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Driving Under the Influence of Drugs

Most people associate DUI charges with alcohol, but any substance or combination of substances that impair a person's ability to drive can lead to a DUI charge.

In most states, a driver can be convicted of drugged driving for being in "actual physical control" of a vehicle while under the influence of "harmful chemicals" or "controlled substances."

According to the National Survey on Drug Use and Health, people who report very frequent cocaine or methamphetamine use are substantially more likely to report driving under the influence of these stimulants. This also holds true for driving under the influence of cannabis and hallucinogens.

Because there are such high levels of risk to self and others with DUI, it is illegal in all U.S. states to drive under the influence of methamphetamine, opioids, marijuana, or any potentially impairing drug, even if prescribed or purchased over the counter.

Drugs can impair one's ability to drive because—depending on the drug—they can slow judgment, coordination and reaction time, or make a driver more aggressive and reckless. Mixing multiple drugs and drinking alcohol of course intensifies the impairing effects of each drug and increases the chances of an accident.

Those who drive under the influence of drugs, whether obtained legally or illegally, pose a danger to themselves, their passengers, and other road users.

DUI at Work

Employers have a vested interest in preventing driving under the influence by employees. If an employee is involved in a DUI accident that injures or kills another person, the company the employee works for could in some cases be held liable under a legal doctrine known as

respondeat superior. If it can be shown that the accident occurred within the employee's *scope of employment*, the company could be held vicariously responsible.

In the past, courts based their opinions on a narrow definition of scope of employment, but today, courts almost always hold employers liable for accidents that occur while an employee is working, even if the employer did not condone the action that caused the accident.

If an employee is found guilty of DUI (outside of work), and the employer becomes aware of it, the company may now be in a greater position of legal liability if the employee is allowed to continue to drive company vehicles. This is why some businesses have a policy in place that requires dismissal of an employee convicted of DUI, or at the very least the transfer of the employee to a non-driving position.

Be a Responsible Driver

The following recommendations on how to be a more responsible driver are from the National Highway Traffic Safety Association:

- Plan ahead for a sober driver, if you plan to use an impairing drug.
- Don't let friends get behind the wheel if they're under the influence of drugs.
- If you're hosting a party where alcohol or other substances will be used, it's your job to make sure all guests leave with a sober driver.
- Always wear your seat belt—it's your best defense against impaired drivers.

In addition to the dangers of driving under the influence, drug use and drug withdrawal can cause depression. Depression is the number one risk factor for suicide, and intentional car crashes are sometimes the result of a suicidal driver suffering from severe depression. According to a study on driver behavior published in *Science Serving Society*, the percentage of suicides that are traffic fatalities has been increasing over time.

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. Online resources listed are available to users nationwide.

September was 2022's National Suicide Prevention Month and marked what many of us consider the beginning of the holiday season. On the topic of suicide and the holidays, there is a prevailing misconception that suicide rates are highest during the fall and winter months, but research indicates that this is not the case. As most instances of individuals experiencing seasonal affective disorder (SAD) begin to feel depressed and lethargic during the fall and throughout the winter, then begin to feel better by spring, it would make sense if suicide rates correlated with these months. However, it is the spring months (April, May, and June) when suicide rates are greatest, and the winter months (especially December) when rates are the lowest. At face value this seems counterintuitive, especially when also considering that alcohol abuse and binge drinking increases exponentially between Thanksgiving and New Year's, as alcohol abuse is a major contributing factor in many suicide deaths.

So why do suicide rates increase so greatly during the spring months? Before we address that question, it is worth noting that causes of suicide are complex and varied. Most individuals that consider suicide are ambivalent, hoping for some other solution to the various stressors that make it seem like an option in the first place. In fact, 85-90% of individuals who survive a suicide attempt go on to never die by suicide.

While though it is true for many that the holidays are a time when stressors such as depression, financial, social and familial anxiety, lethargy, and substance abuse become exacerbated, that doesn't mean that those individuals will carry out a suicide attempt. For individuals who experience clinical depression year-round, the winter months can be a time when staying indoors and laying low is more socially acceptable. Though the term "misery loves company" misses the mark, continuing to feel depressed during a time when many other people are beginning to feel happier and reenergized during those warmer months can increase feelings of loneliness, depression, and

isolation. Another emerging theory is that one of the greatest contributing factors to an increase in suicide deaths in the spring is allergies. Yep. Allergies. Autoimmune responses have been proven to increase depression, and there is a direct correlation between inflammation and depression. Locations farther from the equator with more extreme seasonal variations also show a greater increase in suicide deaths during this changing of the seasons.

Looking at the past few years of suicide data specific to the state of Georgia, it is harder to see as clear of a pattern as it is when looking at national data. In 2016 for instance, the months with the highest number of suicide deaths were: April, August, and July. Even among those months, there was a very small difference separating them (i.e., 132 deaths in April, 131 deaths in August, 130 deaths in July). For 2017, those months were: August (137 deaths), June (135), and July/October (134). Overall, the months with the most deaths were April and/or August. Despite not being as clear cut as the national data, one thing that the Georgia data does show is that November and December have the lowest numbers of suicide deaths each year, mirroring the national data.

If this data proves anything, it is that our mental and physical health are much more linked than we tend to think of them as in our current society. Though social factors are certainly at play, physiological factors are also important to consider. This research also makes a strong case for changing the way that we talk about suicide. Removing terms like "committed" suicide from our vocabulary and speaking about suicide as the result of an untreated medical condition than a crime or a mortal sin could help reduce stigma and assist individuals who are at an increased risk of suicide get the help that they need.

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.

National Suicide Prevention Lifeline:
1-800-273-TALK (8255).



Supervisor Newsletter

Intoxication in the Workplace

Employees who are under the influence of alcohol at work are a danger to themselves and others. Workers suffering from active alcoholism (as opposed to being in recovery) can create troublesome issues for supervisors and employers.

Lost productivity and other hidden costs due to alcoholism are significant for U.S. companies. Additionally, the legal liabilities incurred by an alcohol-abusing employee can end up being very costly for a business. Therefore, it is important for supervisors to know what to do when an employee is intoxicated at work.

If a worker suspected of being under the influence of alcohol is disruptive in any way, he or she should be removed from their workstation and taken home (by taxi or a family member), or to a safe location. If the employee resists, or insists on driving himself, local law enforcement should be notified immediately.

If the employee is apparently intoxicated, but not being disruptive, the company HR

manager and/or EAP representative (if available) should be notified so that a trained counselor can make an immediate assessment. If a counselor is not available, and the employee is willing (depending on the level of intoxication), it might be necessary to notify emergency service personnel who can offer a medical judgement as to whether or not the individual is in fact intoxicated. Some medical conditions can be mistaken for intoxication. Hyperglycemia for example can cause confusion, and in some cases the body will create ketones that are secreted through the breath and smell like alcohol. EMTs may be able to conduct an onsite voluntary alcohol test to determine if the worker is impaired or suffering from a medical condition.

It will be important for supervisors to accurately document what transpires during interactions with an employee suspected of intoxication. All events that led up to any employment actions must be carefully recorded in writing.

If impairment is confirmed, supervisors should not try to counsel the person on their own. The employee should be referred to a treatment and counseling professional.

If the employee returns to work, he or she should not be allowed to perform safety-sensitive duties such as driving vehicles, using heavy equipment, working around explosives or weaponry, or performing patient care activities until released to perform these duties by a licensed treatment professional.

Prevalence of Alcohol Abuse

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), nearly 14 million Americans (1 in every 13 adults) abuse alcohol or are alcoholics. Several million more adults engage in risky drinking patterns that could lead to alcohol problems. The costs to companies in terms of lost productivity, health care costs, traffic accidents, and personal tragedies are staggering. Numerous studies and reports have been issued on the workplace costs of alcoholism and alcohol abuse, and they report costs that range from \$33 billion to \$68 billion per year.

Alcohol is a major factor in injuries at home, at work, and on the road. Nearly half of all traffic fatalities involve alcohol, and the problem is only getting worse.

Pandemic-Induced Alcoholism & Addiction Continue

A Columbia University study found that from March of 2020 through the end of September of that year,

alcohol sales increased by more than 20 percent. In June of 2020, the Centers for Disease Control (CDC) reported that 13 percent of Americans had started or increased alcohol abuse. More than two years later, the increase in alcohol and drug abuse by employees persists in plaguing companies.

People everywhere continue to struggle with lingering addiction issues that developed during the pandemic, and these problems are impacting the American workforce. The bright side is that the focus on COVID over the past three years has increased awareness of alcoholism and drug addiction, and the pandemic created an opportunity for Zoom and video chats with professional recovery coaches and Alcoholics Anonymous groups. These resources, developed during the pandemic, remain available to provide support for individuals in need. Employers who have turned to these new technology methods of counseling and treatment to assist workers are providing a much-needed service for their employees.

Even at workplaces that offer a supportive environment, it is often difficult for someone suffering from an alcohol use disorder to ask for assistance. Making treatment available through the confidential means of a technology device is often the best way to get someone to embrace help.