

Workplace Substance Use: Quick Facts to Inform Managers



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Substance use and abuse in the workplace can increase workers' likelihood of having an accident, decrease worker productivity, and reduce the health of the overall workplace.

This fact book provides facts, tips and resources for managers seeking to address the substance use issues affecting over one in ten U.S. workers.

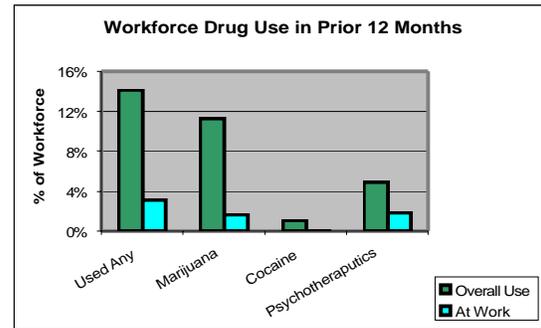
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Worker Drug Use National Estimates: Breakdown by Substance

Workforce prior 12-month use:

- **At Least One Illicit Drug:** 14.1% (17.7M workers)
- **Marijuana:** 11.3% (14.2M workers)
- **Cocaine:** 1.0% (1.3M workers)
- **Psychotherapeutic Drugs:** 4.9% (6.2M workers)¹



2006 Workplace Substance Use:

- Of all current illicit drug users age 18 and over, 74.9 percent were employed.²
- 8.8 percent of those employed full-time were current illicit drug users, and 8.9 percent reported heavy alcohol use.³
- An estimated 1.7 percent of employed adults worked while under the influence of alcohol, and 9.2 percent worked with a hangover in the past year.⁴

Breakdown by Substance

At work, workforce use during the prior 12 months:

- **Marijuana:** 1.6% (2M workers)
- **Cocaine:** 0.1% (169,000 workers)
- **Psychotherapeutic Drugs:** 1.8% (2.3M workers)
- **At Least One Illicit Drug:** 3.1% (3.9M workers)¹

Fast Facts: Groups at Risk

Worker Characteristics

- **Young Adults.** The highest rate of illicit drug use within the past month is among persons aged 18-20 at **22.2 percent**. 18.3 percent of those aged 21 to 25 used an illicit drug within the last month.⁵
- **Most drug users are employed.** “Although the rate of past month illicit drug use was higher among unemployed persons compared [to] other employment groups, most drug users were employed.” 74.9 percent of current illicit drug users age 18 or older were employed either full or part time.⁵

Industries/Workplace Settings

Groups at higher risk levels:

- **Late shift workers.** Individuals working evenings and nights are at least **1.5 times** more likely to use illicit drugs than those working daytime shifts.¹
- **Restaurant workers.** Food preparation and serving workers are at least **4 times** more likely to use and be impaired by illicit drugs compared to their “low risk industry” counterparts (e.g. healthcare, education and sales occupations).¹
- **Building and grounds/maintenance workers.** Building and grounds maintenance as well as construction and extraction workers are at least **2 times** more likely to use and be impaired by illicit drugs compared to their “low risk industry” counterparts.¹
- The major industry groups with the highest prevalence of illicit drug use in the past month were **accommodations/food services and construction**.⁶
 - About 16.9 percent of workers in the accommodations and food services industry and 13.7 percent of workers in the construction industry reported illicit drug use in the past month.⁶
- The major industry groups with the highest prevalence of heavy alcohol use were **construction as well as arts, entertainment and recreation**.
 - About 13.7 percent of workers in the construction industry and 11.6 percent of workers in the arts, entertainment and recreation industry reported heavy alcohol use in the past month.⁶

Small businesses

Smaller firms may be particularly disadvantaged by worker substance use and abuse.

- About half of all U.S. workers work for small and medium sized businesses (those with fewer than 500 employees).⁷
- About ten percent of individuals employed in small firms are current illicit drug users or heavy drinkers.⁸
- Of the 9.4 million workers who reported illicit drug use in the past month, 2.9 million (31%) worked for firms with fewer than 10 employees.⁸
- Despite the high prevalence in small business, smaller firms are generally less likely to test for substance use.⁸

Effect of Substance Abuse on Businesses

Regardless of where illicit drug use or heavy alcohol use takes place, workers reporting substance use and abuse have higher rates of turnover and absenteeism.

- Workers reporting heavy alcohol use or illicit drug use, as well as workers reporting dependence on or abuse of alcohol or illicit drugs, are more likely to have worked for more than three employers in the past year.⁹
- Likewise, those workers are more likely to have skipped work more than two days in the past month.⁹
- Workers reporting past-month illicit drug use or dependence on or abuse of alcohol or illicit drugs were also more likely to have missed more than two days of work due to illness or injury in the past month.⁹

Furthermore, the impact of employee substance use and abuse is a problem that extends beyond the substance-using employee.

- There is evidence that co-worker job performance and attitudes are negatively affected.¹⁰
- Workers have reported being put in danger, having been injured, or having had to work harder, to re-do work, or to cover for a co-worker as a result of a fellow employee's drinking.¹¹

Fast Facts: Prevention in the Workplace

“OSHA recognizes that impairment by drug or alcohol use can contribute to an avoidable workplace hazard and that drug-free workplace programs can help improve worker safety and health and add value to American businesses.”¹²

“The goal of these [drug-free workplace] policies is to prevent impairment and improve safety by setting standards and holding workers accountable.”¹³

Workplace Prevention Programs: Minimizing Risk, Mitigating Workplace Injuries

Workplace prevention programs, like PeerCare¹⁴, attempt to reduce substance abuse on the job and, in turn, reduce workplace injuries. The program, which trained employees in PeerCare from 1968-1999 saw annual workplace injury costs fall from almost \$90 million in 1986 to about \$40 million in 1999 at an annual cost to the company of just 1.8 million.¹⁴

The National Registry of Evidence-based Programs and Practices provides information on programs available for workplaces which have been tested for efficacy (more information below).

Employer Costs: Short-Term and Long-Term

Data suggest that substance abuse prevention may result in higher healthcare costs and utilization in the short term, but a reduction in health risk behaviors such as heavy drinking may result in lower healthcare costs and utilization in the long run.¹⁵

Employees accessing the company Employee Assistance Program (EAP) had a higher number of outpatient visits for a substance abuse and/or mental health problem compared to those not accessing the EAP.¹⁵

However, “**employed drug abusers cost their employers about twice as much** in medical and worker compensation claims as their drug-free coworkers.”¹⁶

Resources for Workplaces

Drug-Free Workplace Kit

“This kit provides public and private workplaces, from small to large and from local to global, with credible, authoritative, evidence-based information, resources, and tools for producing and maintaining drug-free workplace policies and programs.”

<http://workplace.samhsa.gov/WPWorkit/index.html>

“GetFit”

This website provides information, quizzes, and tools for workers to become more fit with their physical and mental health.

<http://getfit.samhsa.gov/>

National Registry of Evidence-based Programs and Practices (NREPP)

“NREPP” is a searchable database of interventions for the prevention and treatment of mental health and substance use disorders.” This resource helps “people, agencies, and organizations implement programs and practices in their communities.”

<http://nrepp.samhsa.gov/>

“State and Territory Resources.”

Select a state or territory to identify its substance abuse-related resource(s).

<http://www.dol.gov/asp/programs/drugs/said/StateResources.asp>

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³ Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings* (OAS, NSDUH Series H-32, DHHS Publication No. SMA 07-4293). Rockville, MD.

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