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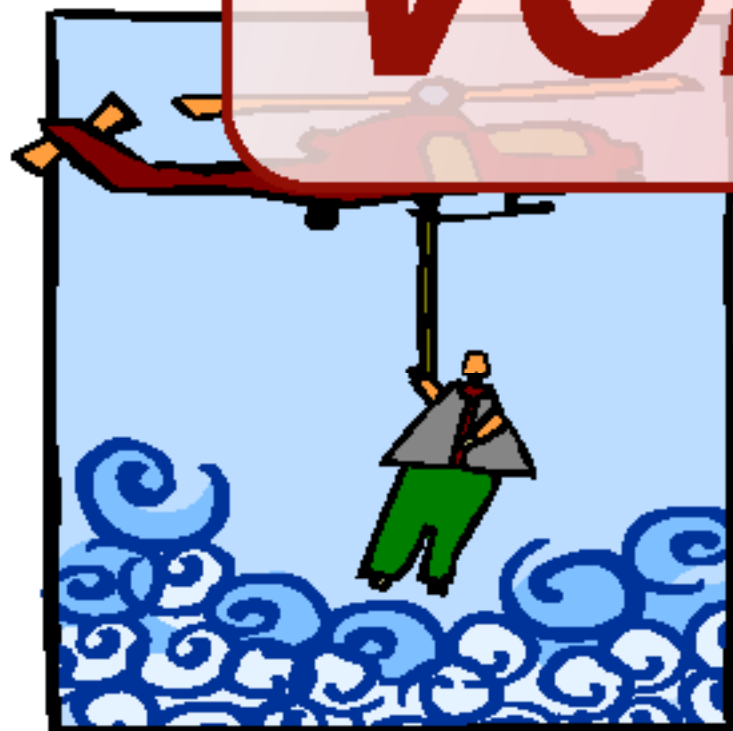
**ALCOHOL AND OTHER DRUGS AT WORK: SIGNS
AND SYMPTOMS FOR REASONABLE SUSPICION**

Your Company/Organization's Name

Instructor : DFA PUBLISHING AND CONSULTING LLC DATE:

Program included two hours of training material constituting the equivalent of one hour of alcohol awareness and education and one hour of drugs of abuse awareness and education. Content included signs and symptoms of abuse on the job, the effect on performance, and dangers of alcohol and drug use. Material used: Audio-visuals, handouts on relevant content, test questions, and answer check for review, correction, and/or discussion.

Due to inaccurate information and taken beliefs about alcoholism or addictive disease, people who are close to the addict (alcoholic) "enable." This behavior pattern occurs in personal relationships with addicts, both at home and at work. There are usually persons in relationships with addicts who are considered primary enablers.



This information is not intended to replace the medical advice of your doctor or healthcare provider. Please consult your healthcare provider or EAP for advice about a personal concern or medical condition.

IMPACT

Enabling may be so well accomplished that the alcoholic or addict may appear as a person with no problems. In the earliest stages of addictive disease, a person could be perceived as the most competent, well-liked, and socially accepted worker in the organization. As addictive disease grows worse, problems follow — and enabling increases. The alcoholic's past history of job success without problems may span decades. This keeps managers unsuspecting of an alcohol or drug problem. They easily believe some other problem explains job performance issues. These problems are often symptoms of the primary addiction. Supervisors or coworkers are easily led or manipulated to excuse, help, make-up-for, or in other ways support and protect the addicted worker. These enabling patterns can occur in the face of late-stage addiction, including alcohol on the breath, erratic and disturbed mood swings, and obvious withdrawal symptoms.

Eventually the enabling behavior becomes so automatic and institutionalized in the company, that only a crisis will break the pattern. Often this crisis is one that causes extreme embarrassment, financial loss, or other cost to the organization. Unfortunately, the response to such crises is often termination or transfer at great expense to the organization. The loss of a potentially valuable employee is the real tragedy. Sometimes medical retirements are arranged for workers who have become too ill to function. When this happens, the life span of such employees is often shortened, due to uncontrolled drinking supported by a fixed income. A natural decrease in the alcoholic's urgency for treatment and an increase in medical and social dysfunction accompany this financial independence.

How an Employee Using Drugs or Alcohol May Behave*

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INFLATED PERFORMANCE EVALUATION CURVE INFLUENCED BY INCONSISTENT WORK PATTERN OF EMPLOYEE THAT MAY BE ASSOCIATED WITH POSITIVE RELATIONSHIPS ON THE JOB

- Drinks before work
- Drinks before work
- Drinks before work
- Drinks before work
- Drinking appears to improve social functioning
- Drinks with heavier drinkers
- Inability morning after
- Gets lucky can drink a lot

- Notices drinking is different, more efficient, more frequent, more tolerant than others
- Has awakened in morning without

- Employee may experience almost performance decline
- Loss begins to slide
- Loses promotions and opportunities
- Verbal warnings increase. EAP referral
- Disciplinary actions become more severe
- Threats of termination begin
- Crises at any point may produce termination action

- Looks forward to drinking
- Feels bored at social events without alcohol
- Mild shaking in fingertips after heavy drinking
- Has blackouts
- Daily drinking, usually in PM
- Mild sleep problems with some sweating at night
- Drinks inappropriate amounts in inappropriate places
- Others start to question or show concern about drinking
- Blames drinking on problems
- Seeks counseling for other problems caused or worsened drinking

- Spouse or parents worry or complain
- Can't drink only one or two drinks without a struggle or rationalization to consume more
- Begins to feel bad about drinking
- Friends/colleagues believe drinking is not normal
- Not always able to stop drinking when desired

- Says others are treating him or her unfairly
- Unable to concentrate at work/attention wanders
- May sleep on the job. May hide alcohol at work
- Disappears on the job
- Aggressive and belligerent when confronted
- Inappropriate behavior with work
- May be terminated
- May neglect obligations for two or more days in a row because of drinking: family, friends, work
- May experiment with drinking before noon

- Others start to question or show concern about drinking
- Blames drinking on problems
- Seeks counseling for other problems caused or worsened drinking
- Makes promises and attempts to control amount, place, time of alcohol use
- Efforts to quit fail repeatedly
- Quits for days or weeks, but returns to heavier drinking
- Has short term memory difficulties
- Medical complaints increase
- Drinks in larger amounts
- Notices puffiness and swelling
- Pain in stomach area or back
- Family and friends make intervention attempts
- Argues against alcoholism being a disease
- Sometimes thinks about treatment or quitting completely
- May experience redness in face area
- Numbness, tingling, itching in extremities
- Loses friendships over drinking
- May suffer uncomfortable nervousness if tries to quit

- May attend AA on recommendation of another or court
- May get belligerent or experience severe personality changes when drinks
- Drinking causes problems in home or ones (e.g., fights, divorce)
- Loved one seeks help for spouse
- Loses things because of drinking
- Problem with family, friends, work
- Gets in trouble at work due to safety or directly related to the outside
- May lose interest in alcohol
- May neglect obligations for two or more days in a row because of drinking: family, friends, work
- May experiment with drinking before noon

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- Poor appetite
- Digestive, heart, liver problems increase; medical crises, suicide or attempt

- Has liver trouble detectable in liver functions test or by additional medical evaluation
- May experience DTs, severe shaking, hear voices, see things that aren't really there
- May seek help from some professional or clergy member for alcohol problems
- May enter a hospital for some reason due to drinking
- May be hospitalized due to drinking related medical problems, accident, or psychiatric crisis, violence, etc.
- May seek professional counseling for other life problems where drinking plays a part
- May be arrested for drunk driving
- May be arrested for being drunk in public

- Repeated minor injuries on and off job
- Statements are undependable
- Repeated minor injuries on and off job
- Says others are treating him or her unfairly
- Unable to concentrate at work/attention wanders
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HYPOTHETICAL DRINKING/DRUG USE CAREER OVER 25-30 YR. PERIOD

The Progression and Recovery of the Alcohol Use Disorder

DRINKS TO FEEL BETTER
DRINKS TO RELAX

DRINKS TO FEEL STIMULATED
DRINKS FOR ANY REASON

DRINKS WITH IMPROVED
FUNCTIONING

HAS MILD IRRITABILITY

FEELS LUCKY—CAN DRINK WITHOUT GETTING DRUNK

IS SOBER EARLY IN DAY

FINDS FRIENDS WHO CAN KEEP UP WITH DRINKING

PREOCCUPIED WITH AT WORK

HAS MILD SEVERE
WORK DRINK TO RELAX

GETS DRUNK MORE FREQUENTLY

MILD SHAKES THAT
ONLY DRINKING

FEELS
NEEDS AT NIGHT, DREAMY FOLLOW

FEELS ABOUT DRINKING EARLY IN DAY

DRINKS
MUCH GREATER AMOUNTS

SEES HIS FAVORITE PART OF THE DOOR

DRINKS
MUCH GREATER AMOUNTS

BLAMES DRINKING ON PROBLEMS

DRINKS
MUCH GREATER AMOUNTS

MAY SEEK MARRIAGE COUNSEL HELP

DRINKS WITH THOSE WHO HAVE MORE
USING PROBLEMS THAN SELF

FINDS SOME OTHER PROBLEMS

QUICKLY BY OTHER'S ABOUT
DRINKING—GIVES COMPARING AMOUNTS

FEELS
NEEDS AT NIGHT, DREAMY FOLLOW

KNOWS'S SYMPTOMS OF ALCOHOLISM
HAVE AND USES TO COMPARE OUT

FEELS
NEEDS AT NIGHT, DREAMY FOLLOW

HAS FUMBLE OF'S ABOUT WHAT CAUSE
ALCOHOLISM—MILKWEAK WEAKNESS, ETC.

FEELS
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HAS BEEN DRINKING FOR A LONG
TIME

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ALCOHOL USE DISORDER

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Thinking About Your Drinking

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Who Becomes Alcoholic?

Although it isn't possible to predict who will become an alcoholic, understanding the illness provides a better chance of self-diagnosis. The earlier this information is understood the better. As the illness progresses, self-diagnosis becomes more difficult, and misinformation and stigma contribute to denial, the hallmark of the disease.

Definition of Alcoholism

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continual or periodic impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial (*American Society on Addiction Medicine*.) The fact that alcoholism is partly hereditary has been known for decades. This makes alcoholics, while not to blame for their disease, responsible for its consequences and treating it when symptoms become evident.

Did You See Yourself?

In the definition of alcoholism, did you focus first on symptoms that didn't match your drinking pattern? Unlike cancer, where any symptom would cause alarm, symptoms of alcoholism that a person can say they do

particularly true with persons confronted by others over their alcohol-related problems.

Most alcoholics have a false definition of alcoholism that excludes them. This definition is based upon symptoms they have ruled out. These missing symptoms are used to explain why they are not alcoholic. Over time, their definition will change as new symptoms emerge with increasing severity, and the need to "compare out" grows more urgent.

Although initial medical symptoms of alcoholism have the appearance of a connection between physical symptoms and drinking. The "self-diagnosis" possible when questioning drinking experiences associated with disease and professional diagnosis.

Looking Deeper at Denial

The terms "functional alcoholic" and "functional alcoholic" are labels that support denial. They help the alcoholic continue drinking unaffected by the anxiety of awareness. These are not medical terms. They assist the alcoholic, family, and/or friends with comparing out of the diagnosis.

A One Question Quiz

Have you seriously wondered whether you could be an alcoholic? If so, a full evaluation is a good idea. Social drinkers (those who drink, but do not have alcoholism) do not seriously consider this question.

If you drink alcoholic beverages, even occasionally, you need to know the facts about alcoholism. The American Medical Association, World Health Organization, and all responsible medical authorities have considered alcoholism a disease for nearly 50 years!

Assessment Tools

Assessment is often used to determine if you are at risk for alcoholism. Answering "yes" to two or more of the following questions usually confirms the diagnosis:
1) Have you ever tried to Cut down on your drinking? 2) Do you get Annoyed when people talk about your drinking? 3) Do you feel Guilty about your drinking? 4) Have you ever had an Eye-opener? (A drink first thing in the morning?)

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Full evaluation tests include the Michigan Alcoholism Screening Test (MAST) and others that focus on behavioral symptoms like binge drinking, DUIs, lost time from work, complaints, consequences of injuries, worries about one's health, need for treatment, liver trouble, relationship problems, stress or fights with family, and problems with cutting back. Blood chemistry tests can also identify alcoholism by abnormalities in the liver's enzyme production.

What the EAP Can Do

Completing a full evaluation with an experienced professional is the best way to identify alcoholism. EAP staff are trained in conducting evaluations, and there is no cost. If you are concerned about your drinking, you may have tried to stop drinking by doing it "your way." Follow the advice of a professional who understands the disease, and you will have a better shot at abstinence and successful recovery from alcoholism.

Checklist for Reasonable Suspicion of an Employee Under the Influence of Alcohol or Other Drugs

Observing employees on the job and spotting the signs and symptoms of possible impairment that could result from use of alcohol or other drugs is a legitimate concern of business. A reasonable suspicion checklist that includes a comprehensive listing of possible warning signs and symptoms can help you decide whether to act in accordance with your organization's reasonable suspicion testing and drug-free workplace policy. It can also help you structure documentation that is effective and useful.

When can reasonable suspicion be substantiated? Reasonable suspicion that an employee is using alcohol or other drugs is when "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee demonstrate the possible impairment." Where an item is checked, attempt to elaborate on that sign or symptom to better support or substantiate it.

Signs and Symptoms

Is stumbling, staggering:
When, What, Where, How?

Has difficulty balancing:
Where, How, What, How?

Has impaired fine motor skills
When, how, during what activity?

Uses slurred speech:
What statement did he or she attempt to articulate?
When, where?

Shows dramatic weight loss:
Past appearance, when? How appears different now?
Weight loss appears to be how much?

Is frequently sniffing or sniffing: How frequently, on-set, how noticeable?

Is late or absent from work duties:
When (what time of day), how long?

Behaves erratically:
In what way, provide example, what context?

Acts in an uncharacteristic manner:
What is noted by you or how, during what activity, when?

Has small, (pinpoint) or constricted pupils:
When first noticed, time of day, any pattern?

Looks disoriented, confused: How, confused about what?

Looks sedated, sleepy:
What time of day? Explain pattern and associated behaviors:

Has fresh needle marks on body:
Where seen? Explain appearance fully:

Has scars or tracks over veins in inner arm
Which arm? Describe visual appearance.

Has droopy eyelids:
When, how often. Any pattern of drooping with no drooping? Is this new?

Has large, dilated pupils: When first noticed, pattern?
what time of day, any pattern?

Acts unpredictably:
In what manner, what activity, how, when?

Acts frightened, panicked:
Describe event, when, how, what behaviors signify this appearance.

Looks dazed:
Describe confusion or stunned appearance.

Looks anxious:
Describe nervous, worried, or uneasy appearance and context.

Has red, bloodshot eyes:
Frequency, and when first noticed?

Has poor concentration:
Describe how, during what activity, and what evidence was observed:

Has impaired perception of time:
How demonstrated?

Has loss of energy:
How is this demonstrated? Compared to when he or she had "energy"?

Has impaired perception of distance:
Where observed, describe how this was demonstrated and when.

Engages in unpredictable manner:
In what way, what behaviors, provide most recent example.

Seems "spaced out"
Spaced out means: _____. When or how often?

Appears disoriented:
How demonstrated? Bewildered or perplexed? In what way or when demonstrated?

Is unaffected by infliction of physical injuries:
When did this occur, what injury, what were the circumstances?

Is overactive:
How is this demonstrated? When occurred? Length of time this period lasted?

Is very talkative:
Rapid speech or difficult speech, too chatty? Describe when, and in response to what activity.

Has difficulty focusing:
Focusing on what? Describe appearance or behavior that represents "difficulty focusing."

Has difficulty focusing:
Focusing on what? Describe appearance or behavior that represents "difficulty focusing."



Has large dilated pupils
When noticed? _____

Demonstrates excessive hunger or thirst:
Time of day or other circumstances? _____

Has glassy or watery eyes:
When noticed? Was this a change from a prior time pe-
riod when eyes appeared normal? _____

Inappropriate laughter or giddiness, overreactive to
humor:
When noticed? How long did this period occur? What seemed
to cause this? _____

Has extreme mood swings:
What type of mood to another? Describe mood or act-
ivity on days and how this is different. _____

Employee in possession of substances or in close
proximity to substances:
Describe items and how discovered: _____

Acts belligerent, aggressive, violent:
What type of behavior demonstrated? Toward whom?
What? Any provocation prior? _____

Miscellaneous:

Presence of alcohol and/or drugs in employee's pos-
session or vicinity

Memory loss:
Describe (i.e., from one day to next, from event to event,
hours or days, or within minutes). What was forgotten?
How important was the information? _____

On-the-job misconduct by employee

Employee admission concerning alcohol use and/or
drug use or possession

If there are witnesses to employee's conduct, list
below: _____

Has marijuana odor on clothes, hair:
When first noticed, and activity prior where no odor was
present. _____

Other Observations: (if accident, provide details)

Has runny nose:
Does employee appear ill (cold or flu), or is runny nose
only symptom? _____

Employee's Explanation (reasons for any Her Conduct):

Is vomiting; has nausea, intestinal difficulty:
When occurred? Activity prior to occurrence? _____

Other Observations: _____

Demeanor or Mood: _____

Sleeping on the job?
Pattern or just discovered? Have other employees cov-
ered up or protected the worker? _____

Eyes: _____

Actions/Movements: _____

Statements: _____

Stealing supplies or materials that can be resold?
Describe events or reports if factual. _____

Facial Appearance: _____

Speech Behavior: _____

Walking Behavior: _____

Enabling in the Workplace



Supervisor

- ▶ Ignoring job performance problems, hoping they will go away, or are temporary.
- ▶ Threatening disciplinary action without following through on such threats.
- ▶ Avoiding confrontation of employees who are considered friends.
- ▶ Avoiding confrontation because you are a heavy drinker like the employee needing referral.
- ▶ Accepting excuses for ongoing job performance problems.
- ▶ Accepting employee's request to avoid use of the EAP in favor of other helping options.
- ▶ Ignoring the return of job performance problems after a referral until they reach a intolerable level.
- ▶ Not acting to arrange a reasonable suspension test when the odor of alcohol exists—accepting explanation of medication for it.
- ▶ Protecting the employee from personnel actions while increasing personal involvement to assist the employee.

Coworker

- ▶ Accepting apologies and assurances for the temporary nature of problems.
- ▶ Failing to confront problems caused by absenteeism and tardiness.
- ▶ Doing the job of coworker. Feeling sorry for coworker. Caring and understanding "too much."
- ▶ Failing to confront drinking practices for fear of losing a friend.
- ▶ Considering coworker a "functional alcoholic" who doesn't affect you (yet).
- ▶ Protecting a coworker from management.
- ▶ Failing to confront coworker if problems gets worse, and then saying "I'm sorry" without confronting coworker.
- ▶ "Looking behind" the personality or drinking pattern of the alcoholic in order to have a functional relationship (i.e., anticipating mood swings, inability to work in situations).
- ▶ Finishing up coworker's work.

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Work/Organization Culture

- ▶ Transferring the employee to another division or department to "get rid of" the problem. Using transfers as disciplinary actions.
- ▶ Failing to take action when promised in response to performance problems.
- ▶ Alcohol policy lacks effectiveness or encourages cover-up.
- ▶ Ignoring repeated complaints of coworkers affected by behavior of the alcoholic or addict.
- ▶ Failing to insist on compliance with the organization's firm-choice referrals that have been held in abeyance.
- ▶ Ignoring behavior of executive employees with obvious drinking problems or having organizational influence in the industry.
- ▶ Viewing employee as "indispensable" despite problems, perhaps because of job skills, knowledge, longevity with the organization, etc.

High Risk Jobs/Occupations

- ▶ High value placed on social activity with frequent use of alcohol, alcohol use at lunch, etc. (i.e., lawyers are more likely to drink at lunch than school teachers. High male demographic work groups with strong social ties consume more alcohol.)
- ▶ Official rest breaks that allow for alcohol use.
- ▶ Industries characterized by frequent opportunity to use alcohol (or drugs) For example, organizations with higher rates of business shifts with after-hours socializing without direct supervision (i.e., construction, office-like environments); exposure to served alcoholic beverages (airline, hotel, restaurant); accessibility to addictive substances - pharmaceutical, medical, and nursing occupations.
- ▶ Frequent opportunity to tax susceptibility.
- ▶ Alcohol policy lacks effectiveness or fear encourages cover-up.

"A high risk industry or work culture unknowingly exposes at-risk employees (i.e. those who are genetically susceptible or employees in adaptive stages of alcoholism) to frequent use of alcohol and thereby contributes to increased occurrence rates of alcoholism or addictive disease. (Adapted from Helzer Institute on Alcohol Abuse and Alcoholism)

Functional Alcoholism

Isn't

World's Most Enabling Statement

Labeling someone a functional alcoholic is a strong and reinforcing enabling behavior. It is used to describe someone the enabler believes to be alcoholic, but also seems to "function" acceptably in their occupation or social activities. Usually these areas are where the enabler knows the alcoholic best.

Functional Cancer?

There is no such thing as functional alcoholism, just as there is no such thing as functional cancer. Both chronic potentially fatal illnesses grow worse over time.

The term functional alcoholism allows the enabler to continue the advantages of the relationship they have with the alcoholic, even while their role as an enabler grows worse. The defense is called "minimizing."

It Doesn't Bother Me

Functional alcoholism means "his or her drinking problem doesn't bother me." Those labeled as functional alcoholics by others may demonstrate

pre- or late stage alcoholism characteristics including blackouts (memory loss while drinking), DUI arrests, and dysfunction within their homes, especially relationship problems with spouses and children.

The functional alcoholic lets you out (or minimizes) any neglect, abuse, and other issues you believe attributed to alcohol. Functional alcoholism often does not extend outside the informal social context.

Are You Killing an Alcoholic with Kindness

1. Have you ever called someone a functional alcoholic?
2. Do you have a social relationship with this person where drinking plays an important role?
3. Have you heard "stories" about the functional alcoholic's home life that are problematic or disturbing to you?
4. Does the thought of not socializing with the functional alcoholic seem unacceptable and disconcerting?
5. Have you dismissed or minimized alcohol-related problems that have occurred in the functional alcoholic's life, even if it helps you or the person you help?
6. Have you made your decision to stop enabling the functional alcoholic a conscious one, or is it a matter of convenience or opportunity?
7. If others asked to participate in an intervention to motivate the functional alcoholic to enter treatment, would you feel inclined to argue against it, motivated by how your life might change?
8. Do you believe the functional alcoholic would become boring if he or she decided to stop drinking for good?

If you answered "Yes" to any of these questions, you are an enabler.

Feeling Torn

The enabler of the functional alcoholic is your own belief in the alcoholic's ability to change to a more functional level. You may feel guilty, but you are sure of what is best for the alcoholic stuck in the role.

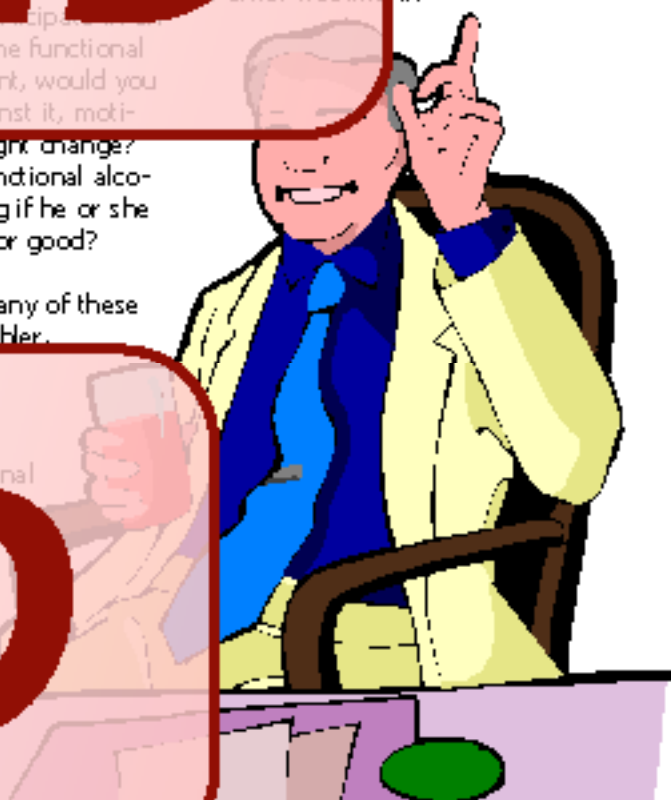
Enablers do not hold the alcoholic accountable for unacceptable behavior and may help the person avoid the consequences of their actions. There may be a social or economic cost for *not* playing this role, especially if the alcoholic is an employer. Frequently, stopping enabling feels like a "Catch-22."

Where to Start

To play a constructive role in helping the alcoholic, start by dropping the functional alcoholic label. Make a decision to stop "covert enabling." This means saying or doing things that interfere with the ability of the alcoholic to be responsible for the direct or indirect consequences of their behavior. You will initiate a process of change that allows the alcoholic to later play a productive role in encouraging this person to enter treatment.

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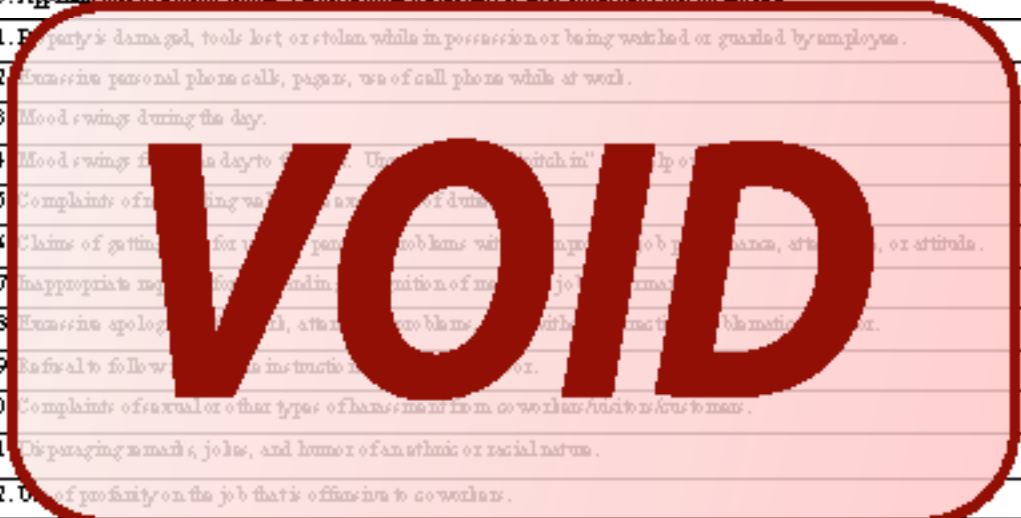
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Listed below are common performance, behavioral, and attendance related problems typically exhibited by troubled employees. Review the list and then construct your documentation based upon the signs and symptoms you identify. Be sure to cite examples and use measurable terms.

Performance Symptoms Checklist

| JOB PERFORMANCE ISSUES | CHECK/ NOTES |
|---|--------------|
| 1. Observed drug or alcohol use during breaks or meal periods, or during work hours. | |
| 2. Observed drug or alcohol use preceding the start of the work day. | |
| 3. The smell of marijuana or alcohol on the employee. | |
| 4. Lapses of attention, with increased inability to concentrate. Appears not to pay attention in conversations. | |
| 5. Physical signs of needle use on arms (blood marks on arms or hands) | |
| 6. Accidents with or without injury on the job. | |
| 7. Observed confusion and difficulty in handling assignment. | |
| 8. Sleeping on the job. | |
| 9. Agitated behavior | |
| 10. Hyperactivity and nervousness uncharacteristic of the employee | |
| 11. Employee found with evidence of alcohol or drug use on or near person (bottles, paraphernalia, etc.) | |
| 12. Absence from work periods without good reason, without notice, or without authorization. | |
| 13. Shaking and tremulousness (such an employee may be a safety risk in withdrawal, although may not be under the influence.) | |
| 14. Disturbed psychomotor coordination: stumbling, etc. | |
| 15. Odor of alcohol on the breath (differs from that remaining in alcohol alone, which may be difficult to discern or identify) | |
| 16. Slurred speech | |
| 17. Inappropriate attitude, character or speech in reference to specific events | |
| 18. Inappropriate laughter and giggles | |
| 19. Red or bloodshot eyes | |
| 20. Complaints from fellow workers about attitude, behavior, or performance, profanity, or inability to work | |
| 21. Overreaction to real, or imagined criticism and negative comments | |
| 22. Violent behavior, brawls, or aggressiveness | |
| 23. Third person reports of OHS/ ESD employee activities determined to be credible | |
| 24. Exaggerated work accomplishments. Inability to recognize other's contributions, opinions, feelings, needs for validation. | |
| 25. Grandiose, aggressive, and/or belittling behavior toward co-workers, supervisor, customers, students, parent, public. | |
| 26. Unreasonable accusations — "people are against me," "I am being persecuted," etc. | |
| 27. Domestic problems interfere with work, attendance, or conduct on the job. | |
| 28. Evidence of financial problems, including borrowing or attempting to borrow money from co-workers. | |
| 29. Deterioration of hygiene and personal appearance. | |
| 30. Apparent loss of official values. Demonstrates disrespect toward supervisor and co-workers. | |
| 31. Property damaged, tools lost or stolen while in possession or being watched or guarded by employee. | |
| 32. Excessive personal phone calls, pages, use of cell phone while at work. | |
| 33. Mood swings during the day. | |
| 34. Mood swings from one day to the next. Use of "switch in" to help explain. | |
| 35. Complaints of frustration, anger, or dissatisfaction with supervisor or duties. | |
| 36. Claims of getting "stuck" for various personal problems with respect to job performance, attitude, or attitude. | |
| 37. Inappropriate negative feedback, criticism of management, job, or organization. | |
| 38. Excessive apologies, excuses, or blame for work-related incidents or problems. | |
| 39. Refusal to follow work instructions or procedures. | |
| 40. Complaints of harassment or other types of harassment from co-workers, students or to them. | |
| 41. Disparaging remarks, jokes, and humor of an ethnic or racial nature. | |
| 42. Use of profanity on the job that is offensive to co-workers. | |



Reasonable Suspicion

Excuses and Missteps Ten for the Road



1 "I haven't had a drink since last night!"

An employee with a high tolerance to alcohol could have their last drink late at night and still be under the influence well into the next morning. They don't have to drink just before coming to work or anything in the morning. Don't let this statement convince you that a test is unnecessary.

2 "It's mouthwash."

If the smell of alcohol is on the breath, then you can document it to support a test for reasonable suspicion. It might be mouthwash, or maybe not. Some alcoholics in the later stages of the disease have consumed mouthwash in quantities large enough to induce intoxication—some mouthwashes are 50 proof or more.

3 "It's medicine!"

Same as #2. It might be medicine. It might be alcohol. It might be mouthwash. It might be anything that smells like alcohol. Document it. Support a test.

4 "I've had it happen."

Someone who admits to using drugs or alcohol should be tested. Their honesty means "I need help."

5 "You'll ruin my career."

Allowing an employee to convince you that a drug test will be harmful to their career and life is called enabling. Most companies have policies that support employees getting treatment and remaining employed. If this is not the case, testing still saves lives—the employee's life, and others'. An employee with alcohol on the breath could be two to three times over the "legal" limit, but could appear unaffected.

8 "Let's wait and see."

If you decide to "wait and see if it happens again" before acting on your drug testing policy, chances are you are simply procrastinating. And you're enabling injury or death on the job—and the job—ours, you'll be kicking yourself and wondering why you didn't act when you had the chance.

9 "Let's keep it between ourselves."

Some employees' confidence is a mix of trust, and simply does not work. If your employee has an alcohol or drug problem, your life experience, counseling ability, or understanding of human nature is not enough to tackle his or her alcohol or drug problem.

VOID

7 "It's okay, I'm back in treatment."

Employees with unmanaged or unaddressed problems frequently deny their problem or downplay it. They know what they should be doing to get better, but they lack the willness—motivation and determination—to do it. They can sway unwitting supervisors from acting on the drug testing policy.

10 "But we're friends!"

If you are friends with your employee, you will face a challenge in recommending a drug test. If you socialize and drink with your employee, this challenge is made even more difficult. Consider this: Most supervisors will put their own job security ahead of such friendships when drinking or drug use facilitates a crisis at work. Testing will not hurt a true friendship, and it may prevent a crisis that forces you to make a choice.

Test Questions

Reasonable Suspicion Training for Supervisors

Read the question(s) below and answer as requested. Check your answers by comparing the answer sheet and also read the comments related to that question. Answer any question again that you do not score correctly. This series of 35 questions is designed to be educational and questions may not necessarily relate directly to the audio/visual program.

1. Documenting incidents that support a request for a reasonable suspicion drug test is important because organizations are liable for damages, if the organization will not have a demonstrated a credible basis for testing. **True False**

2. The following is an example of a reasonable suspicion incident: Tom Smith arrived twenty minutes late to work today and was witnessed, by several employees, damaging another vehicle while trying to park his car. He was heard yelling obscenities from within car. When I met with him immediately after the incident, I could smell alcohol on his breath. **True False**

3. The following is an example of inadequate documentation that would be inadmissible in a disciplinary proceeding, or for use to support a request that the employee submit to a reasonable suspicion drug test: "Tom Smith arrived at work late with reports by others of being drunk. He scraped a car while parking lot, was seen coming out of the car after the incident- became defensive and uncooperative with supervisors who were on duty. He denied he was drunk, but admitted he had been drinking the previous night." **True False**

4. It is a proven fact that employees who abuse alcohol are more likely to be injured on the job. **True False**

5. Not only can a supervisor save a job, if the supervisor has a reasonable suspicion of substance abuse, he or she can save the life of an employee by referring the employee for drug testing. **True False**

6. When a supervisor suspects an employee has been drinking on the job or using alcohol before coming to work, delays in arranging a reasonable-suspicion test can cause the test to be negative because alcohol detoxifies more rapidly than other substances. **True False**

7. If the supervisor notices a significant change in an employee's job performance or behavior, this could be an indicator that there is an issue of drug or alcohol abuse. Deterioration of job performance is one of the earliest, primary indicators of a drug or alcohol problem. **True False**

8. If the employee appears under the influence and refuses to submit to a reasonable-suspicion test for drugs or alcohol, making a show of force using other employees is an effective way to gain cooperation. **True False**

9. If a supervisor knows the employee very well, it is usually appropriate to ask a few personal questions about problems at home or in his or her personal life in order to determine if a drug or alcohol problem exists. Any answer like, "I am seeing my doctor today," or "I am back with my 12-step program," means the supervisor can skip the idea of referring the employee for testing. **True False**

10. In some drug-free workplaces, breathalyzer devices are available for purchase that, when activated, draw a sample of the blood and alcohol level from one breath through it. These devices are hand-held and should be used for screening employees. The supervisor thinks they may be using alcohol at work. **True False**

11. When making a referral to testing, the supervisor should appear supportive to his or her employee by sharing personal information about the supervisor's own past experiences with drugs and alcohol. This will make the supervisor a positive role model for the employee. **True False**

12. Employees with alcohol or other drug problems may also have a history of job performance, conduct, or attitude problems that have frustrated the supervisor for a significant period of time. It is important for the supervisor to remain calm and not allow his or her emotions to interfere with an orderly process of referring the employee to testing. **True False**

13. Sometimes feelings and hurt are so strong that the supervisor should rely upon them when deciding to confront an employee and refer him or her to testing. **True False**

14. If a supervisor suspects an employee of having a substance abuse problem, it is sometimes best to take a "wait and see" approach, because if the supervisor is wrong, and there is no substance abuse problem, the employee's reputation could be ruined. **True False**

15. When communicating with the employee, the supervisor can gently insert positive comments about the organization's employee assistance program (EAP) or other available sources of help for substance-abuse problems; however, the chances of an employee actually accepting help or getting help on his or her own is almost zero. **True False**

16. On average, 70 percent of people in the workforce drink alcohol. Approximately 10 percent will become alcoholics. Productivity, attendance, conduct, morale, and other personal problems will decrease the productivity level of these employees on average by about 25 percent. **True False**

17. Alcohol is considered a stimulant because it makes people who drink it feel a stimulant effect. **True False**

18. An employee with an alcohol problem who works about 75 percent of her true capacity. This 25 percent productivity is most likely lost because of increased absenteeism, accidents, property damage, lost time, decreased quality of work, mistakes and waste, and increased health insurance costs. **True False**

19. Major tranquilizers are dangerous because tolerance builds rapidly and a lethal dose can be experienced easily. Their use with alcohol can trigger an overdose effect. **True False**

20. An alcoholic with anxiety and sleep problems who visits a doctor to get a prescription for Xanax (a minor tranquilizer) is at increased risk for becoming dependent on this medication. **True False**

21. Loss of control refers only to the ability to control how much one drinks. **True False**

22. Marijuana is an addictive drug. **True False**

23. Narcotics increase energy use and contribute to addict's ability to work more efficiently, especially overtime. **True False**

24. OxyContin is a powerful pain killer and is used to control pain. It has become very popular as a drug of abuse in the past several years. **True False**

25. PCP (Phencyclidine) is one of the most potent and most dangerous drugs because the formula for making it is so simple and easy to obtain. **True False**

26. LSD is the most powerful hallucinogenic drug. **True False**

27. Club drugs are any drugs typically associated with the "party scene" or "raves." Most are stimulants or stimulants with hallucinogenic effects. Some however, have depressant effects and are used as an aid to sleep. This is typically done by placing the substance in the drink of an unwitting victim. **True False**

28. The term "functional alcoholic" is often used by persons when referring to someone considered to be an alcoholic but who does not appear to have problems caused by alcoholism. It is a destructive term because it contributes to enabling and minimizes the seriousness of the disease. **True False**

29. An example of enabling is lying for a coworker who has failed to come to work because of a hangover. **True False**

30. Drug addiction and alcoholism are recognized as chronic diseases that are treatable. However, treatment requires managing the illness to prevent drinking more than a couple of drinks per day. **True False**

31. Tolerance is defined as the need to use larger amounts of a substance over time in order to experience its effects. Most people who drink alcoholic beverages experience little or no changes in tolerance over the course of their lives (relative to body weight). However, approximately ten percent of drinkers do experience increases in tolerance. These drinkers are able to consume larger quantities of alcohol compared to their peers. While drinking, they appear unaffected by their higher blood alcohol level (BAL). These drinkers are less likely to become intoxicated because they "can handle it". **True False**

32. The class of drugs that make employees appear drunk like alcohol when an overdose occurs is called _____, including Valium, Librium, Xanax, and Ativan among many others.

- A. Stimulants
- B. Depressants
- C. Hallucinogens

33. As an employee's substance abuse problem or addiction grows worse, risk increases over the years and productivity typically deteriorates. Supervisors may eventually witness erratic performance characterized by large swings between satisfactory and unsatisfactory performance. An employee's performance may improve dramatically and conspicuously after a confrontation with the supervisor. Supervisors are more likely to grade performance along the low points of this up-and-down cycle, while minimizing the high points. This can make it appear that the employee's performance is worse than it actually is. **True False**

34. Confronting an employee for reasons such as more frequent or slouching. This is why it is important to collect any evidence associated with possible alcohol use. It is with a _____ that is with a _____ must so _____ is important _____ to support your decision. **True False**

ANSWER SHEET

Reasonable Suspicion:

Helping Managers Find Ways to Support Substance Abuse

- 1: **TRUE** Reasonable suspicion of drug or alcohol use by an employee has been upheld by the courts, but it is still necessary to have appropriate documentation that supports the request for the test. Usually, the employer will constructively discipline or argue against the facts as the supervisor recalls them if the employee refuses to submit to a proper documentation.
- 2: **TRUE** This is an example of documentation that is specific and clear. There are no subjective or opinionated comments or conclusions about the employee's condition. It is written in a factual, unemotional way, with attention to that which can be sensed- in this case what can be seen, heard, and smelled.
- 3: **TRUE** This documentation lacks specific details and instead appears to be conjecture; it would be difficult to defend. It would not support a disciplinary action or a reasonable-suspicion drug test.
- 4: **TRUE** Employees who have drug- and alcohol-related problems are at higher risk of injury in the workplace. Accidents occur at three times the rate of employees who do not abuse substances; workers compensation claims are five times as high as for non-abusing employees.
- 5: **TRUE** If the supervisor notices deteriorating changes in behavior, work habits, or conduct on the job, it's possible that the employee is struggling with a drug or alcohol addiction problem. You should not diagnose from limited information, but you should refer your employee to the EAP or other workplace assistance program. They may choose to take advantage of it, but most will never do.
- 6: **TRUE** For most people, alcohol detoxification is a process that can be completed in a few days, meaning a short amount of time can cause a significant change in blood alcohol level. Time is of the essence when trying to arrange a reasonable suspicion test.
- 7: **TRUE** They also experience a higher rate of absenteeism, property damage, theft, low morale, workers compensation claims, and more. Employees may use drugs or alcohol on the job and never be caught. However, usually alcohol and drug use patterns of addiction become detectable. Performance-quality of work, attendance, conduct, attitude, and availability-are eventually affected.
- 8: **FALSE** The supervisor should follow the organization's policy and procedures if an employee refuses to submit to a reasonable suspicion drug test. Most drug and alcohol policies subject employees to termination if they refuse a test. Do not force an employee to cooperate. This can lead to many undesirable consequences for the supervisor, the employee, and the organization.

9: **FALSE** The supervisor should never ask an employee personal questions or discuss his or her personal problems. Such discussions usually lead to statements from employees that elicit sympathy from the supervisor. The result is postponing referral to testing or eliciting from the employee promises he or she will not keep about getting help. It is tempting to ask employees personal questions or hope they share personal information that will give the supervisor a better understanding of their problems, but such inquiries usually lead to enabling—not genuine help for the employee.

10: **FALSE** If you suspect an employee is using drugs or alcohol on the job, the supervisor should act in accordance with the organization's policies and procedures. Supervisory use of such a device should be in accordance with the organization's policy and most drug-testing rules.

11: **FALSE** Sharing personal information about a supervisor's use of drugs or alcohol while confronting an employee is no more as disarming as the employee's sharing information. The supervisor should not make the assumption that he or she has a drug or alcohol problem. The employee is being referred because of performance- and conduct-related issues that support a referral for a reasonable-suspicion drug test in accordance with the organization's policies and procedures, nothing more. Further personal revelation or discussion about the employee's health condition would not be appropriate.

12: **TRUE** When confronting and referring an employee for a reasonable suspicion drug test, the supervisor must be careful not to demonstrate an attitude of "Gotcha!" to the employee. To do so can interfere with the employee's willingness to be cooperative, and it also makes the interview with and referral of the employee more difficult.

13: **FALSE** Feelings, hunches, rumors, and gossip are not useful and cannot be considered as legitimate reasons for you to require that an employee submit to a reasonable-suspicion drug test.

14: **FALSE** The supervisor should not delay in testing an employee referred for a reasonable suspicion policy. A delay can contribute to an accident, or worse, if the employee is not cooperative. If the supervisor acts immediately, otherwise, it will be a missed opportunity and the employee will pass before the supervisor gets another chance to refer the employee for testing based upon observable signs and characteristics of substance abuse.

15: **FALSE** It is a myth that employees do not self-refer for a substance abuse problem. It happens more frequently than is reported. It is true that most admissions to alcohol- and drug-treatment programs result from pressure exerted by family members, friends, courts, and employers; however, self-referrals do occur. Self-referrals result from an employee obtaining information about how and where to get professional help combined with a recent distressing experience associated with alcohol or drug use that the supervisor may not know anything about.

VOID

16. **TRUE** The formula for determining this figure was developed by the National Institute on Alcohol Abuse and Alcoholism and can be found at www.alcoholcalculator.org.

17. **FALSE** Alcohol is a central nervous system depressant, but some studies have shown, however, that some of its effects are stimulant-like. This contributes to a stimulant-like response, especially in the short term. The effect from alcohol may be a predictor of who is likely to experience alcohol-related problems in the future. (Alcoholism: Clinical and Experimental Research, 2002; BBC News, June 18, 2002.)

18. **TRUE** To determine the financial burden of alcohol and other drug problems to an organization, multiply the average salary of the workforce by seven percent of the total number of employees on the payroll. (Seven percent is the average number of employees in the typical company believed to have alcohol and/or other drug-related problems.) Twenty-five percent of this figure represents the financial burden to the organization from substance abuse.

19. **TRUE** Major tranquilizers are dangerous when overused and abused. Many deaths have been attributed to them, especially when their use was combined with alcohol. This is sometimes referred to as "Hollywood death."

20. **TRUE** Xanax and many other prescription tranquilizers have effects on the body similar to alcohol. These drugs should be used with great caution, and the risks associated with potential cross-addiction and cross-adaptation should be considered.

21. **FALSE** Loss of control refers to the place, time, and outcome of a drinking experience and how consistently the drinker can control all these factors. Alcoholics cannot consistently control how alcohol affects these factors.

22. **TRUE** Many people have tried marijuana, but not everyone who experiments with it becomes addicted. As a result, the misconception that the drug is harmless has been perpetuated. Presently, marijuana is six to 30 times stronger than it was in the mid-1960's. Consequently, emergency room hospital admissions associated with using the drug have increased according to the Department of Health and Human Services.

23. **FALSE** Narcotic addicts are notorious for attendance problems and sleeping on the job. Regular use, predictable strength, and reasonable cost is the addict's goal to prevent problems in occupational and social functioning. However, these factors are impossible to control. A narcotic addict may appear functional for only so long. Since the drug must be used every 6-8 hours, sudden requests for overtime may be resisted if the addict is not prepared to use on the job. This obviously presents enormous safety concerns.

24. **TRUE** OxyContin is frequently stolen from patients or medical settings, has been illegally prescribed in many instances, and is popular among narcotic addicts.

25. **FALSE.** PCP is one of the most unpredictable and dangerous street drugs because the formula uses chemicals that are also federally controlled. Substitute chemicals are often used as alternatives making variations of the drug even more dangerous and harmful to the user.

26. **TRUE.** LSD is the most potent and powerful hallucinogenic drug. LSD is usually taken in the form of liquid solutions of water paper discs of gelatin called "windowpanes", or tiny tablets called "microdots". An "acid trip" may last up to 12 hours. Unexpected reappearances of hallucinations called "flashbacks" can occur months after taking the drug. The danger of this is that its effects are unpredictable.

27. **TRUE.** The most popular club drugs include GHB, Ketamine, Methamphetamine, and Ecstasy.

28. **TRUE.** The term "functional alcoholic" is an example of enabling because it minimizes or ignores problems the alcoholic might have that are not readily apparent. Typically this term is used more frequently by coworkers, not family members who may suffer greatly with the same alcoholic at home. The phrase usually means, "The drinking problem doesn't bother me."

29. **TRUE.** Any behavior (or lack of behavior or response) that helps an alcoholic or drug addict escape the discomforts of withdrawal symptoms of a drug problem is considered enabling. Enabling relationships with an alcoholic or drug addict usually includes participating in enabling the only way to escape, is to reach Detachment, while remaining in a relationship with an alcoholic or drug addict. Skill best learned from others who have been successful.

30. **FALSE.** Most addiction treatment providers recommend that the treatment of addiction include the patient remaining abstinent from substances that will reactivate the illness. These substances include alcohol, psychoactive drugs, "alcohol free beer", desserts containing alcohol, cold medicines containing alcohol, other substances that alter mood or create euphoria.

31. **FALSE.** Building tolerance to alcohol is an abnormal reaction to alcohol. It is strictly a biological phenomenon, not a test of personal strength. Normally, if a person drinks too much alcohol, intoxication is the result, and so is feeling intoxicated. This is how social drinkers know when to stop drinking. They feel the effects and can predict their onset. Not feeling intoxicated, even though one consumed as much as one's peers, indicates nervous system tolerance. This tolerance to alcohol is considered a hallmark and early indicator of potential risk for alcoholism. A family history of alcohol problems (or alcohol problems that skipped generations) should serve as a strong signal to the drinker that he or she is at higher risk. A person who recognizes nervous system tolerance should seek a professional evaluation for diagnosis of alcoholism early-on before increasing denial make motivation for an evaluation and acceptance of the diagnosis less likely.

THE ANSWER IS B.

when an overdose occurs
nervous system (CNS)

Alcohol is a central nervous system depressant, though an alcoholic who is a depressant himself. Valium, Librium, Xanax, or other sedating drugs may be prescribed as a treatment of it, and they risk addiction to it like alcohol. They may be prescribed more and more to get the desired therapeutic benefit. This increases the likelihood of an overdose.

According to the American Society of Addiction Medicine (ASAM), depressants should be avoided in favor of safer alternatives if a patient is a recovering alcoholic (no longer drinking as a necessary part of arresting the progression of the disease).

Depressants like valium, mimic alcohol's effects on the body so well, that they are often used as substitutes for alcohol in hospitals where it is necessary to safely detoxify an alcoholic in order to prevent seizures or DTs. Please answer this question again. Then, rescore your test before continuing.

33. FALSE

Supervisors tend to grade performance on the high side as an up-and-down cycle of performance of a superior employee who has been an alcoholic or drug addict for years, or even their entire career.

34. TRUE

Many signs and symptoms can suggest your decision to request a reasonable suspicion drug or alcohol test. You do not have to use a checklist as an effective tool to support your decision to request a test. Not using a checklist can contribute to a decision not to test even though one is indicated. This increases risk to employees and your organization.

35. TRUE

Having dual relationships with employees by socializing with them as friends, while also acting as a manager and evaluator, may influence your decision-making in the event a situation arises where a reasonable suspicion drug test is indicated. This can be especially problematic if you drink with employees. Deciding what boundaries to maintain with subordinates and knowing how those boundaries can influence your management decisions is an important consideration in responsibility you have to help guard your organization from exposure to risk.

VOID

VOID