



# Supervisor Newsletter

## Positive Drug Test Procedures

This month's *Supervisor Training Newsletter* provides refresher training on a sensitive but critical topic: how to properly document employment actions when an employee tests positive for illegal drugs.

In order to take negative employment action against a worker as a result of a failed drug test within a certified drug free workplace, documentation must be thorough, objective, and legally sound.

Before documenting anything, supervisors must be familiar with the organization's substance abuse policy. The policy should clearly outline:

- Type of tests required (e.g., pre-employment, post-accident, reasonable suspicion, random)
- Consequences of a positive test
- Employee rights and appeal processes
- Rehabilitation or second-chance options, if applicable

## Drug Testing Protocols

When an employee tests positive, the first documentation priority is the testing process itself. This must include: the date and time of the test, the type of test conducted, the reason(s) for the test, the chain of custody documentation, and the lab results.

All testing must comply with federal, state, and local laws—especially if the workplace is subject to DOT regulations or collective bargaining agreements.

## Reasonable Suspicion Documentation

If a drug test is triggered by reasonable suspicion, the documentation must be especially detailed. At a minimum, the supervisor's report must include: specific behaviors observed, date/time/location of the observations, names of witnesses, and statements from the employee (if an explanation was given).

Vague language like "seemed off" or "acted strange" must be avoided—stick to observable facts only.

It is best to use a standardized reasonable suspicion checklist like the one provided by the Council on Alcohol and Drugs.

## Document the Employee Notification

Once the test results are confirmed, document how and when the employee was notified. Include: the date and time of the meeting, who was present (HR, direct supervisor, safety director), what was communicated (results, consequences, next steps), and the employee's response (denial, acceptance, request for retest, etc.).

If the employee disputes the results or requests a retest, document those requests and your company's response. Transparency and consistency are key.

## Link the Action to Policy

When taking employment action—whether it's suspension, referral to a treatment program, or termination—your documentation must clearly link the decision to your company's policy.

If other employees have tested positive in the past, your documentation should reflect consistent treatment. If this case is being handled differently, explain why.

Inconsistent treatment without justification can lead to claims of discrimination or retaliation. Your documentation should show that decisions are based on facts—not personal bias.

## Final Employment Action Documentation

If the result is termination or other serious employment action, your final documentation should include: a summary of the case, the decision-makers involved, date and time of the final meeting, the employee's final response, and any severance, COBRA, or EAP referrals offered. Be direct in stating the reason for the employment action: "Employee was terminated due to a confirmed violation of the Drug-Free Workplace Policy."

## What to Avoid in Documentation

Do not use emotional language in any reports ("disappointed," "betrayed"), and do not attempt to diagnose substance abuse—stick to test results.

Avoid speculation—document only confirmed facts and avoid references to protected characteristics (race, age, or disability).

## Avoid Legal Liability

Handling drug-related employment actions requires sensitivity, consistency, and precision. Documentation is not just a record—it's the supervisor's shield. It protects the supervisor and the organization from liability, ensures fairness for employees, and reinforces the supervisor's role as a responsible leader.



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An over-indulgence of anything,  
even something as pure as water,  
can intoxicate.

- Criss Jami

[www.LiveDrugFree.org](http://www.LiveDrugFree.org)

# DrugFree@WorkPlace

### Young Employees' Drug Use Driven by Social Media

A recent study from Columbia University found that young people who spend a lot of time on social media are more likely to drink alcohol, use drugs, and buy tobacco compared to those who use social media less—or not at all. The survey included 2,000 teens, and 70% said they use social media every day.

The problem with social media is that it doesn't just expose young workers to celebrities and others who use drugs—it also plays a big role in causing mental health issues that can lead to drug or alcohol use. Online, everyone seems to be living their best life, and that constant comparison makes it easy for young people to feel inferior. This kind of pressure can lead to numerous mental health problems.

When youth see their friends or famous people partying on Facebook or Instagram, they often feel pressure to do the same just to fit in—even if it means making unsafe choices. Others may feel left out or sad, and sometimes those feelings can lead them to use drugs or alcohol to cope.

Drinking and smoking have always been concerns with young people, but social media is now making teens more used to seeing these behaviors at even younger ages. In fact, 90% of the survey participants had seen pictures of their peers partying online before they turned 16. Almost half of them thought the kids in those pictures were "having a good time." Teens who saw these kinds of posts were four times more likely to try drugs and three times more likely to drink alcohol than those who hadn't seen such images.

On top of seeing risky behavior from their friends online, young people are also exposed to paid ads that can push them toward drinking and drug use. Companies

that sell tobacco, e-cigarettes and alcohol utilize social media to promote their products in ways that are easy for young people to see. Even though it's illegal to target minors directly, these ads still reach teens through posts, influencers, and other online content.

### Social Media & Poor Mental Health

In addition to increased substance abuse, research has shown that there is also an undeniable link between social media use, negative mental health, and low self-esteem. Social media not only can cause unhappiness and a general dissatisfaction with life in users, but also increase the risk of developing mental health issues such as anxiety and depression. In worst case scenarios, social media has resulted in suicide and suicide attempts.

Unfortunately, social media is going to continue providing increased opportunities for both the marketing and display of risky behaviors regarding drugs and alcohol for young people. With social media increasingly integrated into the lives of today's youth, what they view on these sites is more important than ever.

The best way to protect teens and young workers from these influences is for parents to have open communication and talk to them about the risks of substance abuse. Employers can provide drug education for young workers through drug free workplace programs, and (with parent's permission) help to identify youth that have begun using drugs through the use of workplace drug tests. However, if your young employee or own child is struggling with excessive alcohol or drug use, simply talking to them might not be enough and may require professional help.

*The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.*

There is an undeniable link between our mental health and our overall quality of life, which all of us have experienced to some degree. Let's look at a few of the links between our financial stability and our mental and emotional wellbeing to gain a better understanding of how these two factors intersect.

The Social Determinants of Health apply to our mental health as well as our physical health. Financial conditions like income, employment, and socioeconomic status have a profound impact on whether they will develop a mental health condition, and if they will be able to treat, manage, and recover from mental health challenges. These factors are also strongly tied to other determinants like education, food, security, housing, social support, discrimination, childhood adversity, and the social and physical environment that people inhabit.

While mental health conditions and suicide do not discriminate, and even the most affluent individuals can have a mental health crisis, evidence suggests that those who live in poverty are more likely to develop a mental health condition (7.5% vs. 4.1%) and far less likely to have access to treatment. The National Survey of Drug Use and Health (NSDUH) estimates that of the 9.8 million adults aged 18 or older in the U.S. that have a serious mental illness (SMI), 2.5 million of them live below the poverty line<sup>1,2</sup>. Moreover, there is also a higher chance that those who suffer from a mental illness are more predisposed to poverty, further compounding the issue.

In 2023, about 13.6% of Georgia's population lived below the poverty line, increasing their risk of developing one or more mental health conditions. If we are to take a public health approach in preventing mental illness and reducing risk factors for suicide, we must look at these social determinants as major areas of focus when developing strategies to increase the protective factors that decrease risk within these underserved populations.

According to a Surgeon General Report conducted in 2021 ([surgeon-general-youth-mental-health-advisory.pdf](#)) children living in poverty

were two to three times more likely to develop mental health conditions than those living in more economically stable households. For our youth-serving organizations and those in the prevention field focused on upstream strategies, youth living in poverty should be a primary focus in mental health promotion and suicide prevention efforts.

This data underscores the urgent need to prioritize and bring existing mental health services into impoverished communities, where they are most critically needed. By focusing on vulnerable populations, such as those with lower incomes, we can address systemic barriers to care and provide the resources necessary to prevent mental health challenges, support recovery, and ultimately improve lives. This call to action invites us all—policymakers, healthcare providers, and community organizations—to take a special interest in ensuring that mental health services reach those most at risk, creating a stronger foundation for a healthier Georgia.

#### Additional Sources:

1. *NSDUH SMI data is based on DSM-IV criteria, but it cannot be used to estimate the prevalence of specific mental disorders in adults, such as major depression, schizophrenia, and bipolar disorders. SMI estimates are based on a predictive model and are not direct measures of diagnostic status.*
2. *Poverty level is calculated as a percentage of the Census Bureau's poverty threshold by dividing the respondent's total family income by the poverty threshold amount. If the total income is at or below the Census Bureau's poverty threshold for a family of that size, then that family is living in poverty.*

To learn more about suicide prevention, visit the DBHDD website at:  
<https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at:  
[rachael.holloman@dbhdd.ga.gov](mailto:rachael.holloman@dbhdd.ga.gov).



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