ZERO TOLERANCE
A FAILED PARADIGM

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WHITE PAPER

INTRODUCTION

Competition for qualified, motivated and committed employees has never been more challenging. Stressors, pandemic related or not, have led to an increase in drug and alcohol use at home and in the workplace. Our collective sobriety has been challenged in ways never thought possible. While employers have an obligation to provide a healthy, supportive, and safe work environment, new policies and procedures related to the pandemic have been difficult to implement. Current policies of "Zero Tolerance"—like the 1980's "War on Drugs"—have largely failed to conquer the problems they were created to solve. Simply defined, zero tolerance is the swift and immediate firing of any employee found to be impaired on the job or who is suffering from a substance use disorder (SUD) due to physical, emotional, or psychological dependence on alcohol or drugs.

BACKGROUND

Current federally collected data (SAMHSA) supports that over 25 million Americans suffer from some form of addiction, with only a small percentage receiving treatment. Drug overdose deaths have skyrocketed in the last 4 years—since 1999 over 841,000 people have died. Opioids, often mixed with alcohol or other substances are largely to blame. Drinking alone contributes to 261 deaths every day in the United States totaling more than 95,000 per year. In 2010, the economic cost of excessive drinking was best estimated at $249 billion per year. To suggest that these statistics do not directly impact our workforce is naïve. The overwhelming majority of substance users are fully employed—greater than 70 percent. According to a University of Chicago study, untreated substance use costs to employers have increased 30% in the last 4 years. One in every 12 employees has an untreated substance use disorder. Mining, construction, and service occupations have the highest rates of substance use (and are often safety-sensitive jobs).

Initially, to maximize job site safety and minimize workplace risk, the "Zero Tolerance" policy led to an immediate and unquestioned dismissal of an employee for being impaired at work or for any positive drug test. By increasing the consequences of a positive test, employers hoped to mitigate these self-destructive behaviors. Human resource policies were based on the antiquated belief that excess use of substances, legal or illegal, meant to suffer from: moral weakness, character defects, or a simply lack of willpower and self-control. Workplaces of the past could easily design and administer "Zero Tolerance" programs and turn a blind eye to the true problem. Being tough was thought to be the easiest and best approach.

Unfortunately, this strategy has backfired—creating a dangerous culture of mistrust at work. Employees play a game of "Cops and Robbers" with management by trying to hide substance use, or by working to evade or manipulate the testing process. Current policies have led to an expensive cycle of lost productivity and poor performance, workplace injury or fatalities, mood and behavior problems, theft, plummeting employee morale, and employee turnover. In this scenario, it is inevitable that increased medical and legal costs— as well increased worker's compensation claims and OSHA involvement— will follow.

FINANCIAL COSTS

It is difficult to precisely estimate the amount of money that alcohol and drugs cost our workplaces. In 2010, the economic cost of excessive drinking was best estimated at $249 billion per year to the U.S. society in general. Researchers currently estimate total lost work, health care costs, and lost productivity costs U.S. businesses a staggering $81 billion annually due to drug abuse alone. Estimates place the cost to an employer close to $9,000 per employee annually for untreated alcohol and drug use.

ABSENTEEISM AND TURNOVER

Based on National Clearinghouse for Alcohol and Drug Information (NCADI) statistics, drug and alcohol users take 3 times more sick days and average close to 15 days/year of unscheduled leave. These absences are both inconvenient and increase employer costs—the job still needs to get done. Over 40% of employees with SUD (Substance Use Disorder) have switched jobs in the last year; with some industries, such as service and entertainment, nearing 50% turnover.

MEDICAL COSTS

Healthcare costs associated with drug abuse alone, excluding alcohol, is estimated to be $25 billion annually. Emergency room visits, the most expensive location to receive medical care, are 4 times higher than those with SUD and more than twice as likely to be admitted to a hospital.

INJURIES/WORKERS COMPENSATION

It is estimated that 65% all job site injuries are related to drug or alcohol use and that up to 50% workers' compensation claims are somehow related to substance use. According to NCADI statistics, drug, and alcohol users 5 times more likely to file a compensation claim. One study found that one in five workers reported being put in danger, having to work more, or having to cover or redo work due to a co-worker's alcohol use.

WORKPLACE THEFT

An older study from 1994 found that 80% of drug abusers would steal from their workplace to support their destructive habits. American retailers lose close to $50 billion due to fraud and theft—30% of all inventory loss was due to employees stealing.

MENTAL HEALTH

Anxiety and depression are doubled in workers with substance use issues and are up to four times higher in those dealing specifically with drug use.

In summary, this is an expensive downward spiral of increased costs and decreased productivity for employers in part and society in general.

ONE SOLUTION

These hardline standards have softened as public perception and attitudes have adapted and evolved—benefiting employers and employees alike. Healthcare leaders have adopted a medical model for substance use. In addition, they have developed treatments and medications to support recovery and workplace-return programs based on scientific, evidence-based practices. Medications are developed that assist significantly in ones' safe and rapid return to the workplace. Therapy modalities have evolved beyond traditional 12-step programs, have become virtual, and are based in scientific results and data collection.

Of the over 25 million people suffering from a substance abuse disorder, less than 1 in 12 will receive treatment. Seeking treatment for substance use and abuse is the new goal for employers. Previously, those fired for drug and alcohol use were more likely to simply find new employment without any incentive to enroll into treatment—forcing the destructive patterns to continue. By providing opportunities for assistance, workers eliminate the culture of punishment and fear, encouraging open discussion and allowing workers to get help—knowing their position would be safe within the company. In addition, discussions and education—especially involving substances considered "safe" such as marijuana or alcohol—could take place more openly. This encourages more to see help. Also, supervisors and managers would get training on recognizing impairment and adopt a proactive approach towards recovery.

BENEFITS OF TREATMENT: WORKPLACE CENTERED

Studies show that employer initiated treatment is often more successful and longer-lasting than treatment initiated by family members or friends. Each employee who enters treatment and recovers from substance use disorder (SUD) saves their employer over $8,500 on average. Comprehensive medical treatment programs, according to U.S. Department of Labor statistics, have found significant job-related improvements. A single study from the state of Ohio showed a 91% decrease in absenteeism, 93% on-the-job errors, and up to 97% decrease in on-the-job injuries.

Workers in recovery miss 13.7 fewer days, and interestingly, miss less work-time than average employees (3.6 days less). Workers in recovery tend to remain in jobs longer and have a lower likelihood to need medical services than average. In some industries, employers save more than $4,000 for each worker in substance abuse treatment.

Adoption of more reasonable guidelines, manager and employee education, and cultural evolution will contribute to greater personal and public health and improved workforce relations. This will ultimately save money in lost productivity, employee turnover, and decrease workplace injury.

HUMAN RESOURCES AND EMPLOYEE ASSISTANCE

Increasingly, employers are looking to outside consultants to provide onsite assessment screenings –especially in the situation of a possibly impaired employees. By working closely with Human Resources, or with an Employee Assistance Program, a health and safety partner can aid them with program compliance, urine, breath or saliva testing, and help guide successful long-term recovery. Consultants can also aid with the development and enforcement of workplace policies that are more beneficial than antiquated zero tolerance.

EDUCATION

It has become clear that education centered on options and available resources for treatment is necessary. In addition, supervisors need training on early recognition and intervention techniques to best serve employees. Also, education of the workforce on abstaining, or responsible use of "safe" substances— i.e., Marijuana, alcohol, kratom, and prescription drugs— can occur in a trusting and supported environment. Workplaces can also provide a safe location for off-site meetings, therefore focusing on recovery, growth and development, and general mental health. Organizations like Alcoholics Anonymous and Smart Recovery are always willing to provide free leadership group meetings when provided with an appropriate space.

It is absolutely expected, despite the failings of zero tolerance, that employees do not put themselves and co-workers at risk by being under the influence of alcohol or drugs while on the job.

Compassion, concern, and knowledge about substance use helps those in a supervisory role build trust, and ultimately leads to the best possible outcomes. All of this is done with the goal of returning the employee back to the workforce safely and effectively.

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