

WORKPLACE ABSENTEEISM AND ITS CONNECTION WITH ABUSE OF ALCOHOL AND OTHER PSYCHOACTIVE SUBSTANCES

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1. Problem Description

There are nearly 450 million people in the world who suffer from neuropsychiatric disorders, which account for four of the 10 principal causes of disability overall. Major depression is becoming one of the main causes of illness and mortality after heart disease and, according to the WHO, in 2020 it will be the chief cause of days lost to disability in developing countries. Furthermore, drug and alcohol abuse is a very widespread problem in society and addictive substance use rates are higher in the labor force than in society as a whole.

In the past 10 years several international studies (to which we refer below) have been conducted on alcohol use prevalence and accidents in the workplace. These studies have found that between 15% and 30% of fatal accidents occurring in the workplace are due to drug use; 20% to 25% of work accidents involve people who are intoxicated; alcohol users are involved in between two and four times more accidents and are absent from work two to three times more often than other employees. Overall, the percentage of workers who abuse alcohol is between 40% and 70%.

There is no recent mental health review for the Latin American working population, nor are there precise data on the frequency of use and abuse of alcohol and other substances. According to information generated by other worldwide studies on the association between alcohol and drug use and accidents at work, absenteeism, and poor work performance, as well as the presence of many stressors connected with our reality, it would be fair to assume that workforce is exposed to situations that cause a decline in their mental health and performance.

2. Objectives

2a. Overall Objective

The purpose of this project is to carry out a review of absenteeism and accidents associated with abuse of alcohol and other psychoactive substances in the workforce in each pilot country where the CICAD and the UMDNJ are implementing the project on the social, human and economic costs of drugs. Two public sector and two private companies will be selected in the first phase, with a

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view subsequently to extending the activities nation-wide based on representative company samples.

2b. Specific objectives

1. Conduct a pilot of the protocol created to initiate the costing study on drug and alcohol abuse in the workplace.
2. Collect preliminary information on workplace absenteeism and accidents associated with drug and alcohol abuse.
3. Create awareness in companies and organizations on the need to create prevention programs at different levels.

3. Theory framework and current situation

WHO Definitions

Work and Health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

"Occupational health is the promotion and maintenance the highest degree of physical, mental and social well-being of workers in all occupations."

Work Absenteeism: "Absenteeism is understood as the failure of employees to be at their place of work for a directly or indirectly avoidable reason, such as illness, regardless of its duration or nature -common, professional, accident-related or otherwise- including medical visits, as well as unjustified absences for all or part of the work day, and circumstantial leave during work hours.

In recent research particular attention has been given to the importance of the relationship between productivity demands, health and wellbeing. Work has an incalculable value from the point of view of health promotion:

- .. It gives a person a sense of belonging to a sector of society that is considered important, necessary and valuable.
- .. It gives them the opportunity to exercise their talents, to use and broaden their knowledge, and to acquire new knowledge.
- .. It allows them to be a part of a social environment where they can find a place to interact with others and have a network of support through interpersonal relations.

Mental illnesses are characterized by alterations of the mind, emotions and conduct that cause variable degrees of suffering, disability, and a high personal, family and social cost. They are the result of the interaction of biological, psychological and social factors. They may affect up to 25% of people

in the world at some time in their lives; they affect people in all societies and countries, of all ages, men and women, rich and poor, and they have a huge impact in economic and social terms as well as on the quality of life of individuals.

A study conducted by the Federation of Industries of the State of São Paulo (FIESP) on the problems of drug addiction and alcoholism in the workplace mentioned that 10% to 15% of employees struggle with problems of addiction. Other researches revealed that 80% of prisoners were cases of problematic use of licit or illicit drugs. According to the FIESP study, these problems:

- Gave rise to three times more sick leave than other illnesses;
- Led to 50% of cases of absenteeism;
- Led to a fivefold increase in the risk of an accident in the workplace;
- Were connected with 15% to 30% of work accidents;
- Multiplied hospitalization costs eightfold;
- Tripled the use of social and medical services by families.

Table 1 shows the prevalence in the general population of the most common mental disorders based on data provided by the World Health Organization (WHO) and the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). The latter data refer only to the United States.

Table 1: Comparative prevalence of psychiatric disorders (%)

Disorder	WHO	DSM IV
Depression	10.4**	5.0*
Bipolar Affective Disorder	0.6*	1.2*
Dysthymic Disorder	2.1**	5.4*
Anxiety Disorders	2.7**	12.6**
Social Phobia	-	3 - 13*
Specific Phobia	-	10-11.3*
Panic Disorder	1.2**	1.3*
Generalized Anxiety Disorder	7.9*	5.0*
Obsessive-Compulsive Disorder	0.3**	2.1*
Posttraumatic Stress Disorder	1.1**	-
Schizophrenia	0.5**	1*
Somatization Disorder	1.0**	0.2*
Hypochondriasis	0.8**	4-9*

Dementia	0.3**	2.7*
Alcohol Use: Abuse	3.3*	5.0**
Dependence	2.7**	8.0*

* estimated for one year

** Global prevalence

Table 2 contains integrated data on illegal substance use proposed by the United Nations as a result of pooling all the information available from different sources around the world:

Table 2: Annual prevalence of illicit substance use, 2000-2001

	Total	Marihuana	Stimulants		Cocaine	Opiates	Of which heroin
			Amphetamines	Ecstasy			
Global (millions of people)	200	162.8	34.3	7.7	14.1	14.9	9.5
% of total population	3.4	2.7	0.6	0.1	0.2	0.3	0.16
% over 15 years old	4.7	3.9	0.8	0.2	0.3	0.4	0.22

Source: **Global Illicit drugs trends 2003**. UNODC: Vienna, Austria.

Based on a comparison between these data and those published in 2001 and 2002, there is a very clear increase in the number of users of all illegal substances.

The problem of alcohol and other drug use is trending upward across all social groups around the world. According to the International Labour Organization 3% to 5% of the working population are alcohol dependent and 25% are risk drinkers.²

Over the past 10 years several studies have been carried out on the prevalence of alcohol use and accidents in the workplace. These studies have found that between 15% and 30% of fatal accidents occurring in the workplace are due to drug use; 20% to 25% of work accidents involve people who are intoxicated; alcohol users are involved in between two and four times more accidents and are absent from work two to three times more often than other

² Alcohol and the workplace. Institute of alcohol studies. June 1997.

employees. In general, the percentage of workers who abuse alcohol is between 40% and 70%.³

Spain is the European country with the highest rate of fatal accidents in which alcohol use played a key role, prompting numerous studies to determine the profile of the worker with problems. In 2001 the FAD carried out a study titled *Incidence of Drugs in the Workplace [Incidencia de las Drogas en el Mundo Laboral]*, the results of which were published in July 2002. This research analyzes the incidence of drug use in the workplace, the substances most used, and the work-related risk factors that may foster drug use. The study also compares the current data with those collected in 1996, when the FAD carried out the first such review in this field.

The methodology used consisted of an epidemiological and opinion survey conducted on a sample of employed clerical and manual workers, and on a sub-sample of unemployed workers. According to the study results, compared to the 1996 FAD study:

- .. In the employed population there was a decline in the use of all substances, except for hypnotics (which increased) and volatile substances (where there was no change).
- .. Among the unemployed there was a clear increase in use of cannabis, cocaine, hallucinogens and synthetic drugs; a decline in alcohol abuse, heroine, amphetamines, and tranquilizers and hypnotics. Tobacco use remained stable.
- .. Among alcohol users, in the last year, 12.5% of the employed and 16.3% of the unemployed admitted to have experienced problems arising from alcohol use. The most frequent problems associated with alcohol use among the employed were: physical or mental health problems, arguments and quarrels with friends and co-workers, drop in work performance, and family conflicts; and among the unemployed relational problems with others, quarrels with friends and partners, absenteeism and drop in work performance.
- .. With respect to illicit drug users, in the last year, 15.7% of the employed and 17.8% of the unemployed admitted to have experienced some problem associated with their use.

These results confirm the high prevalence of drug use among Spanish workers, as well as the recognition by a significant portion of workers of the adverse effects of drug and alcohol use.

In Argentina, the Argentine Academy of Labor Medicine and the Argentine Society of Labor Medicine of the Argentine Medical Association (AMA) launched, in July 2003, a study in this area. So far the study has determined that 14% of

³ Morales A, Rubio G. Problemas por el alcohol en el medio laboral. En: Rubio G, Santo-Domingo J. Editores. *Guía práctica de intervención en alcoholismo*. 1ª edición. Madrid: Agencia antidroga. Consejería de Sanidad. 2000. p. 367-73

workers in the Federal Capital and in the Greater Buenos Aires area use drugs, in particular cocaine and marihuana. The study sample includes construction workers, bank tellers, managers of multinational companies, medical doctors, sales executives, operatives, and employees of a finance corporation.

The study found that 700 workers out of a total of 5,000 were drug users. The percentage is very similar to that found by a *Universidad del Salvador* survey in 2000, which revealed that 1,111 (13.89%) out of 8,000 workers over 18 years old in the Federal Capital and Greater Buenos Aires used drugs. Partial results from the study found a pattern in the following attitudes and situations in the 700 drug users: absenteeism and work accidents five times higher than for non-drug users; tardiness 18 times higher; seven times more disciplinary measures; 35% lower performance; and 10% higher expenditure on health.

In the United States drug and alcohol use costs employers US\$200 billion a year in lost productivity, medical treatment, and work accidents. In the US, 6.6% of full-time workers, 4.9% of part-time workers, and 10.4% of the unemployed report high levels of alcohol consumption, defined as drinking five or more glasses at a time in five or more days over the previous 30 days; the highest percentage was for the unemployed: 12.2%.⁴

In that connection, according to reports of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services, 75% of drug users have full-time jobs. The *Report on Worker Drug Use and Workplace Policies and Programs* concluded that among the full-time employed there are 6.3 million illicit drug users and 6.2 million heavy alcohol users, and that 1.6 million of those workers were both heavy alcohol users and illicit drug users.

Furthermore, in this study public health officials reported on the huge productivity losses in business and the increasingly high costs that persons addicted to illicit substances represent for society. Officials said that drug use doubles employer expenditure on worker health and compensation claims, and explained that alcoholism is responsible for the loss of 500 million work days every year. According to the United States Department of Labor, employee substance abuse costs bosses US\$100 billion a year. The low productivity, absenteeism, additional health care costs, accidents in the workplace, and theft caused by employees who use drugs can be devastating for business in any company in the United States.

According to a study carried out in 1990 among airline pilots that used flight simulators to evaluate the effects of alcohol use on their performance, it was found that: before the ingestion of any alcohol, 10% of them could not perform all the operations correctly; after reaching a blood alcohol concentration

⁴ National Institute of Drug Abuse NIDA. National Household Survey on Drug Abuse: Main Findings 1997, 4/99, p.111.

of 0.10/100ml, 89% could not perform all the operations correctly; and 14 hours later, after all the alcohol had left their systems, 68% could not perform all the operations correctly.⁵

In 1992 the *Fundación Santa Fe de Bogotá* and the Colombian School of Medicine conducted a study on psychoactive substance use in the Colombian workforce. The study found, *inter alia*, that nicotine was the most widely used substance (76.5% of workers). In an analysis by sectors it was discovered that cocaine is used most in the financial and real estate sectors; cocaine base among manufacturing companies; stimulants, inhalants and tranquilizers among public administration workers; and cigarettes, alcohol and marihuana in the services and construction industries.⁶

It has been proposed that the risk conditions in a particular population or individual when faced with drug use are determined by two variables: vulnerability and sensitivity. **Vulnerability** should be understood as the condition that makes a person or group more easily affected by drug problems, and more defenseless against the possibilities of initiation in the use of drugs or against the consolidation of their continued use. **Sensitivity** is defined as the characteristic that determines that a group or population reacts with greater intensity to the possible negative consequences of drug use. A particular form of sensitivity may occur in cases where the adverse consequences are not limited to the drug user exclusively, but also to some degree have repercussions on others; the greater a group's or population's capacity for or weakness in extending to other groups or persons the potential negative consequences of its drug use, the higher its sensitivity. From the point of view of vulnerability, being employed is both a protection and a risk factor.⁷

While having a job may be considered a protection factor, it is important to keep two situations in mind: the first is that alcohol and drug use affect work performance; and the second is that labor conditions act as precipitants for drug use in a vulnerable individual.

Consequences for work performance of alcohol and drug use

The situations most often connected with the use and abuse of alcohol and other drugs among workers are as follows:

- Increased absenteeism
- Increased work accidents
- Increased illness
- Decline in work performance

⁵ Modell and Mountz. The problem of alcohol use by pilots. *New England Journal of Medicine*. 1990.

⁶ RED 30. Consumo de Sustancias Psicoactivas en el ámbito laboral: Drogas en el trabajo. Maria Fernanda Rojas Mantilla

⁷ Megías E., "Prevención de consumos en las empresas, ¿Exigencia o moda?". *Revista ITACA*, 1996, Vol.I, N° 1. p. 31-50.

- Early retirement
- Poor relations with co-workers and supervisors

Repercussions of alcohol use mentioned by workers (EDIS, 1996)⁸

Consequences	Percentage
Relationship problems	8.5
Health problems	7.1
Absenteeism	3.1
Poor work performance	2.8
Traffic accidents	1.6
Work accidents	0.6

Many international studies have been conducted on alcohol or drug use in the workplace, and it has been found that it significantly affects the worker, his or her co-workers, employer, and family, as well as society in general.

It can mean the loss of a job or income for the worker; worries and harm for their partners; accidents and loss of productivity for employers;⁹ instability, disruption of relationships, and internal strife for the family; and, for society as a whole, a high cost in terms of social security services, loss of quality of life, and increased insecurity.

We should bear in mind that alcohol use that might otherwise be classed as risk-free can be very dangerous in situations where the worker has to perform activities that demand concentration or precision. It was found that 60% of alcohol-related problems in the workplace involve employees that are not dependent but occasionally drink a lot on a work night or at a midweek lunch.¹⁰

Labor conditions as influencing factors in initiation or continuation of drug and alcohol use

Many studies suggest a significant association between work-related stress and alcohol use. Workers who abuse alcohol or other drugs have been

⁸ Morales A, Rubio G. Problemas por el alcohol en el medio laboral. En: Rubio G, Santo-Domingo J. Editores. Guía práctica de intervención en alcoholismo. 1ª edición. Madrid: Agencia antidroga. Consejería de Sanidad. 2000. p. 367-73

⁹ Buitrago D, Osorio M. Perfil ocupacional del farmacodependiente. En: Departamento de Toxicología. HUSVP. Compendio de farmacodependencia y alcoholismo. Medellín. 1994

¹⁰ TW Mangione, et. al, "New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study," JSI Research & Training Institute, Inc., Boston, MA, 12/98, p. 1).

observed to have personal risk factors, a strong sense of impotence, as well as stressful experiences in the workplace or a negative work environment.

It is recognized that jobs that require great physical effort, or in which the worker is under a lot of stress, can propitiate initiation and continuation of use. The former includes jobs in mining, the steel industry, construction, the transport sector, and nightshift work. The latter would include those that require a high level of attention and concentration and those in which the monotony or boredom are unpleasant for the individual. It should be borne in mind that the way certain companies are organized (excessively competitive or lack of advancement) and jobs in which there is a continuous source of stress (hospital emergency rooms, intensive care units) have been connected with alcohol and other substance abuse.¹¹

Some of the reasons workers offer as justification for drug and alcohol use are to relieve tension, stress, frustration, monotony and absence of intellectual stimuli that can occasionally occur at work.

Environmental factors that can influence use include: availability of alcohol or drugs; social pressure to drink; frequent travel that keeps workers away from the stabilizing influence of home; and lack of supervision. In the United States, in 1995 and 1996, it was found that the highest rates of illicit drug use in workers occurred in the following activities: construction, food preparation, and waiters and waitresses. Alcohol use rates were highest in the following activities but followed a similar pattern: automobile repair workers and mechanics, light truck drivers; and day laborers. The lowest rates of illicit drug use were found in the following occupations: detectives and police personnel, administrative assistants, teachers and nannies. The lowest rates of alcohol use were in data inputers and secretaries. Alcohol and other substance use was twice as high in single, separated or divorced workers as it was among married ones.¹²

4. Proposed Methodology

4.1. Method definition

A descriptive study will be conducted on a sample of workers selected at random from two public sector and two private companies in the same region within each country. Each of the participants will answer a survey which will record their sociodemographic and labor characteristics, and answer a list of questions designed to measure use or abuse of alcohol and other psychoactive

¹¹ Morales A, RubioG. Problemas por el alcohol en el medio laboral. En: Rubio G, Santo-Domingo J. Editores. Guía práctica de intervención en alcoholismo. 1ª edición. Madrid: Agencia antidroga. Consejería de Sanidad. 2000. p. 367-73

¹² (USDHHS, SAMHSA, Drug Use Among US Workers: Prevalence and Trends by Occupation and Industry Categories, 5/96, p. 1).

substances. The study will also review records of incapacity and its connection with illnesses caused by alcohol and other psychoactive substance use.

The project requires a quantitative methodology that would enable it to conduct a review of workplace absenteeism and accidents caused by alcohol and psychoactive substance use through calculation of prevalence levels.

4.2. Study target group

The target group will be the entire workforce (if the companies are small with 200 employees or less) or representative random samples of the public sector and private companies located in the same municipality selected by each pilot country.

4.3. Sample

In each stage of the review the sample size will be determined according to the total number of employees in each company.

4.4. Information collection procedure

To ensure an up-to-date sample framework, the sample design will be based on information provided by each pilot country according to the institutions selected.

Before commencing fieldwork the persons in charge of the research will be requested to collaborate and provide a written report on all the details of the research.

The employees selected will also be informed in order to ensure their participation.

4.5. Staff selection and training

The data will be collected by staff properly trained in the use of the survey instrument to be given to the persons selected in the sample.

Two of the researchers will supervise and provide support in the field, as well as ensure the quality of the data collected in the trials.

When the training is complete a pilot test will be carried out of the methodology in order to correct any faults that might occur prior to launch.

4.6. Data processing and analysis

Prior to examination of the data a database will be constructed using the program Statistical Package for Social Sciences (SPSS), version 10, or a similar version, should it be unavailable. Once data input has been completed, the database will be checked for inconsistencies in order to ensure the quality of the information. The analysis plan will take into account the proposed objectives. The frequency measurements for prevalence will be plotted with reliability intervals of 95%.

The results of this research will be carefully handled by the research team, who will guarantee the confidentiality of the information to the companies and workers selected. The results will be delivered in a final report on the study to each of the countries and to CICAD.

The research team is conscious of the importance of circulating the results among media organizations that reach different economic and workforce sectors, the scientific community, and the general public. For that purpose it will be necessary to obtain the prior consent of the organizations involved in the research. The results of this study will be published in a number of national and international journals concerned with the issued.

5. Awaited results

The aim is to estimate prevalence of use and abuse of alcohol and other drugs among workers, examine its connection with different types of occupations, and determine its influence on workplace absenteeism and accidents. The information will be systematized by means of a questionnaire given to workers. The questionnaire is based on a document prepared by SIDUC on identification of use and abuse of alcohol and other psychoactive substances in the workplace and its connection with absenteeism.

This project proposes to evaluate the impact of use and abuse of alcohol and other drugs on worker health and company productivity, as well as to answer the following questions:

- n What is the prevalence of use and abuse of alcohol and other drugs in the workforce of the selected companies?
- n What are the factors associated with absenteeism in the workforce of the selected companies?

- n Is there any connection between use and abuse of alcohol and other drugs and workplace absenteeism and accidents in the selected companies?

6. *Awaited impact*

The world's working population is exposed to multiple risk factors that adversely affect their capacity to perform their work activities efficiently, which usually leads, whether directly or indirectly, to a decline in the productivity of companies, worker dissatisfaction with their work performance, and an increase in work-related illness and accidents.

A review of drug and alcohol use in the workforce will provide business owners with an overview of the real situation in their companies, and serve as a reference to implement prevention and intervention plans to reduce absenteeism among their employees.

7. *Ethical considerations*

Historically, scientific research has yielded highly beneficial results for the progress of different disciplines, and for that reason it is necessary to encourage projects that seek to bring social and economic development based on fundamental ethical principles: ***respect, justice and benefit***.

Since this is a minimal risk study, the project will obtain the verbal consent of participants. This consent will include clear and readily understood information on the objectives of the research and the risks and benefits that it entails, as well as the fact that participation is voluntary.

1. *Respect*

Respect will be shown for the independence of all the persons taking part, as well as for the opinions and answers they give in the interview and proposed survey for collecting information.

Participation in the study will be voluntary and appropriately informed, a fact ensured by a meeting scheduled in advance to explain, the objectives, rationale, methodology and scope of the research.

The information produced by the study will remain anonymous and be treated confidentially by the research team; company management will not be provided with individual information. Participants will be at liberty to stop the interview at any time without fear of harming their labor relations.

2. *Justice*

The principle of justice will be applied through equity in the treatment, procedures, conduct, and benefits to which all persons who participate in the research are entitled. Every individual will receive the same information at the initial meeting, the same instruments proposed in the project methodology, and have the same opportunities of advisory services and intervention following analysis of the results.

3. Benefit

The purpose of the research is to benefit the workforce in general through generation of information that leads to the proposal of intervention strategies aimed at reducing workplace absenteeism that would be part of the final product.

8. Schedule

9. Budget

ANNEX 1

INFORMED CONSENT

You are being selected to participate in a research project on “Absenteeism in the Workplace” and its relationship to alcohol and psychoactive substance consumption. The objective is to carry out a diagnostic on Absenteeism in the Workplace and the prevalence of alcohol, cigarette, and other drug consumption in the working population of selected companies.

The purpose is to generate information that will allow us to focus prevention programs on different levels, and minimize the risk of drug and alcohol consumption that causes professional invalidity, or incapacitates workers.

Your participation consists in agreeing to fill out a series of instruments that ask about your professional occupation, and poses no cost to you.

All participants are completely free to choose to collaborate on this study or not. The information resulting from this research will be completely anonymous and will be handled confidentially by a group of researchers. Company directors will not see the individual information. At any moment the participant may withdraw from the interview, without any effect on their work situation.

After reading and the objectives, purpose and methodology of the research, and being informed on the risks and benefits of participating in this study, I agree to participate voluntarily and to fill out the questionnaires and diagnostic tests that will be used to establish a prevention plan .

ANEXO 2

LOGO AND NAME OF THE COUNTRY'S
**PROTOCOL FOR A STUDY ON ABSENTEEISM AND ACCIDENTS
 ASSOCIATED WITH THE CONSUMPTION OF PSA**¹³

The information contained in this questionnaire is completely anonymous and will only be used for general statistical purposes.

QUESTIONNAIRE FOR EMPLOYEES IN THE WORKPLACE

1. COUNTRY <input style="width: 95%;" type="text"/>	2. CITY <input style="width: 95%;" type="text"/>	3. QUESTIONNAIRE NUMBER <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
4. Sex • 1. Male • 2. Female	5. Age <input style="width: 30px;" type="text"/> years	
6. What is your position at your workplace? <ul style="list-style-type: none"> • 1. Executive • 2. Management • 3. Professional • 4. Service worker, sales or marketing staff • 5. Unskilled worker • 6. Skilled worker, manual worker, tradesman • 7. Other (explain) 	7. What is your level of education? <ul style="list-style-type: none"> ** 1. Incomplete primary ** 2. Complete primary ** 3. Incomplete secondary ** 4. Complete secondary ** 5. Incomplete vocational/technical education ** 6. Complete vocational/technical education ** 7. Incomplete higher education ** 8. Complete higher education 	
8. What is your marital status? <ul style="list-style-type: none"> <li style="width: 50%;">** 1. Single <li style="width: 50%;">** 2. Married <li style="width: 50%;">** 3. Divorced <li style="width: 50%;">** 4. Separated <li style="width: 50%;">** 5. Living together <li style="width: 50%;">** 6. Widow(er) 	9. During the past 30 days, how many whole days of work did you miss because you were sick or injured? <ul style="list-style-type: none"> <li style="width: 50%;">** 1. None. <li style="width: 50%;">** 2. One <li style="width: 50%;">** 3. Two <li style="width: 50%;">** 4. Three <li style="width: 50%;">** 5. Four or more 	
10. Have you been involved in a work-related accident during the past 12 months? <ul style="list-style-type: none"> ** 1. Yes. ** 2. No 	11. At your workplace, is there a written policy regarding employee use of alcohol or drugs? <ul style="list-style-type: none"> • 1. Yes. • 2. No • I don't know 	

12. In your opinion, how harmful is the following to your health?

	Not harmful	Slightly harmful	Quite harmful	Very harmful	Don't know	No response
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¹³ Este cuestionario se inspiró en el creado por SIDUC, pero sufrió varias adaptaciones para cumplir los propósitos del estudio de costos de CICAD/UMDNJ.

35. Have you ever taken stimulants without a prescription in your life? .. 1. Yes .. 2. No (skip to #44)	36. How old were you when you first took stimulants without a prescription? <input type="text"/> years _____
37. Have you taken stimulants in the last 12 months without a medical prescription? .. 1. Yes .. 2. No (skip to #44)	38 Have you taken stimulants in the last 30 days without a medical prescription? .. 1. Yes .. 2. No
39 In the last 30 days, how many days have you have taken stimulants without a medical prescription? <input type="text"/> Days _____	40. Where did you obtain tranquilizers without a medical prescription? <ul style="list-style-type: none"> • 1. From a family member • 2. In the street • 3. At home • 4. From a friend • 5. At the pharmacy • 6. Other (specify):

41. Have you been absent from work due to taking stimulants during the past 12 months?

- No • Yes Number of days _____

42. Do you consider, from the point of view of work productivity, you're your consumption of stimulants:

1. Does not affect your productivity
2. Does affect your productivity a little
3. It affects it quite a bit
4. It affects it very much

43. Do you consider, from the point of view of your relationships you're your boss and work companions, that your consumption of stimulants:

1. Does not affect your productivity
2. Does affect your productivity a little
3. It affects it quite a bit
4. It affects it very much

44. Have you ever consumed any of these substances?	No		Yes		45. How old were you when you used it for the first time?	No		Yes		47. How often have you used it? (See codes below)	48. Have you used it during the past 30 days?	
	•	•	•	•		•	•	•	•		No	Yes
1. Inhalants and solvents	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
2. Marihuana	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
3. Hashish	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
4. Hallucinogens	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
5. Heroine	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
6. Opium	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•
7. Morphine	•	•	→	<input type="text"/>	•	•	→	<input type="text"/>	•	•	•	•

8. Cocaine	• • → <input type="text"/>	• • → <input type="text"/>	• •
9. Coca paste	• • → <input type="text"/>	• • → <input type="text"/>	• •
10. Crack	• • → <input type="text"/>	• • → <input type="text"/>	• •
11. Ecstasy and methanfetamine s	• • → <input type="text"/>	• • → <input type="text"/>	• •
12. Other drugs*:	• • → <input type="text"/>	• • → <input type="text"/>	• •

*This refers only to drugs that are not medicines.

CODES (Question 47)

1. Once
2. Occasionally in the last 12 months
3. Monthly, or at least once a month
4. Weekly
5. Daily

49. Have you been absent from work due to using illegal drugs in the past 12 months?

- No • Yes Number of days _____

50. Do you consider, from the point of view of work productivity, you're your consumption of illegal drugs:

1. Does not affect your productivity
2. Does affect your productivity a little
3. It affects it quite a bit
4. It affects it very much

51. Do you consider, from the point of view of your relationships you're your boss and work companions, that your consumption of illegal drugs:

1. Does not affect your productivity
2. Does affect your productivity a little
3. It affects it quite a bit
4. It affects it very much