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Abstract

Drug and alcohol abuse in the hospitality industry is an ongoing problem, reflective of business as a whole. A series of surveys were conducted at national drug rehabilitation centers seeking information from patients currently or formerly employed in the hotel and restaurant industry. The author identifies a number of problem indicators and makes recommendations relevant to resolutions.

Drug Abuse in the Hospitality Industry

by
Vincent H. Eade

Drug and alcohol abuse in the hospitality industry is an ongoing problem, reflective of business as a whole. A series of surveys were conducted at national drug rehabilitation centers seeking information from patients currently or formerly employed in the hotel and restaurant industry. The author identifies a number of problem indicators and makes recommendations relevant to resolutions.

As the 1990s continue to unfold, hospitality managers are being faced with a series of human resource problems and challenges. Labor shortages, employment-at-will litigations, rising health care costs, and turnover represent just a few of the dilemmas occurring in the lodging and food service industries.

Perhaps the most insidious problem may be one that is ongoing and continues its erosive and corrosive assault on the industry's workforce: drug and alcohol abuse. Substance abuse is not exclusively indigenous to the hospitality industry, but can be found across the full spectrum of corporate America. One in four U.S. workers has personal knowledge of co-workers using illegal drugs on the job, and drug abuse costs U.S. businesses \$60 billion annually in decreased productivity and an increase in the number of accidents, absenteeism, medical claims, and theft.¹ However, the hospitality industry needs to become and remain sensitive to the impact drugs have not only on the bottom line, but also the price they extract from employees.

In order to gain insights into the profile of substance abuse in the hospitality industry, two surveys were conducted through the CareUnit Hospital Corporation. CareUnits specialize in outpatient and inpatient drug and alcohol addiction treatment and rehabilitation programs. Three hospitals were targeted for the studies: CareUnit of Colorado, a 50-bed, full-treatment center in Aurora, Colorado; CareUnit of Nevada, a 50-bed, full-treatment center in Las Vegas, Nevada; and Fort Worth CareUnit, a 40-bed, full-treatment center in Fort Worth, Texas.

Patients who had worked either in the food service or lodging industry were the subjects of the surveys. Survey 1 was given to all

current inpatients and outpatients over a 30-day period, October 1 to 31, 1991, at the three hospitals. The second survey was an historical, two-year computer analysis of all patients enrolled at the Las Vegas CareUnit Hospital from 1988 to 1990, with patients who had worked in a hotel or restaurant being statistically extrapolated; this resulted in 945 individuals.

Las Vegas was selected because of the high density of hotel and restaurant employees. Latest statistics reveal Las Vegas now leads all U.S. cities in the total number of lodging guest rooms. Additionally, there are nearly 1,000 free-standing restaurants in Las Vegas, not including hotel restaurants, and over 6,000 restaurants in Clark County, which encompasses a major portion of Nevada. Thus, Las Vegas represented a huge, concentrated labor pool for potential respondents.

One Third of Respondents Were in Industry

Of the 187 surveys completed, 70 were submitted by hotel or restaurant employees/patients. The Las Vegas CareUnit recorded the largest number of total respondents, 99, as well as the largest number of hospitality industry employee respondents, 50. The CareUnit of Colorado had 49 total responses, with 12 from hotel/restaurant employees/patients. The Fort Worth hospital secured 39 total responses with eight hotel/restaurant respondents. This provided a base of 70 people from the hospitality industry.

More than one-third of respondents (37.4 percent) were employed in the hospitality industry; 60 were hourly employees, and the remaining 10 members of management.

Employees in the 30-39 age group reported the highest incident of substance abuse (35.7 percent); this was consistent with statistics from Survey 2 which revealed 336 of the 945 hotel employees/patients (35.5 percent) were in this same age group, as were 18 of the 54 restaurant employees (33.3 percent).

More than two thirds (67.1 percent or 47) were Caucasians; blacks/African Americans ranked second with 11 responses, and Hispanics third with 10. Asians and Native Americans recorded one person each.

Survey 1 statistics were reinforced by findings from the historical two-year search. From 1988-90, Caucasian patients/hotel employees at the Las Vegas hospital represented an astounding 79.7 percent (754 out of 945 hotel employees/patients); 43 of the 54 people (79.6 percent) who indicated they had worked in the restaurant industry were also Caucasian. The rank order of the other races remained consistent with Survey 1.

Seventy percent (49) of the people in Survey 1 were men. This trend virtually matched Survey 2, with 70 percent (661) of hotel employees and 68 percent of restaurant employees being male.

The addiction or abuse profile of respondents in Survey 1 appeared as follows: alcohol, 26 individuals; combination (alcohol, prescriptions, etc.), 21; street drugs, 19; prescriptions, 2; and other, 2.

Alcohol Abuse Tops List

The computer survey was unable to ascertain corresponding data for this entry. However, statistics provided through another survey made available by the CareUnit Hospital of Nevada revealed that alcohol abuse had been the consistent number one problem over the decade of the 1980s, followed by marijuana, sedatives, heroin, and cocaine/amphetamines.

Not only did alcohol remain the number one drug of choice, but it also out-distanced its nearest competitor by a huge margin. Alcohol recorded a use percentage factor ranging from 43.6 percent to 54.8 percent. The second drug of choice during this 10-year period, marijuana, recorded usage percentages of 17.8 percent to 22.1 percent by comparison. Cocaine use witnessed a dramatic increase; in 1980, it ranked last on the list with 5.4 percent, but by 1989, cocaine addiction and abuse had moved into second place on the survey with 22.1 percent. This represents the single largest increase of any listed drug.

The use of sedatives diminished from a third place ranking in 1980 with 14.4 percent to last place by 1989 with 1.7 percent. Finally, contrary to the popular belief that marijuana was a drug of the '60s, it has remained popular over the past three decades.

The most logical reason for the popularity of alcohol use and abuse is its accessibility and social acceptance. Television, newspaper, magazine, billboard, and radio advertisements convey the message daily. The hospitality industry's profitability is heavily predicated on the sale of alcoholic beverages and restaurateurs have designed special wine lists and table tent cards to promote sales.

Bars and clubs offer "happy hours" with price incentives to induce customers. Conversely, "street drugs" are not readily available since they are illegal, and drugs such as sedatives are mainly dispensed through prescriptions. Further, society has neither accepted nor condoned the use of "hard drugs."

Employers Are Involved to Limited Extent

Respondents indicated that their problem with drugs began before they started working in the hotel or restaurant industry; 48 indicated a prior problem, with 22 developing an abuse profile after their entry into the hospitality industry. Three respondents volunteered that although they had a previous drug problem, it became worse after they were employed in the hospitality industry; however, 58 of the 70 respondents revealed that employers had not referred employees for treatment. Twenty stated that treatment was a condition to re-employment.

Employers paying for treatment outnumbered those who did not by a nearly 2 to 1 margin; 46 of the 70 respondents stated their employer was financially contributing to the cost of treatment.

With the extensive attention that drug abuse has received from the media and the industry's apparent concern over the problem, it

was surprising that 58 of the patients indicated that no drug/alcohol awareness seminar or workshop was presented by their employers.

When asked whether their immediate supervisor had ever visited a drug rehabilitation center, only 7 of the 70 respondents replied yes; 35 did not know.

With regard to respondents' opinion of the use/abuse of alcohol and drugs in the hotel/restaurant industry, most (55 of the 70 respondents) replied "extensive."

Survey 2 Supports Data

The database from the historical survey provides a much broader spectrum of information; even though this particular survey was conducted at only one unit, the additional data from Survey 1 provide supportive trends and indicators.

Substance abuse is most prevalent in the 30-39 age group. Survey 2 revealed that 35.5 percent of all hotel respondents were in this age category, with the second largest percentage (30.4 percent) being 20-29 year olds. Restaurant workers in the 30-39-year-old group also ranked first. Survey 1 concurred with these findings. Statistically, 30-39-year-olds may represent the largest workforce population, thus explaining this age group's statistical dominance.

Caucasians ranked first in the patient count on Survey 1 (67.1 percent) and Survey 2 (hotel workers, 79.7 percent; restaurant workers, 79.6 percent). Seventy percent (661) of hotel patients in Survey 2 were male, as were 37 of the 54 restaurant workers. Survey 1 figures agreed. These figures are in line with the membership numbers in Alcoholics Anonymous; 66 percent of their members are male.²

Employers Are Paying for Rehabilitation

Survey results indicate nearly 70 percent of employers are paying for all or some of the rehabilitation program; however, the composite statistics show that a large number of employers had not provided a drug awareness workshop or had supervisors take the time to visit a rehabilitation center. Thus, employers seem to be in a reactionary mode, i.e., paying for treatment as opposed to a proactive posture, education and prevention of the problem. Employers are willing to pay for treatment and managers are supportive of referrals to these programs, usually through employee assistance programs (EAPs), but part of the solution may be found in a more personal approach. Employees contemplating entering a program generally express four concerns, according to Dr. Michael Jonak, medical director of the CareUnit Hospital of Nevada: fear of discovery by co-workers, impact on their families, continued status of their employment, and the cost of rehabilitation and the fate which awaits them at a drug treatment center.

Managers can help alleviate anxieties associated with the last concern. Those managers who have not visited a rehabilitation center should take the time and investigate what happens to employees

who are referred to these programs. In so doing, supervisors will gain first-hand knowledge of detoxification methods, the dangers of delirium tremens, and information on outpatient and inpatient treatments and support systems. Additionally, employers need to provide seminars and educational programs dealing with the dangers of drugs and how to seek treatment.

Perhaps the most telling survey result is the fact that 78.5 percent of Survey 1 respondents indicated that there is extensive drug use in the hospitality industry. Arguably, the census basis is insufficient to draw any sweeping conclusions; however, the survey should be viewed as an indicator.

Drug Use Must Be Dealt With

The hospitality industry is faced with a unique dilemma in reference to drug use and abuse in the workplace. If there is "extensive use," the problem cannot be avoided. Allowing "high" employees to continue in job functions is not a solution since employers can be sued for negligent retention if a guest is injured by the actions and negligence of the employee.

Some major hotel chains are now using pre-employment and post-hiring drug testing to either eliminate applicants and employees who test positive for drugs or discourage drug users from applying and incumbent employees from using. This does provide a stop-gap measure, but what about the "human" resource consideration? The new Americans With Disabilities Act provides employment application protection for certified recovered drug users and alcoholics. But this is the legal approach. Perhaps, a more humanistic approach could encompass the following three strategies:

- A formalized drug education and awareness program designed to alert employees of the physiological dangers of substance abuse. This program should incorporate visits to drug rehabilitation centers and can be expanded to include all employees.

- A strong policy on drug detection and an appropriate statement on the discipline that will be used in conjunction with drug use in the workplace.

- The opportunity for rehabilitation. Employees can be put on a leave of absence and given the option of attending a drug rehab program knowing their jobs can be saved if they make the effort. Employers should stress that the offer is being made not because a rehabilitated employee has some legal rights under the law and employers have to obey the law, but that the employer wants to help. This approach can produce two winners: a rejuvenated employee who is thankful his/her employer cared enough to help and the employer who really is practicing the art of human resource management.

References

¹Jack Kelly, "Poll: On-Job Drug Use is Significant," *USA Today*, (December 13, 1989), p. 1.

²"AA Membership Survey," AA General Service Conference, Alcoholics Anonymous World Services, Inc., 1987, pp. 2-3.

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