



THE A.T.U. 587

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NEWS REVIEW

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SPECIAL EDITION

Member Assistance Program / E. A. P.

This special edition of the newsletter was precipitated by a rash of 587 members recently being subjected to alcohol and drug testing at local hospitals and forced to sign consent forms by Metro management. This procedure was unilaterally implemented without discussion with the union. In several of these incidents, there was no documented probable cause for demanding the testing and some of the test results were negative. Many of our members are concerned because of the potential for management abuse of its authority. They are worried that they might be next. The union is also concerned about the way in which these tests were carried out and the possible abridgement of our members' civil rights.

A LITTLE BIT OF KNOWLEDGE


The old cliché, "a little bit of knowledge can be a dangerous thing", may apply to these incidents. Partly through local and national media attention and partly through the Employee Assistance Program, management's sensitivity to alcohol and drug abuse has been heightened. It is hardly news to most of us that alcohol and drug abuse occurs on the job. While some of us might just look the other way, a standard practice of some shop stewards in years past had been to urge a member to get on the sick list and go home as soon as possible when the steward smelled alcohol on the member's breath. Although we, as union members, need to go much further than this, Metro overreacted to the problem. Rather than trying to solve the problem cooperatively with the union, Metro responded with

what looked like a "witch hunt."

THERE ARE OTHER ALTERNATIVES

The union does not condone alcohol and other drug abuse anymore than management does. We want to make sure our members get the kind of help they want and need before it's too late. There are existing alternatives.

Metro's Employee Assistance Program (EAP) and Local 587's Member Assistance

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Alcohol/Drug Screen Exams

If your supervisor accuses you of being impaired on the job because of alcohol or drug use, you will be relieved of duty and ordered to take an alcohol and drug screen exam. BEFORE you are taken to a hospital for the test, CALL THE UNION OFFICE AS SOON AS POSSIBLE AT 622-4452. A union officer is on duty 24-hours a day and will join you at the hospital. Do not rely on your supervisor to call the union for you.

Refusal to sign the consent form or take the test will be considered insubordination and grounds for termination. Sign the consent form and take the alcohol/drug screen exam.

Do not argue with your supervisor. Obey now and grieve later. Local 587 does not agree with the consent form or the test procedure and the validity of its results.

MEMBER ASSISTANCE PROGRAM – cont.

Program (MAP) are two referral sources for getting help with personal problems.

Historically, management has supported EAP because of cost-saving factors. EAP services can reduce absenteeism, on-the-job injuries and poor work performance. By reducing turnover rates and the associated costs of terminating, hiring and retraining employees, EAP can cut costs.

Unions, too, have seen advantages to EAP because the program's services can enhance the job security and promotional opportunities of its members and reduce the number of union grievances and arbitrations. The ideal Employee Assistance Program is a jointly-operated program. Because the union had major differences in philosophy and procedures with Metro's EAP, Local 587 developed its own program - The Member Assistance Program. The union is attempting to work cooperatively with Metro management toward the goal of a single program. A joint policy statement has been agreed upon but the procedures and training still need to be worked out.

KNOWLEDGEABLE CHOICES BASED ON GOOD INFORMATION

In order to make knowledgeable choices about getting professional help an individual needs good information.

The purpose of this newsletter is to provide information to our members (and their families) who are experiencing personal problems because of family and/or marital difficulties, legal and financial stress, domestic or emotional crises in addition to problems caused by alcohol and/or other drugs.

E. A. P.

Policy and Procedures

Metro and the union have come a long way in the past three years towards developing a joint union/management EAP. Although there is still a long ways to go, a degree of trust and mutual respect has developed.

EAP was originally a management program. It was a joint program in name only. Even the steering committee was dominated by management. Local 587 eventually gained management's respect by making its own contacts with community counseling resources. The establishment of Local 587's Member Assistance Program (MAP) demonstrated to Metro that the union knew what it was doing and that the Local would not accept Metro's program blindly. MAP has become the bridge to a jointly operated program.


FOUR-FOLD RESPONSIBILITY

According to 587's MAP coordinator, Carolyn Keogh, an EAP should ideally be "an oasis in the midst of adversity." On a number of occasions including the controversy over the consent form for alcohol/drug testing, EAP has been, instead, at the center of conflict. Too often, Metro has appeared to be more worried about potential lawsuits than the welfare of its employees. Both the union and Metro are learning that a properly run EAP requires a four-fold responsibility: to the individual, to his/her co-workers, to Metro and to the public.

Metro and Local 587 now have a mutually agreed upon joint policy statement but the procedures for implementing this policy have not yet been worked out. In addition, joint training of supervisors and shop stewards has not been set up.

There are some important unresolved problems and questions:

- Anonymous complaints are supposedly no longer considered reason enough to suspect an employee of impaired job performance. What constitutes "impairment"? If this means observable, physical impairment (as Metro now claims), what are the signs? If impairment includes slurred speech, a staggered walk, loss of motor-reflex control, etc., then employees should be given this information. They shouldn't have to guess at what they are being held accountable for.
- Employees can be reported by supervisors for alcohol/drug impaired

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POLICIES AND PROCEDURES - cont.

job performance but there is no reciprocal mechanism for supervisory personnel. What steps should an employee take if he/she observes his/her supervisor impaired on the job?

- Employees are required to inform their supervisor of any prescription medication they are taking. Does a supervisor have the medical expertise to determine whether such an employee is capable of working or not?
- What should a sick employee do with the medication prescribed by his/her doctor when the employee returns to work? Should the employee not take the drug and risk staying sick or take the drug and risk being fired because of a positive result on an alcohol/drug test?
- Because of the variable and sometimes extremely long half-life of some drugs, medication taken days or even weeks ago off the job may show a positive result on the alcohol/drug test. Will Metro fire any employee for any reason who shows a positive test result? How will a positive reading for alcohol that came from a cough syrup be differentiated from alcohol that came from a beer?

These and other questions need to be answered in future policy meetings between Metro and the union.

There have been problems in the past with breaches of confidentiality where personal and medical information that should stay between an employee and his/her counselor has gotten back to Metro. The union would also like to curb abuses of supervisory authority. EAP should not be another method of policing the workforce. On the other hand, the union should not "kill someone with kindness" by using EAP as a way of sheltering its members from discipline that they may deserve.

How to Use EAP

Metro's EAP service is designed to provide referrals to community counseling agencies and motivation for those who

need assistance. EAP is a resource to identify problems and make the appropriate referrals, not to do the actual counseling. Professional counselors should do the diagnosis to discover the cause of the problems and provide treatment for those problems. Metro's EAP can help in locating financial assistance (such as the services of the Metro Credit Union and consumer credit) and in helping the employee make financial arrangements if in-patient treatment should be necessary. EAP can also assist those employees, when necessary, in arranging leaves of absence.


Employees referred (or self-referred) to EAP do not have to disclose his/her personal problems. If the employee feels uncomfortable talking to a Metro representative, he/she may request a referral to an outside agency for an assessment and/or treatment.

If an employee receives a supervisor referral to EAP, it may be advisable to contact the union office first. A union officer can assist in contacting a community counseling resource before visiting Metro's EAP office in order to avoid problems regarding confidentiality. A "limited" medical release can be designed with the employee and his/her counselor. Metro will then receive only the information that is acceptable to the employee and not the full disclosure of information that may result from signing Metro's release form.

EXAMPLE OF A "LIMITED" MEDICAL RELEASE FORM (in most cases Metro only needs to know this much information)

1. Record of the initial appointment and verification that appointment was kept.
2. Record of treatment program successfully completed or not.

If impaired job performance is not a factor, the employee may want to inform Metro only that initial contact was made with an outside agency or professional counselor. Metro needs to document work performance only. It is the responsibility of the employee to take charge of his/her own life. An employee's private life is

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POLICIES AND PROCEDURES - cont.

his/her personal business.

Mandatory EAP

There are some cases when referral to EAP is mandatory. An employee who is also a professional driver and arrested for driving while intoxicated (DWI) will be required to see Metro's EAP Coordinator. If the employee goes through deferred prosecution, Metro will be informed of the DWI by the court.

EAP may also be mandatory for employees with documented impaired job performance who take the choice of getting some form of counseling or treatment rather than being terminated. In these situations, the disclosure of confidential information is determined by the individual, Local 587 and Metro on a case-by-case basis.

EAP Coordinator: Pam Salisbury
Phone: 223-7194
EAP Office: 9th Floor
Exchange Building
821 Second Avenue
Seattle 98104

How to Use MAP

By calling the union office (622-4452), a member can receive a referral for him/herself or family member to the counseling center closest to his/her home. The member will not have to go through Metro's EAP and strict confidentiality will be observed. The Local maintains a union-approved list of nine counseling centers scattered throughout Seattle and King, Pierce and Snohomish counties. These counseling centers can in turn refer an individual and/or his/her family member to the appropriate counselor depending on the nature of the problem(s).

The initial assessment fee for members only will be reimbursed by Local 587 after a proper receipt is presented at the union office. Most of the counseling centers are United Way agencies and have adjusted fee schedules (sliding scales). In some cases, the costs may be covered under the employee's medical plan. A MAP brochure (soon to be mailed to members' homes) will contain the list of counseling centers.

Summary of the Joint E.A.P. Policy Statement

1. The Employee Assistance Program (EAP) will be available to all employees. Any employee with a personal problem affecting his/her job performance will receive careful consideration and be offered confidential professional assistance. The program may be used through self-referral, union referral or supervisor referral.
2. The use of EAP is voluntary. It is the employee's choice to request or accept assistance and to follow through with treatment at an outside agency or resource.
3. Metro's EAP referral services are available at no cost to the employee and his/her family.
4. Union and supervisor referral to EAP will be based solely on work performance.
5. Job security or promotional opportunities will not be jeopardized because of referral to EAP. EAP is not to be used as a substitute for disciplinary action nor is discipline to be used as retribution for refusal to use EAP services.
6. Management's right to maintain discipline or take disciplinary measures (according to the Labor Agreement) is not waived in the case of misconduct or job performance that may result from alcohol or drug abuse or psychological problems.
7. Employees participating in the program will be expected to meet job performance standards and to follow established work rules.
8. All EAP discussions and records will be strictly confidential and will not become part of the employee's personnel file.
9. EAP procedures will be developed and periodically reviewed by a Joint Union/Management Steering Committee.

SELF INVENTORY

Below is a list to assist individuals in assessing their needs.

EMPLOYEE PERFORMANCE PROBLEMS

WHAT THE SUPERVISOR SEES

PATTERNS OF JOB PERFORMANCE DETERIORATION

1. Absenteeism
2. On-the-job absenteeism
3. High accident rate
4. Concentration difficulties
5. Confusion
6. Spasmodic work patterns
7. Reporting in abnormal condition
8. Lowered job efficiency
9. Friction with other workers

WHAT THE PROFESSIONAL SEES

COMPLEX MEDICAL-BEHAVIORAL PROBLEMS

1. Alcoholism
2. Marital
3. Family
4. Financial
5. Undiagnosed physical illness
6. Drug abuse
7. Personality
8. Interpersonal
9. Legal
10. Vocational

Alcohol/Drug Definitions

I. ALCOHOL

Use: drinking. Technically anyone who drinks alcoholic beverages, however rarely and moderately, is a drinker.

Abuse: drunkenness. Anybody can get drunk on a given occasion; they might not even be a drinker in the usual sense of the term. However, intoxication even by nonalcoholics is a major source of both civil and criminal problems.

Addiction: alcoholism. This is the state of a person whose excessive use of alcohol creates serious life problems.

II. DRUGS

Drug: Any chemical substance which, when taken into the body, produces some change in the mental and/or physical state of the individual.

Dependence: A physical or psychological need for a drug on a regular basis that is greater than the person's ability to control -- much like a strong habit.

Physical Dependence: A need of the body tissues for the continued presence of a drug. If this need is not satisfied regularly, withdrawal symptoms usually appear.


Psychological Dependence: A craving for the desirable or pleasurable effects of a drug, usually by the compulsive use of that drug.

Withdrawal Symptoms: The reactions and behavior that occur following the sudden cessation of the use of a drug. The withdrawal symptoms will vary with different drugs. The severity of withdrawal symptoms is determined by the amount, frequency, and length of use of the drug.

Potentiate: Potentiation is the multiple effect which results from the combination of one drug with another, making each several times stronger than had the drug been taken by itself. While not always fatal, barbiturates, tranquilizers, and alcohol combinations are always unpredictable and dangerous.

Tolerance: Tolerance is established when repeated administration of a given dose produces a decreasing effect; therefore, increasingly larger doses must be administered to produce the original effects of the original dose. Tolerance does not develop with all drugs or to all the effects of a single drug. Sometimes only a partial tolerance develops to the effects of a drug. Tolerance rates will vary from individual to individual and will depend upon their dosage level and duration of use.

Cross-Tolerance: Among certain pharmacologically related drugs, tolerance to one drug will carry over to others. If one has acquired a tolerance to alcohol and

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ALCOHOL/DRUG DEFINITIONS - cont.

takes another depressant drug such as a barbiturate, the user will experience either little or no effect from the latter. There is some degree of cross-tolerance between most depressants and between most stimulants. Cross-tolerance also exists with the use of LSD, mescaline, psilocybin and most other hallucinogens.

Metabolism: The rate at which the liver gets a drug out of the body.

1. **Alcohol.** Fixed rate = 1 oz. hour. Water soluble and an easy drug for the body to flush from system.

2. **Other drugs.** Metabolism is measured by $\frac{1}{2}$ life. This is the length of time it takes $\frac{1}{2}$ the amount of drug to get out of the system. Unlike alcohol, most of these other substances have a very long and very unpredictable $\frac{1}{2}$ life.

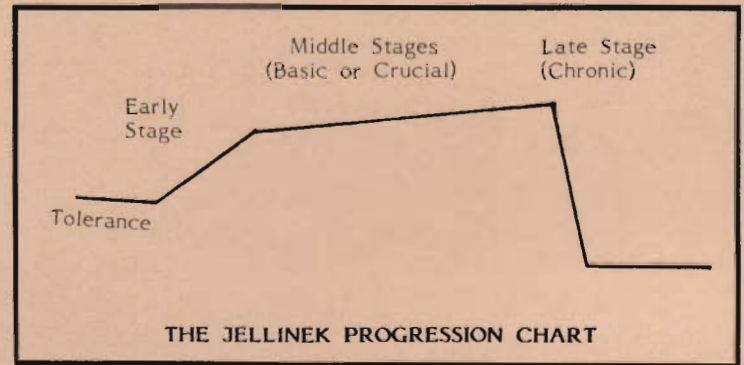
Total life of drug:

- 1st $\frac{1}{2}$ = duration of effect
- 2nd $\frac{1}{2}$ = residual toxicity

Cross Addiction: Usually defined as concurrent use of two or more drugs. People can also become cross addicted in a consecutive sense. If at one time in their lives they abused the drug of alcohol and stopped, had a period of drug and alcohol free living and then began to abuse marijuana (or cocaine, for example), these people are considered cross addicted.

The effects of most substances on human functioning are quite similar to the effects of alcohol. It affects how they think, how they feel and how they see problems in their lives. Marijuana and cocaine do not have the same pharmacology as alcohol. This is why people condition themselves to think of drugs other than alcohol as being very different from alcohol.

The pattern of deterioration of human functioning through the abuse of drugs other than alcohol follows the "Jellinek" chart used for alcoholism. The actual effect of almost any substance will follow the curve - showing an early stage pattern of deterioration; a middle stage; and a late stage. (Note the Jellinek Progression Chart on the top of the following column.)



An early stage indicator of any addiction is that a person's use pattern begins to differ from the normal use of their friends and associates. The middle stage affects how the person functions. The late stage is usually characterized as complete preoccupation with the drug and physical deterioration. All of these are true for prescription drugs, marijuana and cocaine use, etc. The progression of behavioral deterioration over time is very similar for all substances and involves a systematic attack on an individual's defenses where the user starts to deny, rationalize and perhaps even sell drugs.

Sedativism: When a drug(s) is almost impossible to eliminate from the system before using again. As the person's use and abuse increases, more and more of the drug builds up in the body. These drugs bind to fat tissue and are harder to flush from the body.


Driving While Intoxicated?

Know the Law/Know the Risks

DWI - FIRST OFFENSE

- Minimum One-Day Mandatory Jail Sentence
- 90 Day Loss of License is Probable
- Fine: Up to \$750, Plus a 25% Penalty
- Requirement to Complete an Alcohol Information School Course or Treatment Program

DWI - SECOND OFFENSE (Within a Five Year Period)

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DWI - SECOND OFFENSE - cont.

- Minimum Seven Day Mandatory Jail Sentence
- One Year Loss of License is Probable
- Fine: Up to \$1500, plus a 25% Penalty
- Possible Mandatory Alcoholism Treatment Program

DWI - OTHER PENALTIES

- Third or Subsequent Offense Within a Five Year Period: Two Year Loss of License is Probable
- Offenses Causing Serious Bodily Injury: Up to Five Years in Jail and a \$10,000 Fine
- Offenses Causing a Death: Up to 10 Years in Jail and a \$20,000 Fine
- Failure to Submit to a Breathalyzer Test: First Refusal May Cause a One Year License Revocation. Two Year Revocation if Refused More Than Once in Last Five Years.

Driving Ability Affected?

This can be determined by the % of alcohol in your blood. You can estimate

your blood-alcohol level by counting your drinks (1 drink equals 1 volume oz. of 100 proof alcohol or 1 - 12 oz. bottle of beer.

Use alcohol chart shown below - and under no. of drinks and opposite your body weight find the % of blood-alcohol listed.

Subtract from this number the % of alcohol "burned up" during the time elapsed since your first drink.

<u>Hrs. Since 1st Drink</u>	<u>Subtract</u>
1	.015%
2	.030%
3	.045%
4	.060%
5	.075%
6	.090%

THE REMAINDER IS AN ESTIMATE OF THE % OF ALCOHOL IN YOUR BLOOD.

EXAMPLE:

160 lb. Man, 8 Drinks in 6 Hours
 .188% Minus .090% = .098%

IN WASHINGTON STATE, .10% IS LEGAL INTOXICATION.

At Metro, "The use of intoxicants or the odor of intoxicants" is a major infraction subject to suspension and/or termination.

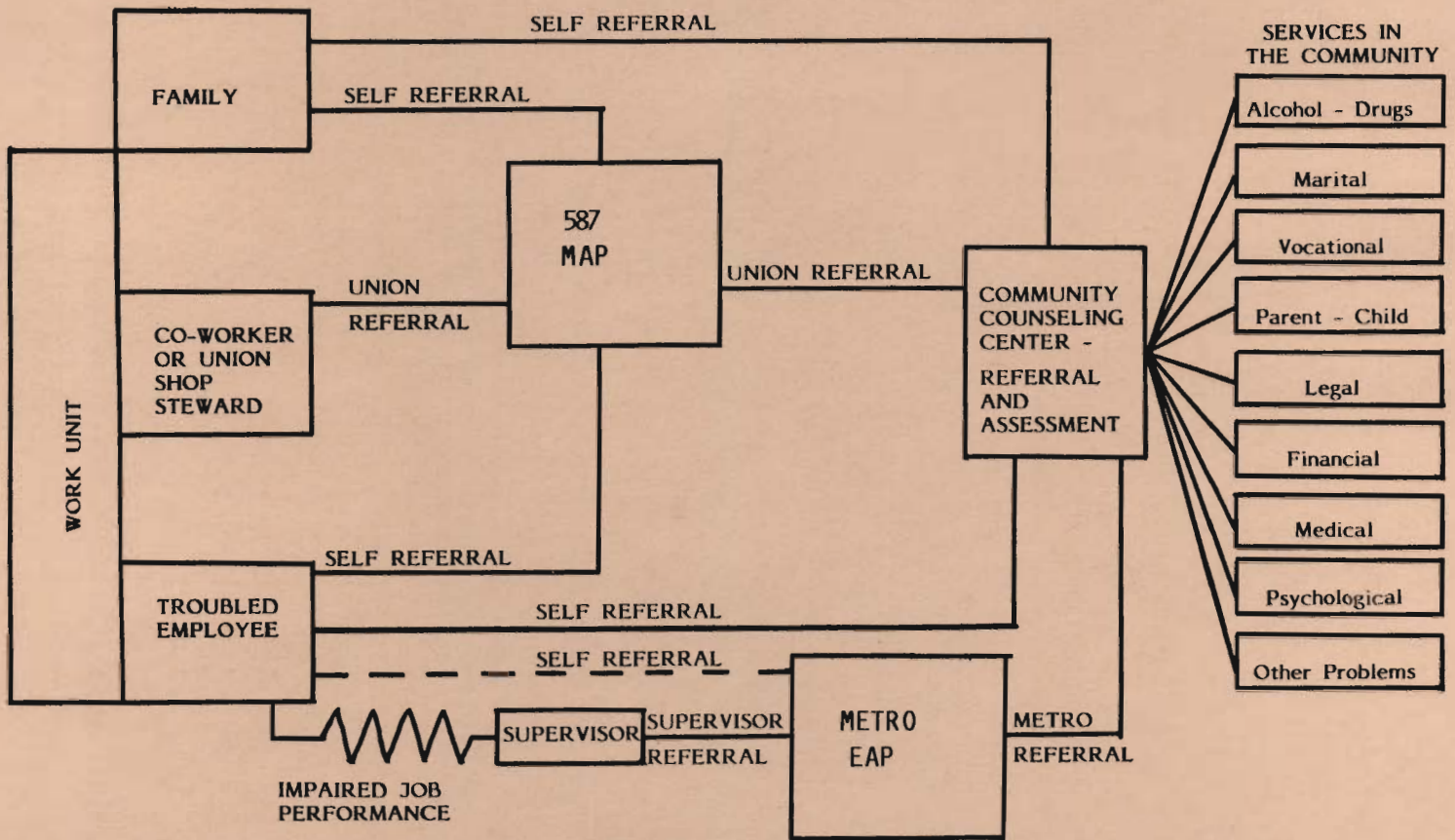
BLOOD ALCOHOL CHART

SHOWING ESTIMATED % OF ALCOHOL IN THE BLOOD BY NO. OF DRINKS IN RELATION TO BODY WEIGHT

DRINKS	1	2	3	4	5	6	7	8	9	10	11	12
100 lb.	.038	.075	.113	.150	.188	.225	.263	.300	.338	.375	.413	.450
120 lb	.031	.063	.094	.125	.156	.188	.219	.250	.281	.313	.344	.375
140 lb	.027	.054	.080	.107	.134	.161	.188	.214	.241	.268	.295	.321
160 lb	.023	.047	.070	.094	.117	.141	.164	.188	.211	.234	.258	.281
180 lb	.021	.042	.063	.083	.104	.125	.146	.167	.188	.208	.229	.250
200 lb	.019	.038	.056	.075	.094	.113	.131	.150	.169	.188	.206	.225
220 lb	.017	.034	.051	.068	.085	.102	.119	.136	.153	.170	.188	.205
240 lb	.016	.031	.047	.063	.078	.094	.109	.125	.141	.156	.172	.188

BODY WEIGHT

FLOW CHART OF MEMBER ASSISTANCE PROGRAM AND EMPLOYEE ASSISTANCE PROGRAM



<u>Differences</u>	
<u>Metro EAP</u>	<u>587 MAP</u>
1. Referral <u>solely</u> thru EAP Coordinator.	1. Two types of referral: A. Self referral. B. Outside (MAP) agency in conjunction with EAP with union representation.
2. No charge for initial diagnosis & referral.	2. ½ price (\$25.00) through outside agency. With proper receipt, fee will be reimbursed by Local 587 for member only.
3. Not governed by confidentiality laws.	3. All agencies utilized by MAP are governed by confidentiality laws.
4. Family members receive same privileges.	4. Family members pay full \$50 assessment fee.
<u>Similarities</u>	
Both utilize existing benefits package.	
Both utilize same continuum of care.	

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