



# Methamphetamine in the Workplace

Mary F. Holley MD

## Methamphetamine in the workplace

Only 25% of meth addicts are skid row bums shooting up in a dark alley somewhere. The other 75% are working, driving trucks, operating heavy machinery, or operating on you. They are found in health care, childcare, retail and construction, every industry and at every level. College educated PhDs and 9<sup>th</sup> grade dropouts; all are equal in the eyes of methamphetamine

Drug impaired workers do not always conform to the stereotypes we have formed regarding how addicts should appear or behave. The classic stereotype is of the lethargic, apathetic, forgetful, and careless behavior that applies to users of alcohol and marijuana. Methamphetamine abusers however often have the opposite presentation. In the early stages of addiction they are energetic, productive, confident, sharp, and focused. As their addiction worsens they become fidgety and restless, moody and irritable.

It is only in the later stages of addiction that methamphetamine addicts become aggressive, agitated, confused and disorganized. End stage addicts have hallucinations and delusions that are not always obvious. They may accuse people of spying on them, following them or stealing from them, and may file harassment charges in the context of a delusion. Their delusions often appear reasonable at first glance.

The impact of a workers drug addiction is felt throughout the company's operations. An addicted worker poses a safety threat to co-workers and to the public, depending on the job particulars. Clearly an intoxicated nurse in a hospital can do a great deal of damage to people's lives. Identification of drug impaired workers is central to good risk management on the part of any employer.

## Signs of addiction in the workplace

Physical indicators of a methamphetamine addiction are distinct from those identifying abusers of other drugs. Eyes are often bloodshot from lack of sleep and pupils are dilated in the acutely intoxicated meth user. Later findings include tics and tremors that are often disguised as intentional movements or gestures. Poor hygiene is sometimes evident with body odor and tooth decay. Weight loss, frequent illness and chronic cough or throat clearing can be indicators of meth abuse.

Performance indicators of meth use include frequent absenteeism and tardiness. Other signs of meth abuse include poor quality, rushed and incomplete work, inconsistent performance, disorganized work, indecisiveness, accidents breakdowns and mistakes, missed appointments and customer complaints. Off duty drug use impairs the quality and accuracy of work and contributes to liability issues for the company.

Behavioral indicators of meth use may include fidgety time wasting behavior and frequent trips to the restroom, locker room or parking lot. Methamphetamine addicts may have significant financial problems, frequently requesting an advance on their pay, falsifying time sheets and pilfering job materials for resale. They make and receive a lot of personal phone calls and use drug culture slang in their speech.

Clearly finding drug paraphernalia in the workplace is evidence of a worker's drug problem. You may find pipes, lighters, scales, and foil, or small baggies with powder residue. Unknown substances found in the workplace can be sent for drug testing to the same laboratories that do urine testing for identification. Law enforcement should become involved if drugs or paraphernalia are encountered at the worksite.

### The need for a drug free workplace policy

If your company does not have a drug policy, you become the employer of choice for those who can't handle a drug policy. Drug users are especially attracted to small firms because of the likelihood of avoiding detection. But even small firms can have an effective drug control policy with appropriate consultation and the use of outsourcing employee assistance firms.

The perceived barriers to effective drug policies include the apparent cost of the program, since employers must bear the cost of any drug test ordered. Ideally, the cost of the program should be recouped more or less immediately in the form of lower absenteeism, reduced workplace theft and improved productivity. The quality of workforce you can attract should be enhanced by the promise that all co-workers are also being tested, and no drug use will be tolerated. Non drug using employees value a workplace that is free of intoxicated co-workers.

The confidentiality laws have clearly recognized the employer's right to have a drug free workplace. Properly done and documented, no employee's confidentiality need be breached. Testing should be done discretely with only the minimum number of people aware that it is taking place.

But often the major barrier to enacting a drug free workplace policy is the reluctance on the part of the employer to initiate one. This reluctance may arise from concerns that without drug using employees, the number of people in the workforce would be inadequate. This is often the concern of fast food industry managers. Sometimes the objection is one of denial that anyone working in a given industry or location could possibly be using illegal drugs. Many hospitals and schools do not test their staff on the grounds that educated professionals could not possibly be using drugs.

The deciding factor of whether to drug test or not should be the consequences of missing a drug using employee and what kind of damage he or she could do both to the company and to the public. The legal liability of a drug impaired worker is usually sufficient to justify the costs of a drug free workplace policy. A drug impaired worker is more likely to file a workman's compensation or health care claim, more likely to injure another worker, and more likely to cause an accident involving the public. The risk of damage to expensive equipment and workplace theft also argues for establishment of a drug free workplace policy.

## Establishing a drug free workplace policy

Ideally a drug free workplace policy would be initiated in a manner that involves worker and management in the decision making process. A statement as to the necessity and desirability of a drug free workplace policy should be written emphasizing the safety of the worker and of the public. Clear goals of the program should be spelled out including improved safety and productivity, prevention of crime, and preservation of a trained qualified workforce.

There are two basic models for the drug free workplace policy, the law enforcement model which emphasizes detection, apprehension, and discharge, and the performance model which emphasizes prevention, deterrence and treatment. Ideally a drug free workplace policy should encompass both philosophies as employees are seen as valued assets to be preserved, and no drug use is tolerated in the workforce.

Program planning should include representatives of both employee and management to determine such things as the frequency and type of testing done, facilities for collecting specimens, identification of employee specimens, laboratory safeguards, supervisor training and employee education. Penalties for positive test result should be spelled out in advance of the first employee drug test and should be well publicized before the program commences. Small companies can enlist the assistance of Employee Assistance Program vendors who are familiar with local and state laws, allowable procedures and educational materials appropriate for the workplace. Customized plans can be made available for an industry or trade group, and many have already been developed. No need to reinvent the wheel.

Some workplaces fall under the Drug Free Workplace Act, a federal law concerning companies with large federal contracts. Other employers are subject to specific government agency rules such as the Dept of Transportation or Nuclear Energy Commission. All employers however are subject to OSHA, the Occupational Health and Safety Administration, and its general duty clause. Each employer shall furnish a place of employment free from recognized hazards that are likely to cause death or serious harm to his employees. This general clause empowers OSHA to fine any employer whose employee is injured as a result of a drug using coworker who was not tested and removed from duty.

Employers are required to provide family and medical leave to employees requesting drug or alcohol treatment, but are not required to offer such treatment to a person testing positive on a employee drug test. Only self reporters are eligible for leave of this nature.

## Components of a drug policy

The components of a drug policy include pre-employment investigation, post employment education and training, and drug testing. Pre-employment investigation should include a credit check, reference check, criminal background check and professional licensing inquiry. Additional resources include workman's comp history, civil court records, and motor vehicle records. Drug testing of new hires is standard

procedure in many industries and turns up many positives even when the test is anticipated and planned.

Post employment education and training can include specific instruction regarding the effects of alcohol and illicit drugs. Provision of such training is required by the Drug Free Workplace Act, and often results in reduced workman's compensation premiums for employers not covered by the act. Training videos, paycheck inserts, instructional courses, and posters can all serve as educational materials for employees.

Drug testing is used both as a deterrent to drug use and as an early detection method. Drug testing can be done as a part of accident or incident investigation, or on a random protocol. Existing employees are thus encouraged to remain drug free, and early detection allows employers to intervene before a serious accident or incident occurs.

Non-specific drug testing examines a work area for evidence of drug use without implicating any specific individual. Infrared testing devices and chemical residue tests have been used to determine whether an area or piece of equipment, such as a vehicle or computer, have been exposed to drugs of abuse. Even trace amounts of residue of drugs of abuse are detected by these techniques, permitting directed testing of those individuals with access to the equipment concerned. Drug detection dogs are also used to screen locker rooms and vehicles. These practices allow companies to target drug testing to individuals considered at risk for drug use.

Indicated Drug testing involves testing individuals with suspicious behavior as outlined above. Indicated drug testing should follow the accident or suspicious behavior as closely as possible as drug use may be intermittent. A positive test is most likely within 24 hours of drug use in the case of urine testing. Random testing according to a prescribed protocol is often used as an adjunct to indicated testing, ensuring that all employees are tested at least annually. Random protocols help avoid charges of discrimination in the application of drug testing.

#### Methods of drug testing

Urine drug testing is the most popular form of drug testing at the time of this writing (2008) though alternative specimens are gaining popularity. Urine testing is inexpensive and readily available from a variety of vendors. A cheap immunoassay drug test can be done in about five minutes on site with immediate results. A confirmatory GC/MS (gas chromatography / mass spectrometry) test of any positives is essential to avoid false positives with the immunoassay. No permanent staffing decisions should be made just on the basis of an immunoassay drug test.

Urine drug testing has the disadvantage in that it is easily adulterated or manipulated by the drug abusing employee. Artificial urine is readily available on the internet and in convenience stores. Food additives that acidify the urine also accelerate clearance of most drugs of abuse avoiding detection by urine testing. For this reason, urine testing should be completely unanticipated. Subjects should not be allowed to go to a locker or vehicle prior to the administration of a drug test, nor should any other person be allowed to go into the bathroom ahead of the person being tested.

The standard five panel urine drug screen tests for marijuana, cocaine, amphetamine, PCP and morphine (the NIDA five). The window of detection for amphetamine and cocaine extends from 8 hours post ingestion to 24-48 hours after last exposure. Marijuana can be detected days, even weeks after last exposure, particularly in heavy users. Urine collection should be done in a bathroom stall remote from other sources of water. Bluing agents are put in the toilet water, and subjects are not allowed to bring purses or briefcases into the toilet stall. Direct observation by same sex observers is advised only in cases in which an individual has provided a cold or otherwise adulterated specimen in the past.

Hair and saliva drug testing are increasing popular because they avoid the bathroom problem. Hair tests are accurate for all drugs except marijuana, in which only heavy use is detected by the hair test. Hair testing offers the advantage of long term documentation of drug use. If a result is contested, another specimen is readily available from exactly the same time frame allowing confirmation of positives at a later date if necessary. Hair testing also gives information on any drug use in the past several months. An inch and a half of hair provides about 90 days worth of information on drug use in the past. The hair test as usually administered - by clipping a lock of hair off at the hairline - does not give information about the most previous seven days, since that section of hair is still beneath the scalp.

Saliva testing also avoids the bathroom problem and is directly witnessed, eliminating adulteration or substitution. Saliva testing can detect recent drug use, from immediately after use to 24-48 hours after drug use, but is not reliable for more remote use. Its best application is for detection of on the job use or for the parent suspicious of the activities of a teenager arriving home after a night out with friends. Saliva testing is comparable to blood testing in accuracy and duration of a positive.

For all types of drug testing, specimens should be labeled in the presence of the person providing the sample, and their signature placed on the specimen label. A chain of custody document should be completed including the positive identification of the person providing the specimen.

Additional testing can be ordered for drugs other than the NIDA five, including benzodiazepines (Valium etc), barbiturates, ecstasy, methadone, oxycodone, and various adulterants. These are usually at additional cost. Positive screening tests should be confirmed by GC/MS technology prior to taking any action.

Common excuses for a positive test include passive exposure – “my boyfriend uses.” The cut off values for reporting a positive test are set sufficiently high that passive exposure is not detected by clinical testing. It would take a van full of pot smokers to make a passive occupant’s blood test transiently positive for 30 minutes (Neidbala 2005). Only direct users will have sufficient levels in their body fluids to give a positive result on a random drug test. A forensic lab (crime lab) is required for testing of children in which we are looking for any detectable level of drug exposure.

Others with positive tests will claim remote use, “I used a long time ago, but I don’t use drugs now.” Only marijuana can be detected longer than 36 hours in a urine test, and hair tests can distinguish precisely when a given drug was used by segmental analysis.

Disputes over the timing of drug use are easily resolved by repeat hair testing with careful segmental analysis.

Others will claim that their cold pills gave a positive test for amphetamine. A positive result for methamphetamine requires the presence of both methamphetamine and its primary metabolite amphetamine. High doses of cold preparations containing pseudoephedrine will give a false positive on the immunoassay, but are easily distinguished on GC/MS testing (Stout 2004).

Fall out from a positive test

An employer informing an employee of a positive drug test result can expect to receive some resistance and an angry denial. The confirmatory GC/CM result should be the basis for any disciplinary action, not the preliminary immunoassay. If the original test was done on urine, a confirmatory hair test can be offered on the spot in cases of dispute. Such an offer will usually be declined. Addicts know they can't beat the hair test.

A medical review officer should be enlisted to validate positive results on a drug test. As a physician, MRO's are qualified to determine if legitimate use of a substance is a reasonable explanation for a positive test. Documentation of such a review should be maintained, as well as original documents and specimens in the event of legal action.

The manner in which positive results are conveyed is important to the eventual outcome for an individual employee who tests positive for drug use. A firm but compassionate presentation of the results, with concern expressed for the employee's future and a list of local rehabilitation resources is recommended. Two signatures should be on the termination letter to diffuse potential anger and a feeling of being singled out for vindictive reasons. The company's protocol should be followed exactly in each and every case, with any deviations carefully documented as to the variance in policy and the reason for it.

Role of the workplace

Only a small minority of drug users, including methamphetamine users are back alley derelicts. The vast majority of drug users are employed and are amenable to rehabilitation if it is suggested by an employer. Early detection and effective intervention are most likely to be efficacious when addiction is addressed in the work place, rather than in the county jail. Employers have tremendous power to be a positive force in the battle to defeat methamphetamine addiction.

References

Niedbala RS et al 2005 Passive cannabis smoke exposure and oral fluid testing II Two studies of extreme cannabis smoke exposure in a motor vehicle. *J Anal Toxicol* 29:607-15.

Stout PR et al 2004 Evaluation of ephedrine, pseudoephedrine, and phenylpropanolamine concentrations in human urine samples and a comparison of the specificity of DRI

amphetamine and Abuscreen online KIMS amphetamine screening immunoassays. J Forensic Sci 49:160-4.

### **Learning objectives**

**Discuss the impact of methamphetamine addiction on the workplace**

**List signs of addiction in an employee**

**Consider establishing a drug free workplace policy**

**Methods and interpretation of drug tests**

**Managing the fall out from a positive test**