3	5 (45.4)
4-6	0 (.00)
7-9	1 (9.0)
10-12	1 (9.0)
13-15	0 (.00)
16-18	1 (9.0)
19-21	1 (9.0)
<u>22-24</u>	<u>2 (18.1)</u>

Note. Values in parentheses represent percentage of all RTW post-EAP incidents.

Discussion

Interpretation of Results

The results indicate that between 2000 and 2002, the RTW group had a slightly lower recordable incident rate, overall, than the GP group. This finding is inconsistent with previous literature (Goldstein, 1997) which suggests that drug and alcohol abusers have four times as many accidents in the workplace as non-users. Analysis of specific types of recordable cases between 2000 and 2002 showed that whereas RTWs had a higher vehicle incident rate than GPs which is consistent with previous literature (Crouch et al., 1989), they had a lower fatality rate than GPs. This conflicts with findings indicating that substance abusers are linked to 40% of all workplace fatalities (Substance abuse in the workplace, 1997).

The multiple cases incident rate was higher for RTWs than GPs but not for each type of incident. Two categories showed RTWs with a lower incident rate than GPs. These findings indicate that it is more likely that a substance abuser will have multiple incidents but that the type of incidents may vary.

Incident rates varied for each group per year. RTWs had higher rates in some years and lower rates in others. Varied results were also found for type of incident. These findings suggest that obtaining treatment does not guarantee a reduction in immediate or future incidents.

History of recordable incidents showed RTWs with fewer cases than GPs in each of the six years examined. Most of the RTW cases occurred in a single year (1998), while the GP cases occurred in all six years. This could be due, in part, to tenure or to the makeup of the work cohort during 1998 when most of the previous incidents occurred.

Following treatment, RTWs had the highest incident rate in the first three months after returning to work. As a result, it is recommended that the company adopt a policy to closely monitor substance abusers immediately following the employee's return to work. This policy might provide useful information to help reduce safety incidents, increase productivity, and enhance the quality of the organization's workforce. Safety incidents decreased after three months but then increased at about two years. This is inconsistent with previous literature (Ryan et al., 1992) that reports a decline in adverse outcomes after one year. These results indicate a need for continued monitoring and periodic evaluation of RTW employees for an extended period of time, which might help ensure the safety of all employees in the organization and the community. The results for pre- and post-EAP services indicated a lower number of post-EAP incidents with a decline in

several, but not all, categories. These findings suggest that substance abuse treatment may help reduce the number of employee safety incidents that occur after returning to work.

The results obtained in this study might be influenced by the sample size of the RTW and GP groups. The relatively small number of RTWs precluded the use of significance testing. However, even though the number of RTW employees is very small when compared to the GP, the results do not support the current literature that says there is a difference between these groups. Early findings (Bernstein & Mahoney, 1989; Crouch et al., 1989; Goldstein, 1997; Nighswonger, 2000) suggest that substance abusers have significantly more workplace injuries, vehicle accidents, and fatalities than non-users. These results were not found in this study. No real differences between groups were found in any category examined, resulting in the argument that substance abuse, when treated, might not be as significant a factor as once believed when analyzing accidents in the workplace.

One purpose of this study was to assess the risk of hiring/rehiring a substance-abusing employee. Supporters of hiring and rehiring could use the results of this project to make the following arguments in favor of this decision: (1) RTWs had a lower overall incident rate than GPs; (2) RTWs had a lower multiple case rate than GPs in two out of four categories; (3) RTWs had a lower recordable rate than GPs in 2001; (4) RTWs had a lower previous incident rate than GPs; and (5) RTWs had fewer incidents than GPs after returning to work. On the other hand, people opposed to hiring/rehiring a substance abuser could counter with the following information: (1) the RTW overall incident rate was only slightly lower than the GP rate and was higher in three out of five categories;

(2) RTWs had a higher overall multiple incident rate than GPs; (3) RTWs had higher recordable rates than GPs in 2000 and 2002; (4) RTWs had a high rate of post-EAP incidents in the first three months after returning to work; and (5) RTWs had only a slight reduction in incidents after treatment.

As shown, valid arguments can be made to support each decision. However, determining which decision should be made is difficult and cannot be done with just one study. More research in this area is needed before trying to answer this question.

Limitations

This study is not without limitations. For example, the present study examined only the recordable incidents for drug test positive employees and excluded other factors that might explain the incidents. Drug test results can be misleading as they determine whether an individual has used drugs/alcohol in the past, not current use or level of impairment. As a result, a positive drug test following an incident does not necessarily mean drug use was responsible for the incident, as it is possible that the substance was ingested weeks before the test and/or incident and the cause of the incident is some other factor.

Another limitation is that EAP clients with non-drug/alcohol problems (e.g., depression, marital conflict) were excluded from the study. Many employers do not view individuals with psychological or other problems as a safety risk to self or others. As a result, few studies examine other factors and their relationship to workplace accidents (Macdonald, 1995); therefore, many people who may be a risk are overlooked when examining safety incidents.

Finally, this study examined employees who received services through the EAP

after testing positive for drugs/alcohol but did not include employees who self-reported a substance abuse problem without testing positive. These individuals were asked to obtain substance abuse treatment but they were not terminated. Some of these employees may have had useful information that could have enhanced this study but were excluded because of their self-disclosure. These individuals were considered part of the GP group and it is possible that they had recordable incidents that would have been part of the RTW group if only they had not self-disclosed. Further, it is possible that the self-disclosing people may have been the only incidents in the GP group. The results may have been different and more accurate in terms of the safety incidents if all substance abusers were included.

Future Research

This study raises several issues for future research. First, there is a need for additional work on the relationship between substance abuse and recordable incidents in the workplace. It is easy to assume that substance abuse leads to safety incidents. However, other problems may also be factors and should not be overlooked. Examining EAP clients who are substance abusers, EAP clients with other problems, and the general population of the organization before and after treatment may bring some clarity to factors contributing to recordable incidents at work.

A second direction for future research would be to compare safety records of employees receiving EAP services with those of employees receiving services outside the EAP. This could provide useful information and one way for organizations to measure the effectiveness of their Employee Assistance Program.

Finally, it would be valuable for future research to address employees' overall

work performance before and after EAP services, instead of assessing just one factor (i.e., drug test results) when examining recordable incidents and risk. Trying to explain an incident and/or determine risk based on only one factor may lead to incorrect assumptions, inconclusive results, and inappropriate actions by the organization.

Research including all EAP clients, all identified problems, and a complete work history will allow for a more precise and detailed understanding of safety incidents and risk among employees in organizations.

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