

A Drug Free Workplace Program:
THE ROLE OF THE SUPERVISOR

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THE ROLE OF THE SUPERVISOR

One's place of work offers an ideal location for positive intervention in the treatment of substance abuse. The threat to a person's job or career because of poor quality work, absenteeism, lateness or other disruption can stimulate strong motivation to improve performance.

For many years it was thought that a substance abuser had to "hit bottom" before he or she could be helped. Now it has become apparent that the earlier the intervention occurs - while the user still has a grasp on job, family, home and friends - the better the chances of recovery.

Many organizations in commerce, industry, manufacturing, the armed forces and the civil services have begun to institute employee assistance programs based on the concept of early intervention. Some claim high recovery rates from among their numbers of substance abusers.

These programs vary greatly. But one thing they have in common is the critical nature of the supervisor's role. No one is in a better position to note significant behavioral changes that affect duty performance than is the supervisor. And no one is in a better position to promptly, firmly and humanely initiate the process of treatment and recovery.

But the supervisor or the executive is not, and should not attempt to be, a diagnostician, counselor, or expert on the individual substances of abuse. Diagnosis should be left to those who are professionally trained to diagnose.

The task is to perform supervisory functions effectively, and to take the initiative if there is apparent work deficiency. Poor performance should not be allowed to reach a critical stage before intervention is attempted.

The supervisor should be concerned with duty performance and on-the-job behavior. Making moral judgments about an individual's use of drugs is not productive in the treatment process. Effective treatment is not possible in an atmosphere that looks upon substance abuse as a character weakness, moral deficiency or hopeless affliction. But that does not mean that firmness can be sacrificed.

If a supervisor suspects substance abuse as the cause of an individual's work deficiency, he or she should not hesitate to make an appropriate referral according to the policies and regulations set down by that firm.

Delaying intervention only allows the situation to deteriorate further, often until there is no alternative but termination or other disciplinary action.

WHEN AND HOW TO INTERVENE

When use of substances begins to impair the performance of one's on-the-job functions, the expertise and training of the supervisor comes into play. The decision to intervene should be based on deteriorating or unacceptable job performance.

Confronting a subordinate with a charge that he or she has an alcohol or other drug problem is only bound to drive the user into a defensive posture and make positive intervention all but impossible.

The key to successful confrontation is to stick to the facts as they affect work performance, and to avoid emotional involvement. This is difficult, but it is essential!

- Do not attempt to discuss drinking habits or other drug use with the user; you are likely to emerge as the loser. Substance abusers are expert manipulators.

- Maintain control of the conversation and stick to what you know and can document; instances of unacceptable behavior such as absenteeism, accidents, mistakes, failure to meet objectives and deadlines.
- Have the documentation in front of you so that you are sure of the facts and are not likely to be dissuaded. Do not rely on memory.
- Stay clear of discussing the drug use per se. This only shifts the focus to the user's area of expertise and you risk losing control of the Interview.
- Avoid meaningless threats about disciplinary action. If there is a threat, there must also be a commitment to follow through.

The first interview should be relatively low-key, in the tone of a job evaluation, with the supervisor or executive pointing out the areas of deficiency and offering to help in solving problems.

To reiterate - the discussion should be free of sympathetic and apologetic overtones. Sympathy is the thing the substance abuser does not need and which often serves just to encourage rationalization and denial.

Rarely in this interview will the individual admit that alcohol or some other drug of abuse is either at the root of, or is contributing to, the problem, and unless there is strong supporting evidence that drugs are involved, the supervisor should not overlook the possibility that drug abuse may not be the major cause of the work deficiency.

The supervisor should emphasize that the interview and all subsequent information will be given protection consistent with company policy.

During the course of this discussion the individual should be made fully aware of the organizational and departmental policies respecting treatment (i.e. if and at what point treatment becomes mandatory), the consequences of failing to meet objectives and the consequences of violating regulations.

In some cases the threat to one's job and career may be enough to motivate action. Often it will require more.

When the abuser finally agrees, or is obliged to accept treatment, the supervisor should make the appointment, offer encouragement, express optimism for the outcome and schedule follow-up interviews to discuss progress.

Throughout these follow-up interviews the same principles must apply:

- Stick to the facts about duty performance.
- Have all the documents available; don't rely on memory.
- Explain all the consequences if performance expectations are not met.
- Be supportive, honest, and above all, firm.

No one likes fingering a friend or a colleague. But the critical point to remember is that the supervisor is not helping the individual abuser by neglecting the problem, and is certainly not upholding his or her responsibility to the organization, and to the people within the company who have come to depend upon each other.

DOMESTIC PROBLEMS EMERGE

- Complaints about problems in the home and with the family increase. There is talk of separation, divorce, and delinquent behavior in children.
- Financial problems reoccur with frequency.

It is impossible to note all the behavioral symptoms that may occur in this process of deterioration, or to define precisely their sequence and severity. They may appear singly or in combination, and they may very well signify problems other than substance abuse.

But diagnosis is not the business of the supervisor. When such changes impact on the individual's work performance, the supervisor should be prepared to detect change and do something about it.

To ignore the situation or to cover up can only increase the cost - in money and lives, and it can only speed up the total deterioration of the abuser.

RE-EMPLOYMENT

Perhaps certain tensions or anxieties within the environment only add to the individual's problem. Frustrations may be sparked by lack of personal achievement, lack of recognition or poor, disinterested supervision.

If a substance abuser returns to the job and finds all these tensions just where they were left, it is obvious that the chances for recovery are lessened.

Effective treatment should restore or reconstruct those aspects of the person's life that have been damaged by drug use. For many, this reconstruction could mean a radical change in lifestyle and the supervisor could be instrumental in that change.

Alcohol and other drug abusers returning to the working place often have feelings of guilt and low self-esteem. Regaining the respect of others thus becomes doubly important.

Just as the supervisor is not expected to dismiss poor working quality in a person being rehabilitated, so he or she should not neglect good work when it is apparent.

Such reinforcement, when it is honest and deserved, can be of immeasurable value to the returning employee.

The supervisor may notice rough spots along the way. He or she may spot in the user changes in mood, difficulty in coping with routine situations, lack of interest in the duties at hand or strained relationships with colleagues. These may be danger signs on the road to recovery and so the supervisor should remain understanding but alert.

A slip does not necessarily mean that treatment has failed. In certain instances, it may serve as a reminder to the abuser that he or she is simply unable to continue use and at the same time recover.

If a slip does occur it emphasizes the need for firm and continued help by the supervisor.

Helping such an individual back to a fully functioning, productive life can be an especially rewarding personal experience.

In the treatment process, intervention is critical. But intervention without an organized rehabilitative program is not likely to have much positive, long-lasting value. And the supervisor's or executive's involvement does not end with intervention and referral.

Drug dependence usually builds up over a long time. During that time the user often becomes entrenched in a different way of life and adopts a different set of values. These cannot be expected to change over night.

Returning to work after a period of treatment is difficult. The individual must overcome the stigma of earlier failure. In effect, he or she must be re-employed and re-established.

Sympathy and over protectiveness should play no part in deciding work assignments since this may only reinforce the stigma and the attitude that the drug abuser is somehow "different".

On the one hand the problem employee should not be given preferential treatment. On the other, one short period of treatment does not constitute full recovery.

Another factor for the supervisor to recognize is the importance of the work environment itself. Perhaps because of repetitive, boring or unchallenging functions, the job may be a factor in contributing to the individual's abuse behavior.

REFERRAL PROCEDURE

It is difficult to stipulate an exact handling procedure as no two cases are exactly alike. However, the following outline will serve as a guide and may be considered the normal and preferred procedure.

- A. Having determined that an employee problem exists, based on deteriorating job performance, attendance, etc., and that alcohol or other drugs may be a factor, the supervisor will advise the department head of all the relevant details. The supervisor and/or the department head will have a face-to-face talk with the employee. In this discussion the employee will be told that something is interfering with his job performance. This statement should be based on previously recorded facts relative to work performance, absenteeism, alteration of behavior general attitudes or other points that may indicate reduced productivity. Ask the employee if there is anything the company can do to help.
- B. If the employee admits to a problem involving drugs, the department head should request the employee relations department to arrange for a thorough medical examination by a company-retained doctor. It is understood the employee will consent to a report being forwarded to the company by the doctor.
- C. If the employee denies any problem or need for help, take no further action at this time. However, point out that he or she is expected to take steps to correct the work situation. Have a clear understanding that there must be an immediate improvement in his work performance. Make a definite appointment for a further interview in two weeks time.
- D. At the second interview, the employee's work performance is again reviewed. If an improvement is evident, the employee should be encouraged but must understand that any relapse or deterioration in work performance will not be tolerated. If the initial interview fails to produce results, the employee should be advised that no improvement has taken place in his or her work performance since the previous interview and that something is obviously affecting his work. Therefore, he will be expected to undergo a full medical examination arranged by the company, and will consent to a report being forwarded to the company by the doctor. The department head will then request a medical appointment through the employee relations department.
- E. If the employee refuses to take the medical examination or if the medical examination confirms that drug misuse is the principal problem and the employee persists in refusing to accept help, you have no alternative but to discipline him or

her on the basis of unsatisfactory work performance exactly as you would any other employee.

INTERVIEWING TECHNIQUES

A well-conducted interview is an excellent problem-solving tool for the skilled supervisor. It can be a rewarding experience for you and the employee when the discussion is constantly focused on the problem. You must be careful to maintain the initiative. This can be done only when you have adequately documented and thought out the problem before the interview begins.

Here are a few basic interview techniques that you may find useful for quick reference concerning any interview situation. It may be useful to review these techniques before interviewing an employee.

- **PREPARE A WRITTEN FACT SHEET** - The first interview should be based on previously recorded facts relative to work performance, attendance, reliability, attitudes and habits, physical appearance, safety record, and any other points which you feel may be pertinent to reduced productivity, etc.
- **KEEP DISCUSSION OF THE SUBJECT** - The employee may be constantly looking for a weakness in your case and may try to divert the discussion to irrelevant subjects. His evasions must be dealt with deftly and the problem kept in perspective.
- **OFFER ASSISTANCE** - Impress the employee with your willingness to help find a solution but be firm in pointing out that his or her actions have put his employment in jeopardy and that he is expected to correct the situation.
- **BE OPTIMISTIC** - When a decision on appropriate action has been reached, approach every case as assured success and make a sincere effort to achieve that success.
- **AVOID MEANINGLESS THREATS** - All reasonable effort to bring the problem into the open may fail. When this happens, there is no alternative but to invoke the disciplinary action of company policy. By refusing to cooperate, the employee has accepted sole responsibility for correcting the situation. Immediate termination of employment may be necessary, but if probation is granted, the terms of probation should be followed to the letter.
- **NEVER COVER UP** - Personal friendship can be damaging if used as an excuse to cover up an employee's problem. It can only delay the right kind of help. Mistaken good intentions have a habit of rebounding with bigger problems for everyone involved.
- **DO NOT DIAGNOSE** - Avoid making any diagnosis or telling an employee he is misusing a drug. Your concern is with his job performance.
- **DO NOT BETRAY CONFIDENCE** - Intimate information given to you by an employee must be handled prudently and delicately. At the same time he must understand your responsibility to management. Never pledge confidence on

information vital to solution of the problem. The employee must be convinced you can be trusted or he may well not tell the truth. His problem may require some explanation to his fellow workers but do not permit it to become a topic of conversation. Tell them only what is necessary in correcting the problem. Your refusal to gossip will discourage damaging talk in your department.

CLOSING THE INTERVIEW

Your interview should close with mutual agreement on positive action - either steps to solve the problem or a clear understanding that only improved work performance will avoid termination of employment. The high point for closing is reached when:

- In your opinion, both parties have said everything that needs to be said.
- Further discussion is merely procrastination and can only weaken your positive control of the interview.
- You sense that the employee is prepared for a firm discussion.

If the decision is for diagnosis and treatment, begin to build on that acceptance immediately following the interview by TAKING the employee to the medical or personnel department, his or her first step along the road to diagnosis and recovery.

REMEMBER

Many of the signs and symptoms of dependency development can also indicate a problem in the home, or some other illness. By placing the emphasis on deterioration of job performance, you are helping the employee to find the solution for his problem, whatever it may be.

Perhaps certain tensions or anxieties within the environment only add to the individual's problem. Frustrations may be sparked by lack of personal achievement, lack of recognition or poor, disinterested supervision. If a substance abuser returns to the job and finds all these tensions just where they were left, it is obvious that the chances for recovery are lessened.

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CHECKLIST OF UNSATISFACTORY JOB PERFORMANCE

Identifying the Troubled Employee

Think about the employees that you supervise. Go through the list below and place a check mark next to each behavior you have observed in your employees.

<p>I. Absenteeism</p> <ul style="list-style-type: none"> <input type="checkbox"/> Instances of leaving without permission <input type="checkbox"/> Excessive sick leave <input type="checkbox"/> Frequent Monday and/or Friday absences <input type="checkbox"/> Repeated absences, particularly if they follow a pattern <input type="checkbox"/> Lateness at work, especially on Monday mornings and/or returning from lunch <input type="checkbox"/> Leaving work early <input type="checkbox"/> Strange or increasingly unbelievable excuses for absences or lates <input type="checkbox"/> Absent more than other employees for colds, flu, etc. <input type="checkbox"/> Frequent unscheduled short-term absences with or without medical explanation <p>II. On-the-Job Absenteeism</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continued absences from post more than job requires, "goofing off" <input type="checkbox"/> Long coffee breaks <input type="checkbox"/> Repeated undealt with physical illness at work <input type="checkbox"/> Frequent trips to the restroom 	<p>III. High Accident Rate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accidents on the job <input type="checkbox"/> Accidents off the job (but affecting job performance) <input type="checkbox"/> "Horseplay" which causes unsafe situations <p>IV. Difficulty in Concentration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work requires greater effort <input type="checkbox"/> Jobs take more time <input type="checkbox"/> Repeated mistakes due to inattention <input type="checkbox"/> Making bad decisions or poor judgment <p>V. Problems with Memory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty in recalling instructions, details, conversations, etc. <input type="checkbox"/> Difficulty recalling one's own mistakes <p>VI. Confusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty following instructions <input type="checkbox"/> Increasing difficulty handling complex jobs <p>VII. Uneven Work Patterns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alternate periods of high and low productivity 	<p>VIII. Reporting to Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coming to or returning to work in an obviously altered condition <p>IX. Generally Lowered Job Efficiency</p> <ul style="list-style-type: none"> <input type="checkbox"/> Missed deadlines <input type="checkbox"/> Wasting more material <input type="checkbox"/> Complaints from customers or clients <input type="checkbox"/> Improbable excuses for poor job performance <input type="checkbox"/> Can't be depended on to be where they say they will be or do what they say they will do <p>X. Poor Employee Relationships on the Job</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to keep promises and unreasonable excuses for failure to keep promises <input type="checkbox"/> Over-reacting to real or imagined criticism <input type="checkbox"/> Wide mood swings <input type="checkbox"/> Borrowing money from co-workers <input type="checkbox"/> Unreasonable resentments <input type="checkbox"/> Avoiding associates <input type="checkbox"/> Lying and exaggerating
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If you have checked any of these items you may have identified an employee whose work performance is affected by a personal emotional problem. Document each occurrence in your supervisor records and when the situation warrants action conduct appropriate supervisory intervention. When the performance deficit cannot be attributed to a "management problem", your interventions should include discussion with and referral to an experienced professional who can assist the employee to make changes.

CHEMICALLY DEPENDENT EMPLOYEE'S WORK PERFORMANCE DETERIORATION

SUBSTANCE ABUSE BEHAVIOR	PERFORMANCE LEVEL	RESPONSE TO CRISIS	OBSERVABLE SYMPTOMS
<p>Early Stage:</p> <p>Preoccupation with use</p> <p>Increased tolerance</p> <p>Using to feel better</p> <p>Lying about use</p> <p>Memory lapses</p>	<p>100%</p>		<p>Attendance Problems: Late arrival - leave early Absent from worksite Absenteeism Mondays and Fridays</p> <p>Overall Behavior: Complains of feeling bad Co-workers complain</p> <p>Job performance: Disorganized Misses mistakes Decreased quality and productivity</p>
	<p>75%</p>	Reprimands from Supervisor	
<p>Middle Stage:</p> <p>Sneaking and denying use</p> <p>Feeling guilty</p> <p>Hangovers and withdrawal</p> <p>Loss of other interests</p> <p>Change in pattern of use</p> <p>Efforts to control fail repeatedly</p> <p>Prefers to use alone</p> <p>Mixing drugs</p>	<p>50%</p>	<p>Family Problems</p> <p>Financial problems (Garnishment of wages)</p> <p>Repeated reprimands and warnings from supervisor</p> <p>Legal problems</p> <p>Disciplinary action</p> <p>Serious family problems (Separation/Divorce)</p> <p>Serious financial problems</p>	<p>Attendance Problems: Frequent absenteeism Tardiness</p> <p>Overall Behavior: Undependable, inconsistent, mood swings Avoids others/argumentative Borrows money Hospitalized more Accidents on the job Frequent minor injuries</p> <p>Job Performance: General deterioration Spasmodic productivity Lack of concentration Decreased quality</p>
<p>Late Stage:</p> <p>Physical deterioration</p> <p>Moral deterioration</p> <p>Lowered self-concept</p> <p>Persistent remorse</p> <p>Obsessed with use</p> <p>Now thinks that the job interferes with use</p>	<p>25%</p>	<p>Final warning from supervisor</p> <p>Termination of employment</p> <p>Hospitalization or death</p>	<p>Attendance Problems: Prolonged unexplained absences</p> <p>Overall Behavior: Use continues while in the workplace Totally undependable Repeated hospitalization Visible physical deterioration</p> <p>Job Performance: Far below acceptable levels</p>

SUBSTANCE ABUSE SUPERVISORY HANDBOOK
SAMPLE SUPERVISOR'S DOCUMENTATION SHEET

Employee's Name:

Supervisor's Name:

Department/Location:

Dates covered by this report:

Today's Date

General Appearance:

- Significant inappropriate appearance
- Significant lack of hygiene
- Other (explain):

Dates/Specific comments: _____

Workplace Behavior:

- Talks excessively
- Exaggerates self-importance
- Inflexible about procedures
- Argumentative
- Inappropriate emotional outbursts
- Physically threatening
- Other (explain):

Dates/Specific comments:

Temperament at Work:

- Withdrawn
- Feelings easily hurt
- Agitated, edgy
- Excessively worried about illness and/or death
- Extreme variations of mood
- Other (explain): _____

Dates/Specific comments: _____

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Job Performance:

- Forgets instructions, procedures, corrections, etc.
- Other unusual loss of memory
- Working abnormally, slowly
- Erratic productivity
- Missed deadlines
- Poor judgment
- Intoxication on the job
- Complains excessively about the job
- Other (explain): _____

Dates/Specific comments: _____

Relationship with Co-workers:

- Abnormal reactions to criticism
- Borrows money excessively from co-workers
- Resents other workers
- Has unrealistic expectations (for salary, promotion, etc.)
- Imagines criticism where there is none
- Receives complaints from co-workers
- Receives complaints from customers
- Receives complaints from the community
- Other (explain): _____

Dates/Specific comments: _____

SAMPLE SUPERVISOR'S DOCUMENTATION SHEET

Attendance:

- Forgets instructions, procedures, corrections, etc.
- Other unusual loss of memory
- Working abnormally, slowly
- Erratic productivity
- Missed deadlines
- Poor judgment
- Intoxication on the job
- Complains excessively about the job
- Other (explain): _____

Dates/Specific comments: _____

Safety:

- Failure to wear safety gear
- Abnormally casual about safety procedures
- Complaints from co-workers about employee's safety standards and practices
- Near accidents on the job
- Other (explain): _____

Dates/Specific comments: _____

Further Observations: _____

Reviewed by: _____ *Date:* _____

Actions Taken/Dates: _____

Comments/Notes/Human Resources _____

SUBSTANCE ABUSE SUPERVISORY HANDBOOK

SUBSTANCES: WHAT ARE THEY?

1. COCAINE

Cocaine is a white crystalline powder derived from the Coca plant. Cocaine is a highly addictive drug that is either inhaled or injected. "Crack", a more concentrated solid form of cocaine, is also inhaled and often times smoked as a cigarette or "joint".

Cocaine energizes both the mind and the body producing feelings of exhilaration, excitement and intense feelings of well-being. In larger doses, the mental feelings shift to apprehension, anxiety, restlessness and talkativeness, to suspiciousness and hallucinatory experiences. Cocaine is most known for masking feeling of fear and inhibition therefore producing a bold, risk-taking behavior.

2. OPIATES

Opiates, sometimes referred to as narcotics, are a group of drugs that are used medically to relieve pain, but also have a high potential for abuse. Some opiates come from a resin taken from the seed pod of the Asian poppy. This group of drugs includes opium, morphine, heroin and codeine. Other opiates, such as meperidine (Demerol), are synthesized or manufactured.

Opiates tend to relax the user. When opiates are injected, the user feels an immediate "rush". Other initial, yet unpleasant effects include restlessness, nausea and vomiting. It is common for the user to "drift" back and forth feeling alert to drowsy. With very large doses, the user cannot be awakened, pupils become smaller and the skin becomes cold, moist and bluish in color.

3. PHENCYCLIDINE (PCP)

Phencyclidine (PCP) is known as "angel dust" and is found on the streets in a number of forms. PCP is normally found as a pure white crystal-like powder, but can also be found in a tablet or capsule form. It can be swallowed, smoked, sniffed or injected.

Effects of PCP usage include increased heart rate and blood pressure, flushing, sweating, dizziness and numbness. In large doses, effects include drowsiness, convulsions and coma. Users may show signs of paranoia, bizarre and violent behavior.

4. AMPHETAMINES

Amphetamines include three closely related drugs: amphetamine, dextroamphetamine and methamphetamine (*e.g. crystal meth, ice*). Amphetamines increase heart, breathing and blood pressure rates, dilate pupils and decrease appetite. In addition, the user can experience a dry mouth, sweating, headaches, blurred vision, dizziness, sleeplessness and anxiety. Extremely high doses can cause people to flush or become pale, have poor coordination, and experience hallucinations, delusions and paranoia.

5. MARIJUANA (CANNABINOIDS)

Marijuana is a mixture of the crushed leaves, flowers and branches of the species *cannabis sativa*. Hashish is an extract of the plant material.

In both marijuana and hashish, Tetra-hydro-cannabinol (THC) is the primary psychoactive agent, although other cannabinoids present in much smaller quantities may exert some effect. Since hashish is the extract of the plant, it usually has a higher concentration of THC than does marijuana, often times as much as two to ten times.

Since THC is fat-soluble, once it enters the bloodstream and is, distributed to the various organs of the body, it tends to be deposited in the tissues, especially those that have significant concentrations of fatty material. Because it is fat-soluble, THC readily penetrates the brain and other organs.

The effects of THC are characterized by an increased sense of well-being, mild euphoria, feelings of relaxation and a relief from anxiety. Higher doses of THC can induce delusions, feelings of paranoia and hallucinations.

Source: United States Department of Justice, Drug Enforcement
Administration Registry

DRUG-FREE WORKPLACE ACT

All new federal contracts over \$25,000 must contain several new provisions requiring the contractor to maintain a drug-free workplace. Specifically, the contractor must certify that it will:

- Publish a statement
- Distribute a statement
- Notify employees that each employee must comply and notify the employer of any criminal drug conviction within five (5) days of a conviction
- Discipline (and possible terminate) any employee convicted or require the employee to participate in a drug abuse program
- Notify the contracting agency, within ten (10) days of a workplace drug conviction
- Make good faith effort

PENALTIES

Contracting agencies can suspend or terminate contracts, and debar federal contractors for up to five (5) years, if they:

- Make false certification
- Fail to carry out any of the bill's requirements
- Have "such a number of employees" convicted to indicate that the contractor failed to make a good faith effort

Note: The above information for contractors and contracting agencies was provided because the presentation, at which this document was handed out, was to such an audience.