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Alcohol Use and Abuse Over The Holidays

by Larry Cantor, PhD, Clinical Director Services/EAP for Decatur General West

As we approach the holiday season our thoughts turn to visions of family, friends and gatherings - the smells, the sounds, the tastes of the season - people coming together, smiling, planning and sharing the experiences of making the holiday special. Even in Alabama there are hopes of a White Christmas. Most of us realize that there is a significant difference between the dreams of the season and the reality of the season. Hopefully we realize that, just like the rest of the year, we have to make choices on how to balance our expectations and responsibilities at home and in the work place. However, the holiday season brings with it increased distraction from work, a culture of obligatory holiday parties, and a relaxing of company policies in the holiday spirit. For the most, good employees remain good employees; bad employees have greater opportunity to disappoint and those in the middle stay there.

It is said that the three top reasons for alcoholics to drink are Thanksgiving, Christmas, and New Years. Alcohol is a factor in 30% of fatal accidents which results in 40,000 deaths each year. Mother's Against Drunk Drivers reported that in 2001 there were more than 2,050 people killed in the U.S. due to alcohol-related deaths between Thanksgiving and New Years.

The holidays offer greater opportunities to drink for everyone. More people, who rarely drink, do so. Unfortunately they have lower tolerance for alcohol and misjudge their level of impairment. With increased pressures, financial restraints, demands of shopping, family tensions, and work-related conflicts some individuals increase their use of alcohol as a stress reliever. But, excessive drinking is associated with lost productivity, absenteeism, accidents, disability, sexual harassment charges, and family and workplace discord.

Drinking can result in lowered inhibitions leading to regrettable behavior at home and in the work place. This is not the time to impress your boss with your ability to chug beers, stand on your head, and/or dance on the table. Which brings us to the risks employers may need to review as the holiday season approaches and planning for the holiday parties begins.

An excellent article by Wiley, Rein, and Fielding, www.wrf.com published in Workplace Trends, November, 2003 outlines the risks an employer may incur in the form of direct liability for its own actions, vicarious liability for the actions of its employees, workers' compensation claims, and / or sexual harassment charges. They give specific examples of court cases that have found the employer liable in the four areas listed. They also give excellent specific recommendations to employers for their holiday parties such as:

1. Remind your employees that attendance at any company holiday party is strictly voluntary.
2. Make sure all of your employees have received, and are aware of, the company's harassment and substance abuse policies. Remind your employees that the company's harassment and substance abuse policies apply to employees' behavior at off-site company holiday parties as well as to their conduct at the office.
3. If you do not have a current harassment or substance abuse policy- or if your drug testing policy does not cover alcohol—this is the time to draft or fine tune those written documents. Make sure your harassment and substance abuse policies are distributed to all employees.
4. Consider serving non-alcoholic beverages only. This is the safest way to avoid any alcohol related injuries or incidents. If you decide not to serve alcohol, make sure your employees understand that they are not to bring their own.
5. Instead of an open bar, consider a cash bar or a ticket system. These are excellent ways to limit employees' alcohol intake without banning alcohol altogether.
6. Remember that a manager's responsibility does not end when the party begins. Remind your managers that they are still responsible for keeping an eye on their employees' and their employees' alcohol intake. Make sure your managers understand and know how to implement your harassment and substance abuse policies.
7. Hire professional bartenders rather than using employees to supervise. Instruct the bartends to monitor any employee who appears to be intoxicated and to ask for identification from any one who appears to be under the legal drinking age.
8. Discontinue alcohol services well before the end of the event.
9. Provide transportation to and from the event.
10. Encourage the use of designated drivers.

The holiday season can be a special time of joy and a time to demonstrate appreciation for and to employees. Yet, this is not a time when problem drinking goes away. Good employees will shine; bad employees will tarnish. Employers need to have firm policies and procedures that will help everyone prepare for a safe holiday season.



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Passive Inhalation of Marijuana Smoke and Urine Drug Test Results

Can a person passively inhale enough marijuana smoke, when in the company of marijuana smokers, to cause them to have a positive urine test?

First and foremost, it must be understood that the passive inhalation of marijuana is not considered a medically legitimate explanation, even if it were true. An MRO cannot downgrade a positive result based on an individual's claim that they were exposed to marijuana by virtue of passive inhalation. According to Swotinsky and Smith, authors of The Medical Review Officer's Manual, "passive inhalation of marijuana remains a highly implausible explanation for a positive test."

The following studies published in scientific journals show no instances where passive inhalation of marijuana smoke, even under extreme conditions, caused urine specimens of non-marijuana users to test positive for THC (the active ingredient in marijuana) using the screening and confirmation cutoff levels currently mandated by SAMHSA (the Substance Abuse and Mental Health Services Administration).

- ◇ **1983:** The first study was conducted by Perez-Reyes and co-workers in 1983. (1-3) The study consisted of three different experiments; one conducted in an automobile, and two in a small room. Of the specimens collected for analysis, two specimens were found positive for THC metabolites by the EMIT screening test at a cutoff level of 20 ng/ml. One of these was measured by gas chromatography-mass spectrometry (GC/MS) and gave only 3.9 ng/ml of the THC-acid metabolite. The conditions in these studies were relatively severe.
- ◇ **1984:** Law et al. (4) performed a passive inhalation study in a room approximately 10 x 12 x 8 ft. Four nonsmokers played cards over a 3 hour period, at the start of which six other males each smoked marijuana. The concentrations found in the passive inhalers did not exceed 7 ng/ml of total THC metabolites. The authors concluded that the amount of THC metabolites detected in the urine is clearly dependent on the size and ventilation of the room and on the amount of marijuana smoked.

- ◇ **1985:** Morland et al. (5) performed a study in which subjects in a car smoked either marijuana or hashish mixed with tobacco, equivalent to 90 mg THC in the presence of naive passive inhalers. Analysis of the urine samples from the passive inhalers showed no detectable levels of THC metabolites in the subjects involved in the hashish study, but the subjects passively exposed to marijuana smoke did show occasional urine specimens that were positive at concentrations ranging from 14 to 30 ng/ml of total THC metabolites. The author noted that "the discomfort caused by the heavy cannabis smoke during the exposure period was universal among both active and passive smokers."
- ◇ **1985 - 1990:** Cone and co-workers (6-8) performed a series of rigorous double-blind marijuana passive inhalation studies. The maximum urine concentration of the THC-acid metabolite obtained by GC/MS analysis was 12 ng/ml. The conditions during this test were so extreme, that all the subjects wore goggles to protect their eyes from the dense smoke in the room. The exposure conditions of these studies were more severe than would be expected under "real world" conditions of passive exposure.
- ◇ **1988:** Mule' et al. (9) conducted a study involving eight marijuana smokers (each smoking four cigarettes with 27 mg THC per cigarette) and three nonsmokers passively inhaling the marijuana smoke in a closed 10x10x8 ft. room with no windows. He consistently reported less than 10 ng/ml of THC metabolites as a result of passive inhalation.
- ◇ **CONCLUSIONS:** These studies showed that although it is true that passive inhalation of marijuana smoke results in absorption of THC in the body, none of the THC levels from the non-marijuana users were high enough to cause a positive result using the current screening and confirmation cutoff levels mandated by SAMHSA; 50 ng/ml cutoff for the screen test and 15 ng/ml for the confirmation test.

Physician Spotlight: Susie W. Lynn M.D., M.S.



Dr. Susie Warren Lynn is board certified in Internal Medicine and has been practicing occupational medicine and emergency medicine since 1992. She graduated from the University of North Alabama with Great Honors. Dr. Lynn received her Masters of Science in Environmental Health at the University of Texas, School of Medicine. She worked as a professional Industrial Hygienist for 4 years prior to entering medical school.

She received her medical degree from the University of Alabama School of Medicine in 1989 and completed her residency in

Internal Medicine at the University of Tennessee, Baptist Hospital in Nashville. Dr. Lynn is a certified Medical Review Officer and a fellow of the American Back Society. Dr. Lynn's special interests include preventive medicine and wellness.

Dr. Lynn enjoys the clinical aspect of occupational medicine, handling the acutely injured worker, as well as working with management to expedite that employee's return to the workplace.

Dr. Lynn is a native of Alabama, the mother of two, and has balanced the "working mother" schedule by working full-time with Occupational Health Group since 1996.

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Christmas Day December 25th
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