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A SURVEY OF PRIVATE SECTOR MANAGEMENT AND LABOR  
CONCERNING THE IMPACT OF WORKPLACE ALCOHOL  
AND ILLEGAL DRUG USE/ABUSE UPON WORK PERFORMANCE  
AND THE VALUE OF RELATED WORKPLACE  
REFERRAL AND TREATMENT PROGRAMS

November, 1986

IT WORKS

The most frequent statement concerning workplace  
alcohol and illegal drug use/abuse treatment/referral  
programs that received overall positive evaluations

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Alcohol and Drug Abuse Planning  
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We wish to express our appreciation to the many individuals who took the time to respond to this survey. Although many of the recipients of the questionnaire expressed concern, we again wish to assure them that their responses are confidential. Only the staff of the Alcohol and Drug Abuse Planning Committee had access to the questionnaires and analyzed the responses.

It is also important to recognize the involvement of the Steering Committee members. It is through the commitment and involvement of representatives of both management and labor that we will effectively address the problem of substance abuse in the workplace.

The goal of this survey was to obtain basic information that could be utilized to further explore and respond to substance abuse problems in the workplace. It is hoped that this survey represents only an initial step in our attempt to rationally assess a complex problem and avoid the irrational and premature actions that often occur when objective data is not available.

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## EXECUTIVE SUMMARY

The goals of this survey were to obtain Maine management and labor (1) perceptions/estimates of the adverse effects of alcohol and illegal drug use/abuse on work performance in the Maine workplace and (2) evaluations of existing workplace treatment/referral programs that address these problems. It is important to note that this study did not involve estimates of workplace drug use/abuse in general including non-worktime or other alcohol/illegal drug use/abuse that is not related to work performance.

Questionnaires were sent to (1) all chief executive officers of non-governmental Maine companies/agencies that had at least one union local and (2) the stewards of all union locals at these companies. This included 192 companies with 209 locations (sites) and 188 unions with 338 locals. The results are based upon usable questionnaires from 96 company sites and 77 union locals.

The management responses represented 22,251 employees of whom 15,178 were members of union locals. The labor responses represented 12,134 members. Forty two percent (42%) of the management and 33% of the labor responses were from locations with more than 100 employees/members. Over 40 types of primary services/products of the company were represented by the respondents with the major ones being paper, paper products, wood, lumber, construction, textiles, and transportation.

An overview of the results concerning the impact of

alcohol and illegal drug use/abuse on work performance is as follows:

1. A large percentage of both management and labor estimates are that 0% of the employees (both hourly and salaried) had problems with worksite alcohol and illegal drug use/abuse as measured by reduced work performance.
2. For those that estimated that there is a problem, the large majority estimate that less than 5% of the salaried and hourly workers had problems as measured by reduced work performance.
3. Both management and labor tend to estimate that the problem (if it exists) was greater for hourly than for salaried workers.
4. Labor estimates of the problem are higher than the estimates of management.
5. Both management and labor see alcohol as a greater problem than illegal drugs in terms of reduced work production.

The results concerning the presence/absence and quality of worksite substance abuse/use programs are summarized as follows:

1. Although there is a tendency for larger company sites and larger union locals to have programs to treat/refer individuals with alcohol/illegal drug problems, over 1/3 of the sites/locals with over 200 members/employees do not have



programs/services to address the problem of substance abuse at the workplace.

2. The presence/absence of programs/services may be related to the type of industry and sex of the employee. For those responding, the paper industry has a high rate of programs while the textile/fabric (primarily women) and construction (mobile workforce) industries have few programs.
3. None of the treatment/referral programs/services are sponsored by the union only and the majority of the programs/services are off the company grounds.
4. The most common reasons both management and labor give for the absence of programs/services include the lack of a problem, the lack of need for the service, and the company is not large enough to need such a program.
5. The most common management and labor positive evaluations of existing programs are that the program works and confidentiality.
6. The negative comments vary and do not indicate a common trend.
7. The recommended changes emphasize the need for better communication and the training of supervisors and employees.
8. Less than 12% of the locals and slightly over 50% of the management received a report

concerning the number of individuals served by  
these programs.

9. Comparisons between management and labor responses from the same location suggest that when only one union is involved, both management and labor tend to agree (positive or negative) in their evaluation of the program/service.
10. When multiple unions are located at a single site, there are differences between union locals and between union/management as to the positive and negative characteristics of the existing programs.

Overall, the results of this survey suggest a large percentage of the management and labor respondents estimate that either 0% or less than 5% of the employees had worksite alcohol and illegal drug use/abuse problems as measured by work performance difficulties over the past year. Further, there appears to be more management/labor agreement than disagreement as to the value of, and need for, substance abuse programs/services at the workplace. A major overall problem is the lack of, or poor, communications. Some of the findings of this survey appear to be inconsistent with earlier research conducted at worksites outside of Maine.

## Introduction/Review of Literature

There has been a significant increase in publicly expressed concern related to substance abuse in general and substance abuse in the workplace. Although most individuals agree that there is a significant worksite substance abuse problem, many have expressed concern about the statements related to the extent and work performance impact of the problems and the proposed solutions which often lack an objective information base.

The "facts" related to instances of substance abuse, substance of choice, etc., are often in conflict. For example, does the increase in arrests in Maine for cocaine sales/distribution signify (1) better law enforcement, (2) an increase in overall drug use, (3) a change in drug preference by current drug users or (4) a combination of many factors? Was the use of the 800-COCAINE number due to an existing or a new problem? How do any of these apply to Maine? Your "solution" to the substance abuse problem is highly dependent upon which "answer" you select.

Regardless of the conflicts, there are a number of consistent findings of research conducted in other states.<sup>1</sup>

1. Alcohol is by far the most abused/misused drug in general and in the workplace.

<sup>1</sup> For a summary see: "Alcohol and Drugs in the Workplace: Cost, Controls and Controversies," Bureau of National Affairs, 1986 and the various studies conducted by the Maine Alcohol and Drug Abuse Planning Committee, State House Station 11, Augusta, Maine

2. Alcohol abuse/misuse is the most problematic drug in the workplace.
3. It is estimated that 7-8% of the workforce abuse alcohol. The estimates of use of marijuana (2-3%), amphetamines and cocaine follow in decreasing order of use by the workforce.
4. Although research has suggested that there is no major sex difference in terms of the % of men and women with substance abuse problems, women (including those in the workplace) are less likely to be identified as having a drug abuse problem and less likely to be referred for treatment.
5. The percentage of workers with worksite drug/alcohol problems may differ in terms of type of industry (e.g., construction) and/or job (e.g, electrician).
6. Substance abuse by managers "may" be higher than that by hourly workers.<sup>2</sup>
7. Both management and labor may engage in "denial" in terms of their observations or identification of substance use/abuse by employees/members. This may lead to the complete denial or underestimation of the problem.
8. This "denial" may result in behavior by

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<sup>2</sup> See Business Research Publications, New York, 1986

management, co-workers, etc., that allows the employee/member to continue to use/abuse drugs/alcohol in the workplace.

9. Substance use/abuse during non-worktime may or may not affect work performance.
10. A treatment program may be viewed as a "bargaining" issue rather than as an approach that benefits the individual, organized labor, and the company.
11. Studies conducted in other states estimate the financial loss due to workplace substance abuse at \$500-\$1,000 an employee. The individual substance abusing employee is estimated to cost the company (lost productivity, destroying company property, increased medical insurance, etc.) over \$7,000 a year.
12. Evaluations of Employee Assistance Programs have shown that they can save the employer money.

It is not clear how the above apply to the over 373,000 Maine citizens in the non-governmental workforce and the approximately 79,000 members of the labor organizations in this workforce. Based upon Maine statistics<sup>3</sup> it is estimated that 10-12% of the adult population are abusing substances to such a degree that it severely interferes with their work, social behavior and/or health. An additional 10-12%

<sup>3</sup> The Maine Alcohol and Drug Abuse Planning Committee and other State agencies, have conducted a number of studies of the substance abuse problem as it relates to the Maine population in general, various age groups, county jail inmates, etc. These reports are available upon request.

periodically misuse/abuse substances in such a manner that it periodically interferes with work (e.g., Monday morning hang-over), social behaviors (e.g., OUI), family life and/or health. The problem appears to be equally evident across sex, age, and income groups. It is not clear how these problems relate to Maine management and labor estimates of worksite substance use/abuse on work performance.

The purposes of this survey were to identify management and labor perceptions/estimates of (1) the impact of workplace substance abuse/misuse upon work performance and (2) the value of workplace substance abuse treatment/referral programs. In order to reach these goals, it was determined that a survey of Maine management and labor estimates and evaluations could provide basic and preliminary information that could be utilized to clarify a number of Maine issues concerning these problems.

Although the methodology employed did not lend itself to "hard research" and "facts", it allowed for the systematic collection and analysis of estimates and evaluations of a large and diverse group of representatives of management and labor. The results represent the analysis of the responses of over 160 individuals from various size companies/union locals throughout the State that produce over 40 different products.

The methodology employed also has limits and the results must be considered within these limits. Although the responses represent the interest of diverse groups, companies/employees producing various products, geographical

areas of the State, etc., it may be inappropriate to generalize to all non-governmental companies/agencies or a specific company/agency not included in the survey. However, the results clearly show that the "facts" are diverse and that we must deal with this diversity if we are to effectively address the issues related to alcohol and illegal drug use in the workplace.

## Approach/Methodology

The survey of management and labor was conducted during the Fall of 1986. Detailed descriptions of the methodology, design of the questionnaire, etc., are contained in Appendix A.

In order to obtain the perspectives of both management and labor, this survey included (1) the chief executive officer of all Maine non-governmental companies/agencies that had at least one local organized employee group and (2) the steward of union locals that represented employees in these companies/agencies. The names of the companies/agencies and union locals were obtained from the Maine Bureau of Labor Standards. The following presents a summary of the number of companies/agencies and union locals surveyed and questionnaires returned.

1. Total surveyed
  - a. Companies: 192
  - b. Unions: 188
2. Different locations: Some companies and unions were located at more than one site. A questionnaire was sent to each site.
  - a. Company sites receiving questionnaire: 209
  - b. Union locals (sites) receiving questionnaire: 338
3. Questionnaire returned
  - a. Company sites: 115 or 55% of the sites
  - b. Union locals: 107 or 32% of the sites



4. Usable questionnaires
  - a. Company sites: 96
  - b. Union locals: 77
5. Labor/Management responses from the same site (N=30)
  - a. Company sites: 30
  - b. Union locals: 42

The questionnaires (see Appendix B) were designed to elicit information related to the specific worksite. There were four major areas of interest.

1. Employee/company information:
  - a. Management questionnaire: total employees, number of locals and total membership, primary type of employee (e.g., machinist), and product/service of this company site.
  - b. Labor questionnaire: total employees, total membership of their local, primary type of employee of local, and primary product/service at this company site.
2. Worksite substance use/abuse: both management and labor were asked for estimates of the percentage of employees whose work performance was adversely affected during the last year due to the use/abuse of alcohol or illegal drugs.
3. Worksite treatment/referral services: both management and labor were asked to provide characteristics (sponsorship, location, number

served and positive/negative aspects) of their existing worksite programs for treating/referring workers who have problems with alcohol/drugs at the worksite.

4. Absence of worksite treatment/referral services: both management and labor were asked to give what they thought were the reasons why substance abuse programs did not exist at the particular worksite and what would be required for a successful program.

This report is based upon the response of 96 company sites and 77 union locals. Although the results represent estimates, attitudes, and opinions, these are often the basis of major decisions concerning the problems of, and solutions to, substance use/abuse in the workplace. In contrast to many approaches, this report samples and compares/contrasts the opinions, estimates, etc., of 173 individuals who represent a broad spectrum of Maine industry and organized labor.

## Results

The results of the survey are based upon the responses of representatives of 96 company sites and 77 union locals. The information is presented primarily in the form of frequency: the number of company sites and local unions providing a particular response.

The management and labor responses are presented in eight sections that follow the questionnaire outline.

- I. The number of employees and union local members.
- II. Primary type of workers and service/product of the company.
- III. Estimates of work performance deficits due to alcohol and illegal drug problems at the worksite.
- IV. Structured programs to refer/treat worksite substance use/abuse.
- V. Sponsor, location and reports concerning worksite treatment/referral programs.
- VI. The reason why a treatment/referral program does not exist at the location.
- VII. Evaluations of existing worksite treatment/referral programs.
- VIII. Comparison of management/labor responses from the same site.

Although there are temptations to utilize complex analyses, such would be inappropriate and may result in

misleading statements. Within the limits of this survey, frequency of responses, comparisons between the responses of various groups, and comparisons with previous findings, have resulted in sufficient and significant information that can be utilized to develop strategies to address some of the issues and further study the problems.

The results must also be interpreted within the constraints of a survey. Due to the lack of controls, randomness, etc., it may be inappropriate to generalize the results to the "Maine workplace." Fortunately, the responses of the 173 individuals who returned usable questionnaires, represent the estimates/perspectives of a diverse group of management representatives /union stewards, working in a wide variety of industries located throughout the state. Regardless of the "facts", history has shown that the success of substance use/abuse law enforcement, prevention, education and treatment is highly dependent upon the perceptions of the groups addressing the problem.

# I. The Number of Employees and Union Local Members.

Table 1 presents the number of employees/members represented by company sites and union locals that responded to the survey. The 96 company responses represent 22,251 employees with 15,178 being members of organized labor. The 77 union local responses represent a membership of 12,134. The union local information related to total employees at these locations is not usable.

The sizes of the responding company sites and union locals are of significance. Table 2 shows that the company sites average 221 employees with 158 being members of organized labor. The average union local at these sites has 107 members. The union locals are located at sites averaging 202 union members with their local averaging 158 members. Table 3 shows that 42% of the company sites and 33% of the union locals have more than 100 employees/members.

It is clear that many of the company sites and union locals involved in this survey have sufficient employees/members to have at least a noticeable problem with substance use/abuse in the workplace. If one utilizes national estimates of worksite use/abuse (7-8% alcohol, 2-3% marijuana, etc.), 28% (N=27) of the responding company sites and 20% (N=15) of the responding union locals would experience each year, 20 or more employees/members with severe substance use/abuse problems.

Table 1

## Number of Employees and Union Local Members

Management Responses		Labor Responses	
Company sites:	96	Company sites:	60
Total employees:	22,251	Total employees:	data poor
Number of locals:	142	Number of locals:	77
Local membership:	15,178	Local membership:	12,134

Table 2

## Average Number of Employees and Union Local Members

Management Responses		Labor Responses	
Average employees:	221	Average employees:	data poor
(96 company sites)		(60 company sites)	
Average union membership		Average union membership	
of 96 company sites:	158	of 60 company sites:	202
Average local membership:	107	Average local memberships:	
(142 locals)		(77 locals)	158

Table 3

The Number of Company Sites and Union Locals of  
Specific Employee/Member Sizes

	Employee or Member Group Size								Tot
	1-25	26-50	51-100	101-200	201-500	501-1000	1001+	Other	
Companies	28 <sup>a</sup>	14	14	13	14	7	5	1	96
Locals	20	13	19	10	9	4	2	0	77

<sup>a</sup> This shows that 28 of the responding company sites had 1 to 25 employees.

## II. Primary Type of Workers and Service/Product of the Company

The responding company sites and union locals represent a broad base of "types of workers" (e.g., electrician). However, a sufficient number of a particular type of worker was not represented to allow for a meaningful analysis of the problem at it relates to job type.

Table 4 presents the primary products/services of the sites as identified by labor and management. The responses represented over 40 products/services with significant numbers representing paper, lumber/wood products, construction, transportation, fabrics/textiles, utilities, etc. Approximately 72% of the products/services are represented by both management and labor responses.

Table 4

Primary Type of Product/Service of  
Companies of Respondents

<u>Service/Product</u>	<u>Labor Response</u>	<u>Management Response</u>
Paper	23	8
Paper Products	4	2
Lumber	4	5
Wood Products	4	5
Wood (Woodsmen)	2	7
Construction	11	10
Fabrics/Textile	3	9
Transportation	7	4
Food Processing	1	5
Health Care	3	3
Newspaper	3	4
Printing	1	1
Utilities	4	3
Elevator Inst./Repair	2	2
Metal Containers	1	1
Legal Services	1	1
Pipeline (Oil)	1	1
Truck/Car Sales	-	2
Sheet Metal	-	2
Insurance	-	2
Food Distribution	-	2
Chemicals	-	2
Other <sup>a</sup>	2	19
	<u>77</u>	<u>97<sup>b</sup></u>

<sup>a</sup> Other reflects responses of a single product/service varying from sales (not identified) to wholesale distribution (product not identified).

<sup>b</sup> One company site identified 2 major products (paper and wood products).



### III'. Estimates of Work Performance Deficits Due to Alcohol and Illegal Drug Problems at the Worksite.

Table 5 presents the union local's estimates of the percentage of employees (salaried and hourly) whose work performance was adversely affected during the last year due to alcohol and illegal drug use. Adversely was defined as a work performance level that was lower than usual for the individual and included increased absenteeism and reduced production. The following presents an overview of labor's response:

1. Don't know: Although union local respondents were asked to estimate, with the exception of the estimate of problems with alcohol for hourly workers, the most frequent response is "don't know." This response may be due in part to not wishing to identify the problem in writing.
2. Estimates of the problem: Union local respondents are less apt to estimate the problem (use don't know, not applicable or leave it blank) when it applies to salaried workers.
3. Estimates of no (0%) problems at the worksite: Table 5 shows that a large percentage of the union locals estimate that 0% of the workers at the site had a substance use/abuse problem that resulted in a work performance problem.

Table 5

The Number of Union Locals Estimating Various Percentages of  
Workers with Work Performance Problems Due to Alcohol and  
Illegal Drug Use/Abuse at the Worksite

Estimate of Problem	Number of Responses for Each Category Alcohol		Illegal Drugs	
	Salaried Worker	Hourly Worker	Salaried Worker	Hourly Worker
0%	16 <sup>a</sup>	15	15	19
0+-5%	8	28	5	14
5.1-10%	2	3	1	8
10.1-%	2	3	0	2
Sub Total	28	49	21	43
Don't know	30	24	33	25
Not Applicable	2	1	2	1
Blank	17	3	21	8
Sub Total	49	28	56	34
Total	77	77	77	77

<sup>a</sup> 16 union local respondents estimate that 0% (none) of the salaried workers at their worksite had a problem with substances that resulted in impaired work performance.

- a. 0% estimates related to salaried workers:  
Of the union locals making estimates, 57% estimate no (0%) work performance problems due to alcohol, and 71% estimate no (0%) work performance problems due to illegal drug use/abuse at the worksite by salaried workers.
  - b. 0% estimates related to hourly workers: Of the union locals making estimates, 31% estimate no (0%) problems due to alcohol, and 44% estimate no (0%) problems due to illegal drug use/abuse at the worksite by hourly workers.
  - c. Summary: A significant number of union locals making estimates, estimate that 0% of the hourly and salaried workers had work performance problems due to worksite substance use/abuse.
4. Union locals estimates that over 5% of the workers had work performance problems due to alcohol/drug use/abuse at the worksite:
- a. Over 5% estimates related to salaried workers: Of the union locals making estimates, 14% estimate that over 5% of the salaried workers had a work performance problem due to alcohol and 6% estimate that over 5% had a problem due to illegal drugs.
  - b. Over 5% estimates related to hourly workers:

Of the union locals making estimates, 12% estimate that over 5% of the hourly workers had a work performance problem due to alcohol, and 23% estimate that over 5% of the hourly workers had problems due to illegal drug use.

c. Summary: Only a small percentage of the estimates made by union locals are close to the percentages (7-8%) found in studies conducted in other states concerning work performance deficits due to substance abuse.

5. Summary: For the union locals making estimates, a large percentage estimate no (0%) work performance problems due to alcohol or illegal drug use at the worksite. For the respondents estimating that 1% or more of the employees had work performance problems due to substance abuse, the problem is seen as greater among hourly workers than among salaried workers. The respondents that estimate that the problem involves more than 5% of the hourly workers, also estimate that illegal drugs may be a problem equal to alcohol for hourly workers.

Table 6 presents the management (company site) estimates of work performance problems due to alcohol and illegal drug use for salaried and hourly workers. The following presents an overview of management's responses.

Table 6

The Number of Management Sites Estimating Various Percentages of Workers with Work Performance Problems Due to Alcohol and Illegal Drug Use/Abuse at the Worksite

Estimate of Problem	Number of Responses for Each Category			
	Alcohol		Illegal Drugs	
	Salaried Worker	Hourly Worker	Salaried Worker	Hourly Worker
0%	45 <sup>a</sup>	36	54	41
0+-5%	19	27	6	21
5.1-10%	4	9	3	4
10.1%	5	3	2	1
Sub Total	73	75	65	67
Don't Know	16	16	21	23
Not Applicable	2	2	2	2
Blank	5	3	8	4
Sub Total	23	21	31	29
Total	96	96	96	96

<sup>a</sup> 45 respondents estimate that 0% (none) of the salaried workers at their site had a problem with substances that resulted in impaired work performance.

1. Don't know: Although the percentage of "don't know" responses is relatively high, it is lower than that of the union local responses. This could also reflect a relatively high concern related to identifying the problem in writing.
2. Estimates of the problem: Management's failure to estimate the problem is highly dependent upon the population and the substance with from 1/4 to 1/2 of the responses being "don't know" or "not applicable".
3. Estimates of no (0%) problems at the worksite: Table 6 shows that a large percentage of the management sites that made estimates, estimate no (0%) work performance problems due to illegal drug or alcohol use/abuse at the worksite.
  - a. 0% estimates related to salaried workers:  
Of the management sites making estimates, 42% estimate no (0%) work performance problems due to alcohol, and 83% estimate no (0%) problems due to illegal drug use/abuse at the worksite by salaried workers.
  - b. 0% estimates related to hourly workers:  
Of the management sites making estimates, 48% estimate no (0%) work performance problems due to alcohol, and 61% estimate

no (0%) work performance problems due to illegal drug use/abuse at the worksite by hourly workers.

- c. Summary: A large percentage of the management site respondents estimate no (0%) work performance problems due to alcohol or illegal drug use/abuse at the worksite.

4. Management site estimates that over 5% of the workers have work performance problems due to alcohol/drug use/abuse at the worksite.

- a. Over 5% estimates related to salaried workers: Of the management sites making estimates, 12% estimate that over 5% of the salaried workers had work performance problems due to alcohol, and 8% estimate that over 5% had problems due to illegal drug use/abuse at the worksite.
- b. Over 5% estimates related to hourly workers: Of the management sites making estimates, 16% estimate that over 5% of the hourly workers had work performance problems due to alcohol, and 7% estimate that over 5% had problems due to illegal drug use/abuse at the worksite.
- c. Summary: Only a small percentage of the estimates of work performance problems due to substance use/abuse in the workplace,

are close to those found in studies of substance use/abuse in the workplace in other states.

5. Summary: For the company site respondents making estimates, a large percentage of the estimates are no (0%) employees had work performance problems due to substance abuse in the workplace. The estimates of work performance problems due to substance abuse are higher for hourly workers than salaried workers, with alcohol being the major problem.

The overall results of the estimate of the problem by labor and management are:

1. With the exception of one category (hourly workers/alcohol) the most common estimate is that no (0%) employees had work performance problems due to substance use/abuse at the worksite.
2. Both management and labor estimate that when the problem exists (estimates of 1% or higher) it is greater for hourly workers than for salaried workers.
3. Labor estimates of the problem with both hourly and salaried workers are higher than the estimates made by management.
4. These findings related to estimates of work impairment appear to be inconsistent with the



findings of research conducted in other states which show 7-8% of the workers with problems and equal prevalence among salaried and hourly workers.

#### IV. Structured Programs to Refer/Treat Worksite Substance Use/Abuse

The following presents the number of sites with/without programs to refer/treat employees with worksite alcohol and illegal drug abuse/misuse problems.

Management Responses		Labor Responses	
Number of company sites:	96	Number of locals:	77
Sites with programs:	29	Sites with programs:	43
Total employees:	14,318	Total members:	8,934
Average employees:	494	Average members:	208
Sites without program:	67	Sites without program:	33
Total employees:	7,006	Total members:	3,195
Average employees:	105	Average members:	97
		Don't know sites:	1

It is clear from the above and Tables 7 and 8 that union locals and company sites with treatment/referral programs tend to be larger than those without such programs. However, a significant number of small locals and company sites have programs, while 1/3 of the locals and 1/3 of the company sites with over 200 members/employees do not have formal substance use/abuse treatment/referral programs.

Table 9 presents the availability of treatment/referral programs based upon the primary product of the company. A number of points are clear.

1. The large majority of the responses from paper producing sites report the availability of treatment/referral programs. Although these sites tend to have multiple union locals, this does not fully account for this high number of programs.

Table 7

Number of Union Locals of Specific Membership Sizes  
With and Without Treatment/Referral Programs

Membership Group Size of Union Local								
Union Locals	1-25	26-50	51-100	101-200	201-500	501-1000	1000+	Total
With Program	9 <sup>a</sup>	5	13	6	5	3	2	43
No Program	11	7	6	4	4	1	0	33

a 9 union locals with 1 to 25 members have a referral/treatment program.

Table 8

Number of Company Sites of Specific Employee Size  
With and Without Treatment/Referral Programs

Employee Group Size of Company Site								
Company Sites	1-25	26-50	51-100	101-200	201-500	501-1000	1000+	Blank
With Program	2 <sup>a</sup>	2	3	5	8	4	5	0
No Program	26	12	11	8	6	3	0	1

a 2 sites with 1 to 25 employees have a referral/treatment program.

Table 9

The Number of Companies With Treatment/Referral Programs  
Based Upon Primary Product/Service

Type of Product	Labor Response		Management Response	
	Service Available	Service Not Available	Service Available	Service Not Available
Paper	21	2	8	-
Paper Products	2	2	-	2
Lumber	2	1	3	2
Wood Products	-	4	2	3
Wood (Woodsmen)	2	-	1	6
Fabrics/Textiles	-	3	2	7
Transportation	6	-	1	3
Food Processing	-	1	1	4
Construction	-	11	0	10
Health Care	2	1	2	1
Newspaper	2	1	1	3
Printing	-	1	0	1
Utilities	3	1	2	1
Ship Building	2	-	0	0
Elevators	1	1	1	1
Truck/Car Sales	-	-	0	2
Sheet Metal	-	-	0	2
Insurance	-	-	2	0
Food Distribution	-	-	0	2
Chemicals	-	-	2	0
Metal Containers	-	1	0	1
Legal Services	-	1	0	1
Oil Line Services	-	1	0	1
Specialized Tools	-	1	0	0
Other	-	-	2	14
Totals <sup>a</sup>	43	33	30 <sup>b</sup>	67

<sup>a</sup> The total labor response was 77. One response was don't know.

<sup>b</sup> 29 companies with one company being a major producer of 2 products (paper and wood products).

2. All of the responses concerning construction report a lack of referral/treatment programs. Respondents attribute this to the brief employment periods and the mobility of the workers.
3. A large majority of both management and labor responses from fabric/textile sites, note a lack of service/treatment programs for substance use/abuse. Further inquiry revealed that these tended to be large industries that employed primarily women.
4. Although a company site may have a program, it does not necessarily include all employees at the site.

Although, the number of employees/members, the type of industry, the sex of employee, etc., may be a factor in establishing a worksite program, there are a number of inconsistencies e.g., some small sites have programs while large sites may not have programs.

## V. Sponsor, Location and Reports Concerning Treatment/Referral Programs

Table 10 shows that none of the treatment/referral programs of the respondents were sponsored by the union only. The union local responses show a slightly higher rate of union/company joint sponsorship while approximately 2/3 of the management responses show company only sponsored programs.

Table 11 shows that the majority of the programs are located off the grounds of the company. In a few cases, where the referral occurred on grounds and the treatment off grounds, the respondent recorded the location of the program as off grounds. Slightly over 1/3 of the programs are on company grounds.

Table 12 shows that less than 12% of the union local respondents and slightly over 50% of the management respondents received a report on the number of individuals served by the program. The reason for the lack of reports is not clear and is further complicated when one considers the findings that 22 programs are co-sponsored by management and labor (Table 10) and only (Table 12) union locals received a report on the number of individuals served.

Overall, none of the responses note a union sponsored program. A significant number of programs are sponsored by both management and labor. Although the majority of the programs are located off grounds, approximately 1/3 are on grounds. Few of the union locals and slightly over half of the management respondents received a report from the treatment/referral program indicating the number of individuals served.

Table 10

## Sponsor of Treatment/Referral Program

<u>Sponsor</u>	<u>Labor</u>	<u>Management</u>
<u>Company</u>	<u>Response</u>	<u>Response</u>
Union	19	19
Both	0	0
Blank	22	10
Total	2	0
	43	29

Table 11

## Location of Treatment/Referral Program

<u>Location</u>	<u>Labor</u>	<u>Management</u>
<u>On Ground</u>	<u>Response</u>	<u>Response</u>
Off Ground	15	11
On/Off	26	16
Blank	1	2
Total	1	0
	43	29

Table 12

Report Received by Labor/Management from  
Treatment/Referral Programs Concerning Number Served

<u>Report Received</u>	<u>Labor</u>	<u>Management</u>
<u>Yes</u>	<u>Response</u>	<u>Response</u>
No	5	15
Blank	37	11
Other	1	2
Total	0	1
	43	29

VI. The Reasons Why a Treatment/Referral Program Does Not Exist at the Location

As previously noted, 33 (of 77) labor and 67 (of 96) management responses state that they do not have a treatment/referral program. The reasons (some give more than one) are as follows:

<u>Response</u>	<u>Union Responses</u>	<u>Company Responses</u>
No problem with substance abuse	7 <sup>a</sup>	26
No need (not needed)	3	19
Not large enough	3	10
Lack of company/management interest/support	4	2
<u>Union</u> problem/lack of interest	0	2
Cost too much	1	0
Cost too much at bargaining table	1	0
Apathy/no interest	3	0
Workers on move	8	1
Other program available	0	3
Other	0	3
Don't know	5	0
No response	0	4
	35	70

<sup>a</sup> 7 union locals responded that there were no substance use/abuse problems at their worksites.

The no problem/no need responses reflect the same issue (no problem) with many representing local/company sites that have sufficient employees/members to establish a program. For example:

1. Of the 10 union local responses indicating no need/no problem, 5 are located at sites of over 50 employees (one over 600) and two have local memberships of over 100 and over 600.
2. Of the 45 company site responses indicating no need/no problem, 18 employ over 50 individuals;



7 employ 50-100, 4 employ 101-200, 6 employ  
201-500, and 1 employs over 1,000 individuals.

The "workers on the move" (including brief stays at any one site) was a common response from construction companies/locals. Unfortunately, some of these groups traditionally have had high rates of substance use/abuse problems. A number of the textile/fabric companies/locals reported "no need" or "no problem."

## VII. Evaluations of Existing Worksite Treatment/Referral Programs

The respondents were asked to evaluate their existing worksite treatment/referral program.

The positive characteristics are presented in Table 13. The most common union local and management responses concerning the positive characteristics of their program are confidentiality, "the programs work" and "nothing is negative." The responses do not appear to reflect a particular type of industry (product/service) and there is a high degree of commonality between the responses of management and labor.

Table 14 presents the responses concerning the negative characteristics of the worksite treatment/referral program. The negative responses are difficult to combine into larger groups.

Table 15 presents the recommended changes the respondents identified, regardless of their evaluation of the existing program. The most common recommendation for change involves communications (training of employees/supervisors, information, etc.). The poor communication is consistent with the finding that few labor groups and approximately only 50% of management receive a report on the number of individuals served.

In summary, the evaluation of worksite referral/treatment programs and recommended changes are as follows:

1. the strengths are their effectiveness and

Table 13

Positive Characteristics of Worksite Substance  
Use/Abuse Treatment Programs

It helps/works	16	Success rate/salvage good	
Confidentiality	5	staff	5
Privacy	2	Confidentiality	10
Joint management/labor		-	-
effort	2	-	-
Availability/accessibility	2	Response time	1
Other	2	Other	5
Nothing is negative	5	Nothing is negative	8
Don't know	5	-	-
No response	4	No response	2
-	-	Outside assistance/decisions	4
-	-	Comprehensiveness	3
-	-	No employee cost	2
-	-	Self referral	2
Total responses	43	Total responses	42

Table 14

Negative Characteristics of Worksite Substance  
Use/Abuse Treatment Programs

<u>Labor Responses</u>		<u>Management Responses</u>	
No confidentiality	3	-	-
Punitive	2	-	-
Not well publicized/not			
used	3	Not visible	1
Steward not involved	2	-	-
Run by company only	2	-	-
Program people-company		-	-
oriented	2	-	-
Location	1	-	-
Cost	1	Expense to company/employee	2
Doesn't cover all		-	-
departments	1	-	-
Other	6	Other	2
Nothing is good about it	5	-	-
Don't know	7	-	-
No response	8	No response	5
-	-	Used to avoid discipline	1
-	-	Supervisor don't use	1
-	-	Time out of work	1
-	-	Distance from work	1
-	-	Union/management conflict	1
-	-	Lack of training	1
-	-	Lack of outside agency	1
Total	43	Total	17

Table 15

Changes Recommended For Existing Worksite  
Substance Use/Abuse Treatment Programs

<u>Labor Responses</u>		<u>Management Responses</u>	
Train employee/supervisor	4	Train supervisors	4
Inform employees	3	More employee info/awareness	6
-	-	Better communication	6
Company assume more cost	1	Low/no employee cost	3
Union/management support	1	More company commitment	2
Move off worksite	2	Use outside agency	1
Cover all departments	1	-	-
Confidentiality	1	-	-
Remove company involvement	1	Exclude union	1
Completely changed	2	-	-
Cover serious problem	1	More family involvement	1
-	-	Follow-up needed	1
-	-	Closer to place of employment	1
None	2	-	-
Total	19	Total	26

confidentiality.

2. the weaknesses are too diverse to summarize.
3. communication is a major issue in terms of  
recommended changes by both management and labor.

# VIII. Comparisons of Management and Labor Responses from the Same Site

Responses were received from 30 sites that represented both management (N=31) and labor (N=43). The following presents an analysis of these responses.

1. Who sponsors the substance abuse treatment/referral program? There appears to be some confusion concerning who is sponsoring the program. Within the same company, one local may respond that it is co-sponsoring the program with the company while a second local may respond that it was not involved. In other cases, neither management nor labor knew who sponsored the program.
2. Is there a program? In a few cases, there are inconsistencies in the responses of both management and labor as to the existence of a program.
3. What are the positive/negative aspects of existing programs?
  - a. When only one union local is involved, (regardless of the size of the company) there is a high degree of consistency between management/labor in how the program is rated (positive/negative) and the characteristics (e.g., confidentiality)

used to rate the program.

- b. When more than one union local is involved, the union ratings of the programs and the reasons for their ratings may be inconsistent with those of other locals at the same site.

4. Why doesn't a programs exist? The reasons given by management and labor of the same site for the lack of a program, tend to be consistent. For example,

- a. Textile/fabrics (2 sites). Although these are large companies, both management and labor tend to view substance abuse as only a minor problem not warranting a program.
- b. Construction (5 sites). Both management and labor see no problem with worksite substance use/abuse and add that the workers are on the move.

Overall, comparisons between management/labor responses from the same site suggest that there is some confusion concerning the sponsorship and existence of programs. When one union is involved (regardless of the size of the company), there is a higher degree of consistency between management/labor in terms of their rating of the program and the characteristics used to rate the program. Management and labor tend to agree as to why a program does not exist.

## Analysis and Discussion

The goals of this survey were to obtain Maine management/labor (1) perceptions/estimates of the adverse effects of worksite alcohol and illegal drug use/abuse on work performance and (2) evaluations of existing workplace treatment/referral programs that address these problems. This survey did not address the issue of worksite drug use/abuse in general, non-worksite drug use/abuse or worksite testing for drug use/abuse.

Questionnaires were sent to (1) all chief executive officers of Maine non-governmental companies/agencies that had at least one union local and (2) the stewards of all union locals of these companies. The results of the survey are based upon usable questionnaires returned by the representatives of 96 company sites and 77 union locals.

The following presents an overview of the findings of this survey concerning the impact of worksite drug/alcohol use on work performance.<sup>1</sup>

1. A large percentage of both management and labor estimates were that none (0%) of the employees/members (salaried and hourly) had a work performance problem due to alcohol and illegal drug use/abuse during the last year.
2. The large majority of the management/labor respondents, who estimated that some employees

<sup>1</sup> See Alcohol and Drugs in the Workplace: Costs, Controls and Controversies. Bureau of National Affairs, MD, 1986



had a problem with alcohol/drugs as measured by work performance, estimated that this involved less than 5% of the employees (both hourly and salaried).

3. Both management and labor tended to estimate that the problem (if it exists) is greater for hourly then for salaried workers and that alcohol is a greater problem than illegal drugs.

4. Labor's estimates of the problem tended to be higher than the estimates of management.

It is difficult to resolve what appears to be a conflict between the results of this survey and the information that has been obtained through research conducted in other states. Most would agree that there are performance problems in the Maine workplace that are associated with worksite substance use/abuse. Based upon national statistics, one could estimate that 7-8% of the Maine workforce abuse alcohol with an additional 2-4% abusing illegal drugs. The results would be impaired work performance measures such as increased absenteeism, industrial accidents, industrial injuries/fatalities, etc., among this population. Although it is not clear how these estimates/findings apply to Maine, it would be inappropriate to say that Maine doesn't have a problem.

The differences between the results of this survey and those of other studies may reflect a very important difference between the approaches utilized and the questions

asked. This report analyzed management/labors estimates ("actual" data was not available) of the problem as it relates to work performance. This approach is quite different from a detailed analysis of work records to determine the cause of absenteeism, industrial accidents, etc. It is important to note that the results of the on-site analysis of records provides "facts" which may or may not be utilized in the decision-making process and may be in conflict with the opinions of the decision-makers.

In addition to the potential conflict between opinions and "facts", both the employee and employer may engage in a number of behaviors that hide the problem. The user has great skills in hiding the problem and may engage in behaviors (e.g., absenteeism) that may not be specifically associated with worksite substance use/abuse. Management/labor may not be willing to deal with the problem or identify the behavior as a problem until it exceeds certain "expected" or "acceptable" levels, e.g., the Monday morning hang-over may be both expected and accepted although it may result in decreased work performance.

If we are to successfully address the problem of worksite substance use/abuse problems we must first address the dissonance created when the "facts" and "opinions" conflict. As members of the Steering Committee noted, both management and labor (1) have difficulty in identifying an employee with a problem until it is extreme or influences other aspects of his/her life and (2) require training to understand the cause, identify the existence of a problem, and use

appropriate resources to help the individual.

Results concerning the presence/absence and quality of programs/services to address worksite substance use/abuse reflect a number of significant points.

1. The presence of a treatment/referral program may be related to the size of the company/local, sex of the primary employee, and/or type of the company product.
2. The primary sponsorship of treatment/referral programs was management or management/labor.
3. The most common positive characteristics of existing programs are that they work and confidentiality. The negative comments varied.
4. The changes recommended for existing programs emphasized the need for better communication and training.
5. The majority of the programs/services are off the company grounds.
6. The most common reasons given for the lack of programs/services were that no problem existed, there was no need, and the company is not large enough.
7. There is a high degree of consistency between management's and labor's recommendations concerning the need for programs and their positive and negative characteristics.

An analysis of the responses concerning the reasons for not having a worksite substance abuse program suggest a

possible reason for what appears to be low estimates of work performance problems due to substance use/abuse. A large percentage of respondents representing textile/fabrics (primarily female employees) and construction indicated that they did not have a program and there was no need/no problem. Research continues to show that a large portion of society (including management and labor) continue to be hesitant to accept the fact that a woman is an alcoholic or problem drinker. Although the construction industry has had a long history of a high rate of problems, this was not revealed on this survey as the workers were employed "by the job" (short-term) and were on the move. Thus, the problem of substance abuse by construction workers may be dealt with indirectly through re-hiring or job assignment practices.

The Steering Committee suggested that in most cases, management/labor do not have the knowledge required to recognize and address the problem of worksite substance use/abuse. One member suggested that it may do little good to address the problem of workplace substance use/abuse until we identify and address the cause of, or problems associated with, substance use/abuse. It was further suggested that we may do more harm than good if we attempt to address the substance abuse problem without addressing it within the broader context of the work, family, and social problems of the abuser.

The Committee members also suggested that the first step in addressing substance use/abuse in the workplace must involve the training and education of management/labor

concerning what substance use/abuse is, the causes, the prevalence, etc. Until this is completed, attempting to identify and implement "solutions" to alcohol and illegal drug use/abuse in the workplace would be ineffective. In addition, this training/education must include those individuals in management/labor who do not usually attend such training/ education programs.

Overall, the results of this survey suggest that management/labor estimates and opinions may differ significantly from "facts" concerning the impact of worksite alcohol and illegal drug use upon work performance. It is suggested that these opinions/estimates may be significant factors in determining the need to implement programs to address these problems. Further, it may be necessary to train/educate both management and labor prior to implementing new programs.

Appendix A  
Methodology

The overall methodology was designed in conjunction with the Maine Labor Group on Health, Inc., and their Labor-Management Steering Committee on Substance Abuse in the Workplace. Although there were diverse interests, it soon became clear that the scope of this study had to be focused if we were to address the issues of substance use/abuse in the workplace and the quality of current workplace substance abuse treatment/referral programs.

It was generally agreed that if we were to analyze differences between the perspectives of management and labor, it would be necessary to survey both management and labor from the same company/agency. Further, if we expected to obtain a sufficient number of responses, the questionnaire had to be brief. Confidentiality of responses was the most significant issue.

The overall methodology (and the questionnaire) was designed within these guidelines as approved by the Labor-Management Steering Committee on Substance Abuse and the Maine Labor Group on Health, Inc. The Alcohol and Drug Abuse Planning Committee, (ADPC) provided the research and technical staff.

The questionnaires were designed to elicit information from both management and labor concerning the same issues. The questionnaires were reviewed by the Steering Committee and the following guidelines were established.

1. Codes (rather than names of companies and union locals) were utilized. Access to the codes was limited to one staff member of the ADPC.

2. Questionnaires were sent to chief executive officers of all non-governmental companies/agencies with at least one union local and all stewards of union locals of these companies. The listing was obtained from the Maine Bureau of Labor Standards.
3. Questionnaires were mailed during the months of September and October, 1986. Two follow-up mailings were conducted at two-week intervals.
4. Returned questionnaires were reviewed by the ADPC staff member with access to the codes. If a response was not received within two weeks, a second (or 3rd) questionnaire was mailed.
5. The returned questionnaires were analyzed and the draft and final report written by a second ADPC staff person who did not have access to the code.
6. The data was hand tabulated and presented primarily in terms of frequency. Due to design constraints, no attempt was made to cross tabulate the responses or utilize complex analyses.

The interpretation of the results and the final product represent a cooperative effort of the Maine Labor Group on Health, Inc., their Labor/Management Steering Committee on Substance Abuse in the Workplace, and the Maine Alcohol and Drug Abuse Planning Committee. The report was written by the staff of the ADPC.



Appendix B  
Questionnaires

## LOCAL UNION PRESIDENTS QUESTIONNAIRE

It is requested that you answer all of the questions. Please do not leave any blanks. If the answer is zero/none, please use a 0. If you don't know the answer or don't wish to estimate, please use a DK (don't know).

1. Employer/Union

- a. Company/agency code \_\_\_\_\_ b. Company location \_\_\_\_\_  
c. Your union code \_\_\_\_\_  
d. Total number of individuals employed at this location \_\_\_\_\_  
e. Number of your union members employed at this location \_\_\_\_\_  
f. Primary (or most common) type of worker your local represents (such as machinists, paperworkers) \_\_\_\_\_  
g. Primary service/product of this company/agency (such as paper, health care) at this location: \_\_\_\_\_

2. Problem: Please estimate the percentage of employees at this location whose work performance was adversely affected during the last year due to the use of alcohol or illegal drugs. Adversely is defined as a performance level that is lower (such as increased absenteeism, injuries, and/or lower levels of production) than that which is usual for the individual.

	Alcohol %	Illegal Drugs %
Salaried workers	---	---
Hourly workers	---	---

3. Services: Is there a structured program to treat or refer to treatment individuals who work at this location and have problems with alcohol/drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

4. IF YES (If no, skip to question 5)

- a. Who sponsors it? Company \_\_\_\_\_ Union \_\_\_\_\_ Both \_\_\_\_\_  
b. Where is it located? On company grounds \_\_\_\_\_ Off company grounds (Identify location) \_\_\_\_\_  
c. Did you receive a report on the number of individuals treated and/or referred to treatment by this program during the last year for problems with alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
d. IF YES, provide figures from the report. IF NO, provide estimates.

	Alcohol (number)	Illegal Drugs (number)
Salaried workers	---	---
Hourly workers	---	---

- e. Are the above figures actual or estimates? \_\_\_\_\_

(continued on back)

f. What do you like about the program?

g. What do you dislike about the program?

h. Even if you like the program, what changes would you recommend to improve it?

5. If you don't have a program

a. Why do you think a substance abuse treatment or referral program does not exist at this location?

b. What do you think are the necessary requirements for a successful substance abuse treatment or referral program at your company/agency?

6. Other: Please add any additional ideas/comments concerning drug/alcohol problems in the workplace and how you would approach the problem.

Please place the completed questionnaire in the enclosed return addressed stamped envelope. If you have any questions, concerning the questionnaire, please contact Ron Speckmann (tel: 289-2595) of the Maine Alcohol and Drug Abuse Planning Committee.

## MANAGEMENT QUESTIONNAIRE

It is requested that you answer all of the questions. Please do not leave any blanks. If the answer is zero/none, please use a 0. If you don't know the answer or don't wish to estimate, please use a DK (don't know).

1. Employer/Union

- a. Company/agency code \_\_\_\_\_ b. Company location \_\_\_\_\_  
c. Total number of individuals employed at this location \_\_\_\_\_  
d. Total number of unions at this location \_\_\_\_\_  
e. Total number of union members at this location \_\_\_\_\_  
f. Primary (or most common) type of worker (machinist, nurse, paperworker) employed at this location \_\_\_\_\_  
g. Primary service/product of company/agency (such as paper, health care) at this location: \_\_\_\_\_

2. Problem: Please estimate the percentage of employees at this location whose work performance was adversely affected during the last year due to the use of alcohol or illegal drugs. Adversely is defined as a performance level that is lower (such as increased absenteeism, injuries, and/or lower levels of production) than that which is usual for the individual.

	Alcohol %	Illegal Drugs %
Salaried workers	_____	_____
Hourly workers	_____	_____

3. Services: Is there a structured program to treat, or refer to treatment, individuals who work at this location and have problems with alcohol/drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

4. IF YES (If no, skip to question 5)

- a. Who sponsors it? Company \_\_\_\_\_ Union \_\_\_\_\_ Both \_\_\_\_\_  
b. Where is it located? On company grounds \_\_\_\_\_ Off company grounds (Identify location) \_\_\_\_\_  
c. Did you receive a report on the number of individuals (both union and non-union) treated and/or referred to treatment by this program during the last year for problems with alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
d. IF YES, provide figures from report. IF NO, provide estimates.

	Alcohol (number)	Illegal Drugs (number)
Salaried workers	_____	_____
Hourly workers	_____	_____

- e. Are the above figures actual or estimates? \_\_\_\_\_

(continued on back)

- f. What do you like about the program?
  - g. What do you dislike about the program?
  - h. Even if you like the program, what changes would you recommend to improve it?
5. If you don't have a program
- a. Why do you think a substance abuse treatment or referral program does not exist at this location?
  - b. What do you think are the necessary requirements for a successful substance abuse treatment or referral program at your company/agency?
6. Other: Please add any additional ideas/comments concerning drug/alcohol problems in the workplace and how you would approach the problem.

Please place the completed questionnaire in the enclosed return addressed stamped envelope. If you have any questions, concerning the questionnaire, please contact Ron Speckmann (tel: 289-2595) of the Maine Alcohol and Drug Abuse Planning Committee.