



NATIONAL SAFETY COUNCIL

Position/Policy Statement

Substance-Free Workplace Policies and Programs

Policy/Position:

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 21.5 million people aged 12 or older suffered from a substance abuse disorder in 2014, including 17 million people suffering from alcohol use disorder and 7.1 million people from illicit drug use disorder. **"In 2022, 48.7 million people aged 12 or older (or 17.3 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 27.2 million who had a drug use disorder, and 8.0 million people who had both an alcohol use disorder and a drug use disorder."** ¹ Some of these people actively misusing alcohol and substances are in our workforce. ~~All forms of impairment while on the job present a serious threat to safety in the workplace by increasing the risk of unintentional injury and death.~~ Workers who are ~~under the influence of alcohol or legal, synthetic and/or illegal~~ **impaired by alcohol and drugs** at work endanger themselves, and those around them, **and the workplace.**

~~The~~ National Safety Council (NSC) supports the right of employers to maintain a workplace free of all forms of impairment, regardless of the legal status of the impairing substance, ~~and~~ **NSC** encourages all employers to develop written policies and procedures to address this critical safety issue. These policies should be comprehensive, ~~and balancing~~ **balance** the safety needs of the employer and worker's health. At a minimum, these policies and procedures should include:

- Statement of the purpose and scope of the program;
- Definition of what constitutes misuse, including alcohol and ~~all forms of~~ impairing drugs, **which may be** prescribed, over-the-counter, ~~legal,~~ illegal, ~~synthetic~~ or otherwise;
- Statement of who is covered by the policy and/or program;
- Statement describing under what circumstances **alcohol/drug** ~~or alcohol~~ testing will be conducted, including confidentiality of test results;
- Procedures to ensure fair testing process (confirmation testing, use of medical review officers, worker protections against retaliatory testing);
- Training for employees, supervisors, and others in identifying impaired behavior and substance use;
- Employee education (e.g., a substance-free awareness program);
- Procedures for dealing with impaired workers;
- Assistance for those who voluntarily seek help for impairment issues;
- Provisions for early intervention and assistance for employees with a substance use disorder (e.g., employee assistance programs);
- Steps of disciplinary actions for violations of policy.

Facts

- Substance use costs society an estimated \$190 billion annually, including \$130 billion in lost productivity and \$20 billion in increased healthcare costs;²
- Of the 22.4 million current illicit drug users aged 18 or older in 2013, 15.4 million (68.9 percent) were employed either full or part time;³
- Prescription opioid abuse costs society \$55.7 billion annually, including \$25.6 billion in lost workplace productivity costs;⁴
- Opioids account for 25% of workers compensation medication costs;⁵
- Opioid painkillers could be impairing at work even when taken as prescribed;⁶
- In some areas of the country, businesses are having trouble filling positions because as many as 70% of applicants will fail a drug test.⁷ In these same areas, businesses have a difficult time retaining employees for the same reason.

Growing Risk

~~Cannabis (marihuana, marijuana) Marijuana decriminalization, the rise in prescription opioid misuse and heroin use, and continued alcohol use disorder create an environment in which impairment is an increasing ongoing concern of employers. The National Safety Council NSC believes that all forms of impairment present a serious threat to safety in the workplace by increasing the risk of preventable injury and death. Workers who impaired by are under the influence of alcohol and/or legal and/or illegal drugs endanger themselves and those around them.~~

While employers are permitted to set policies regarding drug and alcohol and drug use, cannabis marijuana use remains prohibited in many safety-sensitive positions. Changing attitudes and enforcement regarding the use of marijuana cannabis off-the-job pose new challenges for American employers responsible for providing safe and healthy workplaces. At least two court decisions in California and Colorado have reinforced the right of employers to terminate workers who use marijuana during non-working time, even when those employees are using medical marijuana at the recommendation of a doctor.^{8,9}

From 2002 to 2014, the percentage of adults age 26 and over older who reported using illicit drugs, including marijuana cannabis and opioids, in the past month increased by over 40%.¹⁰ This growing drug epidemic is exacting increasing costs on employers, including \$130 billion in lost productivity and \$20 billion in increased healthcare costs.¹¹ Additional costs manifest through a variety of mechanisms, including absenteeism, increased turnover, injuries and fatalities, employer liability and workers compensation costs.

Impairment costs to employers are not solely the result of illegal substances. A 2010 study found that the cost of excessive alcohol consumption in the United States was estimated to be \$249 billion, an increase of \$25.5 billion from the previous study conducted only 4 years prior.¹ In a 2006 survey, over 15% of U.S. workers reported being impaired by alcohol at work at least one time during the past year, and 9% of workers reported being hungover at work.²

The increase in prescription opioid use is also contributing to employer risk. Prescription drug abuse now costs U.S. society \$55.7 billion annually, including \$25.6 billion in lost workplace productivity and \$25 billion in increased healthcare costs {Reference?}, a significant portion of which is passed on to employers through higher insurance costs. {Reference?} Opioids account for 25% of workers' compensation medication costs. {Reference?} Even when taken as prescribed, opioids can result in impairment.

Impact on Employers

All forms of impairment, legal and illegal, result in increased costs to employers and an increased risk of unintentional injury and death. According to the National Council on Alcoholism and Drug Dependence (NCADD), [{Reference?}](#) the effects of impairment at work often manifest through:

- Tardiness/sleeping on the job;
- After-effects of substance use (hangover, withdrawal) affecting job performance;
- Poor decision-making;
- Loss of efficiency;
- Theft;
- Lower morale of co-workers;
- Increased likelihood of having trouble with co-workers/supervisors or tasks;
- Preoccupation with obtaining and using substances while at work, interfering with attention and concentration;
- Illegal activities at work including selling illicit drugs to other employees;
- An increase in disciplinary procedures;
- Higher **employee** turnover.

However, not all employers are taking sufficient steps to combat substance abuse. A report from SAMHSA found that while 81.4% of full-time workers were employed by an organization with a written policy about employee use of alcohol and drugs. **In addition, in 2012**, smaller firms were less likely to ~~drug test for substance use~~ or have drug test programs in place to combat the problem. **This report** also found that employees were generally less likely to use illicit drugs in the previous month when working for an employer with a written alcohol and drug abuse policy than one without a policy.³ These data demonstrate the need for employers to develop clear policies on impairment on the job that are understood by all workers.

What Should Employers Do?

NSC supports employer efforts to maintain a workplace free of impairing substances and encourages employers to develop written policies and procedures to address this critical safety issue.

The Society for Human Resource Management (SHRM) recommends a workplace substance abuse policy that includes at least the following elements:⁴ [{Reference provided is no longer available online}](#)

- Statement of the purpose and scope of the program;
- Definition of what constitutes abuse;
- Statement of who is covered by the policy and/or program;
- Statement describing under what circumstances drug or alcohol testing will be; conducted, including confidentiality of test results;
- Assistance for those who voluntarily seek help for impairment issues;
- Procedures for dealing with impaired workers;
- Steps of disciplinary actions for violations of policy.

In addition to the elements recommended by SHRM, NSC recommends employers include the following:

- A definition of impairment that includes all forms of impairing drugs, prescribed, legal, illegal, synthetic or otherwise;
- Worker education (e.g., a substance-free awareness program);
- Training for workers, supervisors, and others in identifying impaired behavior and substance use disorder;
- Provisions for early intervention and assistance for workers with a potential substance use disorder.

Comment: Reference numbering in Word format is awkward to work with. All references should identify the year of publication. Weblinks should specify date of publication or when last accessed. Content highlighted in yellow needs to be updated.

¹ Substance Abuse and Mental Health Services Administration. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Accessible at: http://www.samhsa.gov/data/sites/default/files/NSDUH_FRR1_2014/NSDUH_FRR1_2014.htm#idtextanchor057 Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health, p.1, <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>

² National Council on Alcoholism and Drug Dependence. Facts about drugs. Accessible at: <https://ncadd.org/aboutaddiction/faq/facts-about-drugs> {Year?}

³ Substance Abuse and Mental Health Services Administration. Results from the 2013 national survey on drug use and health: summary of national findings, NSDUH series H-48, HHS publication no. (SMA) 14-4863, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁴ Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L.. Societal costs of prescription opioid abuse, dependence, and misuse in the united states. Pain Medicine. 2011.

⁵ Lipton, B., Colon, D., & Robertson, J. Workers compensation prescription drug study: 2013 update. 2013.

⁶ Cherrier, M. M., Amory, J. K., Ersek, M., Risler, L., & Shen, D. D. Comparative cognitive and subjective side effects of immediate-release oxycodone in healthy middle-aged and older adults. The Journal of Pain: Official Journal of the American Pain Society. 2009.

⁷ Campo-Flores, A. Drug use at work roils firms. Wall Street Journal. 2014.

⁸ Ross v. RagingWire Telecommunications, Inc. Supreme Court of California. 24 Jan. 2008.

⁹ Brandon Coats v. Dish Network, LLC. Supreme Court of the State of Colorado. 15 June 2015.

¹⁰ Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

¹¹ National Council on Alcoholism and Drug Dependence. Facts about drugs. Accessible at: <https://ncadd.org/aboutaddiction/faq/facts-about-drugs>

¹² Bouchery, EE., Harwood, HJ, Sacks, JJ, Simon, CJ and Brewer, RD. Economic costs of excessive alcohol consumption in the U.S., 2006. American Journal of Preventive Medicine. 2011.

¹³ Frone MR. Prevalence and distribution of alcohol use in the workplace: a U.S. national survey. J Stud Alcohol 2006;67:147-56.

¹⁴ Larson, S. L., Eyerman, J., Foster, M. S., & Gfroerer, J. C. (2007). Worker substance use and workplace policies and programs (DHHS publication no. SMA 07-4273, Analytic Administration, Office of Applied Studies.

¹⁵ SHRM. Drug testing: drug and alcohol policy. Accessible at http://www.shrm.org/templatestools/samples/policies/pages/cms_019908.aspx

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This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

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