DOCUMENT RESUME

ED 286 010 CE 048 293

AUTHOR Walsh, Diana Chapman; Kelleher, Susan E.
TITLE Preventing Alcohol and Drug Abuse through Programs at the Workplace. WBGH Worksite Wellness Series.
INSTITUTION Washington Business Group on Health, Washington, DC.
SPONS AGENCY Public Health Service (DHHS), Rockville, MD. Office of Disease Prevention and Health Promotion.
PUB DATE Feb 87
NOTE 53p.; For related documents, see CE 048 292-305.
AVAILABLE FROM Prevention Leadership Forum, Washington Business Group on Health, 229 1/2 Pennsylvania Avenue, SE, Washington, DC 20003 ($15.00).
PUB TYPE Information Analyses (070)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adult Education; Alcohol Education; Alcoholism; Corporate Education; Cost Effectiveness; *Drug Abuse; Drug Education; *Employee Assistance Programs; Employer Employee Relationship; *Health Programs; Personnel Policy; Physical Fitness; *Prevention; *Well Being
IDENTIFIERS *Alcohol Abuse; *Wellness Programs

ABSTRACT

Alcohol and drug abuse have serious physical, psychological, and social consequences, and employees who abuse alcohol and/or drugs ultimately reduce their companies' profits. Employee substance abuse leads to reduced productivity as well as to increased absenteeism, health care and health insurance costs, and liability claims against employers of persons who abuse substances. Programs to prevent substance abuse can take one of three forms. Primary prevention programs focus on changes in the environment or anticipatory education to obviate problems that are as yet undiscernible (for example, programs on the hazards of drinking and driving or policies requiring warning labels on liquor bottles). Secondary prevention involves efforts to identify and change established health risks before these risks have done irreversible harm (for example, mandatory educational programs for drivers arrested while intoxicated). Tertiary prevention programs occur at a late stage and are palliative in orientation (that is, they are a form of treatment that is geared toward preventing further harm). Possible types of primary and secondary prevention efforts can include educational and awareness activities company policies to prevent alcohol and drug abuse (such as drug screening and drug searches), and early problem identification and referral. (Eight examples of companies that have developed successful drug and alcohol abuse prevention programs are included in this document.) (MN)

WBGH Worksite Wellness Series

PREVENTING ALCOHOL AND DRUG ABUSE THROUGH PROGRAMS AT THE WORKPLACE

Prepared by

Diana Chapman Walsh, Ph.D.
Susan E. Kelleher

Boston University Health Policy Institute
Boston, Massachusetts

February 1987

Washington Business Group on Health
229½ Pennsylvania Avenue, S.E.
Washington, D.C. 20003

This paper was prepared for the Washington Business Group on Health under a Cooperative Agreement with the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

Ruth A. Behrens serves as director/editor for the WBGH Worksite Wellness Series.

TABLE OF CONTENTS

PREVENTING ALCOHOL AND DRUG ABUSE THROUGH PROGRAMS AT THE WORKPLACE

In a study comparing individuals who filed alcohol treatment claims with those who filed no mental health or alcoholism claims, on average, the former used more than 11 times as much "regular" medical care as the latter. In most employee populations, seven to eight percent of workers abuse alcohol, making it the "single biggest [substance abuse] problem" for businesses. Another two to three percent are adversely affected by marijuana, followed by amphetamines and cocaine.

INTRODUCTION

Statistics from several sources suggest that business-sponsored counseling for troubled employees, or "employee assistance," is coming of age. Many of the nation's largest companies now sponsor workplace-centered efforts to help employees with personal troubles. The alcoholism programs from which many of these larger efforts developed are themselves proliferating. In its fourth report to Congress, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) charted the growth of occupational alcoholism programs: from four in 1940 to six programs by 1945; to 50 in 1950; 500 in 1973; 2,400 in 1977; and 4,400 in 1979-80. Although these numbers must be approached with caution because of imprecision and elasticity in the definitions on which they rest, the upward trend they signal seems to be real.

During the 1960s in response to a growing national drug problem, many of these occupational alcoholism programs broadened their focus to include substance abuse in general. Many have since expanded further to encompass family and emotional difficulties, financial crises, troubles with children and elder parents--indeed the whole range of coping pressures endemic to the human condition. (Walsh, 1982) Today, more than 5,000 companies, and perhaps as many as 10,000, offer some type of assistance to

alcohol or drug dependent employees. (Bureau of National Affairs [BNA], 1986)

In general, programs seeking to prevent adverse health problems (whatever their etiology) are often categorized in a three-way typology.

- **Primary prevention** focuses on changes in the environment or anticipatory education to obviate problems as yet not discernible. Alcohol examples would include educational programs in schools on the hazards of drinking and driving or policies requiring warning labels on liquor bottles.
- **Secondary prevention** involves efforts to identify and change established risks to health before those risks have done irreversible harm. A mandatory educational program for drivers arrested while intoxicated would be an illustration.
- **Tertiary prevention** occurs at a late stage and is palliative in orientation. It is really just a form of treatment seeking to prevent further harm.

Historically, worksite substance abuse programs have operated at the tertiary end of that spectrum by offering referral and treatment services to employees whose difficulties with alcohol or drugs have impaired their ability to do their work acceptably. Recognizing the inadequacy of such a limited response to substance abuse problems, a growing number of occupational programs have begun to ask whether there isn't more they could be doing to move toward the beginning of the continuum. One sociologist described the present inadequate approach in this way: Health care providers generally station themselves downstream where they fish drowning people from the rapids and administer first aid. A truly preventive outlook requires refocusing upstream and trying to ascertain why people are falling in. (McKinley, 1979)

This type of redirected thinking has inspired many EAP administrators to begin focusing more efforts and resources on secondary prevention, identifying and intervening with high risk employees (and, often, dependents and retirees) or those with incipient or early-stage substance abuse problems, and at primary prevention, encouraging moderation in the use of alcohol and drugs as a basic lifestyle. In theory, companies have considerable power to influence the physical and social environment--the culture--with which their employees spend a large proportion of their time, and a strategy of primary prevention generally involves changing cultures or norms.

This report will begin by reviewing data on the prevalence of substance abuse and on consequences for the nation in general and for the workplace in particular. Then it will cite some evidence of successes achieved to date by occupational programs. The range of secondary and primary prevention activities being undertaken or considered by businesses will be discussed next, with some specific examples. A list of information resources is appended for those interested in learning more about substance abuse programs at the workplace.

THE PREVALENCE OF ALCOHOL AND DRUG ABUSE

Disagreement and confusion over basic definitions makes it difficult to determine the extent of alcohol and drug use and abuse in the United States. However, estimates from various sources suggest that associated problems are widespread.

In 1979 the National Institute of Alcohol Abuse and Alcoholism (NIAAA) sponsored a national survey to describe alcohol use and related problems, and to identify trends in drinking practices based on several surveys conducted over the previous decade. (Clark and Midanak, 1982) The 1979 study revealed a generally consistent pattern of self-reported alcohol consumption over the years:

- One-third of adults described themselves as abstainers (consuming no alcohol during the year prior to the survey);
- One-third described themselves as light drinkers (drinking just over two drinks a week); and
- One-third reported moderate or heavier alcohol use (consuming, on average, the equivalent of about two drinks or more every day).
- In addition, that study indicated that approximately 10 percent of the United States drinking population consumes almost half of all alcoholic beverages sold.

The Department of Health and Human Services estimated that in 1982:

- Approximately 14.7 million Americans were suffering from alcoholism or problem drinking. (DHHS, 1982)
- In addition, millions of other Americans are adversely affected either directly or indirectly by their own alcohol abuse or that of others.

Nonalcoholic drug use and abuse in the United States is pervasive, too, although even more elusive of measurement because commerce in illicit drugs is outside the official economy and because social stigma causes people to underreport their drug use in epidemiological surveys. In a report from the National Institute on Drug Abuse, it was estimated that

- Some 20 million Americans use marijuana, and
- Between four and five million people are current users of cocaine.
- Heroin addiction remains a serious problem in the United States, and its use in combination with alcohol and/or cocaine appears to be increasing. (Vicary and Resnik, 1982)

Recent media reports on cocaine contain numerous anecdotal accounts suggesting that the number of users in the United States is growing rapidly. According to NIAAA, there is a dearth of reliable research on which to base assessments of the extent and nature of the cocaine problem. However, available information indicates that "cocaine is emerging as a public health problem requiring considerably more attention and anticipatory planning than it has received thus far." (Clayton, 1985, p.15)

One expert in the field of substance abuse projected "conservatively" that

- In most employee populations, seven to eight percent of workers abuse alcohol, making it the "single biggest [substance abuse] problem" for businesses;
- Another two to three percent of employees are adversely affected by marijuana, followed by amphetamines and cocaine.
- Businesses also are reporting an increasing problem with poly-drug use (usually in combination with another drug) and serial addiction (addiction to alcohol following

treatment for other drug abuse and vice versa). (McClellan, 1984)

The extent to which prescription drugs are abused can only be surmised, but the volume of sales and advertising hint that it is substantial. (BNA, 1986)

- In 1982, the prescription drug component of the consumer price index increased 11.7 percent, and consumers spent about $14.5 billion on prescriptions from retail pharmacies alone. (Baum, 1985)
- NIDA has estimated that prescription drug abuse causes 60 percent of hospital emergency room admissions for drug overdose and 70 percent of all drug-related deaths. (Chase, 1984)
- In addition, studies show that up to one-half of all prescriptions are taken incorrectly, and some of this incorrect use may lead to dependence. (Davis, 1968)
- Based on 30,000 personal interviews conducted nationwide to determine the extent of legal nonaddictive drug use and misuse, investigators concluded that the major drug problem facing all health professionals and all social and behavioral scientists involves those persons who have come to "cope" with boredom, loneliness, frustration, and stress, by using and misusing legal psychoactive drugs such as sleeping pills, tranquilizers, stimulants, and alcohol. (Chambers, et al, 1975)
- Much of the research on drug abuse has focused on adolescents and young adults. Data on the extent of drug use and misuse by the elderly is limited, often inconclusive, and sometimes contradictory. However, there are indications that the elderly population is susceptible to substance abuse and they will be increasingly at risk for at least the next two decades. (Glanz, M.D., 1983)

THE CONSEQUENCES OF ALCOHOL AND DRUG ABUSE

The major effects of substance abuse fall into the broad categories of physical, psychological, and social consequences. In all three categories, alcohol has been the focus of most research to date; much less is known about the personal and social costs of other drugs. (DHHS, 1983a) The following summarizes some of what is known about the consequences of alcohol and drug abuse, beginning with physical effects.

Physical Effects

In its fifth report to Congress, NIAAA traces "the trail of adverse effects of alcohol throughout the body" to the brain, the digestive system (mouth, esophagus, stomach, intestine and pancreas), the liver (to which it has recently been established, alcohol is directly toxic), the muscle systems (including the heart), the blood, the kidneys, the lungs, the endocrine system, sexual functioning, and reproductive outcome. (DHHS, 1983a)

According to data compiled by the National Center for Health Statistics, over 500,000 hospital discharges in 1978 involved diagnoses of alcoholism, alcohol psychosis, and cirrhosis of the liver, an increase of over 160 percent since 1971. In 1979, over 4,000 deaths were attributed to alcoholism and alcohol psychosis; and another 10,000 deaths could be attributed to alcohol-related cirrhosis of the liver. (DHHS, 1983a) These statistics are widely believed to seriously understate the true prevalence of alcohol abuse as a factor in medical care utilization, because--compared to moderate drinkers or abstainers--heavy drinkers are much heavier users of the medical system for all kinds of ailments, not only those overtly labeled alcohol abuse and its sequellae. (Zook and Moore, 1980)

Drugs other than alcohol also damage health. In its 1983 report on the health status of Americans, DHHS noted that heroin use may result in premature death and severe disability, and that the destructive intensity of cocaine on health is worsening as more and more users experiment with smoking and/or intravenous administration. (DHHS, 1983b)

Heroin--There is a lack of available data on the long-term health consequences of heroin use. What is known, however, is that the impurity of the street drug and its wide variation can cause many health complications, as can the unhealthy conditions in which many addicts live. In addition, there is cause for concern with intravenous injection of heroin (and other drugs). The use of unsterile needles is associated with the spread of infections, hepatitis, and most recently AIDS. Heroin overdose is a serious medical problem that can be attributed, in part, to injecting street drugs that vary widely and unpredictably in potency, as well as the use of heroin in combination with alcohol or barbiturates that may interact to increase each other's effects. (Kaplan, 1983)

Cocaine--As with any psychoactive drug, the direct physical and behavioral risks of cocaine use are dependent on dose, route of administration, and patterns of use. Although most of the evidence is anecdotal, there is some suggestion that chronic use of high cocaine dosages can result in increased irritability, anxiety, and agitation, and ultimately produces drug-induced psychoses with symptoms similar to paranoid or schizophrenic psychoses. Clinical observations also indicate physical dependency-like symptoms--prolonged sleep, general fatigue, depression, muscle pain, etc.--resulting from chronic high dose cocaine use. Alleviating these physical discomforts may be one of the factors related to the compulsive use of cocaine. There is also a clear potential for an overdose from intravenous injection and inhalation of cocaine. (Grabowski and Dworkin, 1985)

The recent, highly, publicized deaths of prominent figures (like David Kennedy and basketball star Leonard Bias) have brought these messages home to politicians and the American public.

Accidents--There is strong evidence that alcohol and other drugs play a role in producing injuries and fatalities associated with accidents on highways. And, although less well documented, alcohol has been implicated in accidents at work, in aviation, at home and during recreational activities, and in violent crime. In a review of the literature on the role of alcohol in accidents (Aarens, 1977), researchers found substantial variation. Studies have found that up to 40 percent of fatal industrial accidents and up to 47 percent of nonfatal industrial accidents could be attributed to alcohol use. (See also "Increased Costs to Business" below.)

In research on the cause of traffic accidents, drinking by drivers played a greater role as the severity of the crash increased. Up to 25 percent of drivers in fatal accidents and 59 percent of drivers in fatal accidents had blood alcohol concentrations of 0.10 or higher. A substantial proportion of general aviation crashes--between one and 44 percent depending on the study--were related to alcohol use. Also, alcohol was reported to be a factor in 12 to 69 percent of all drownings; up to 83 percent of all fire fatalities and in up to 62 percent of burn injuries; between 10 to 70 percent of all deaths and 13 to 63 percent of all injuries from falls. (DHHS, 1983a)

Violent Crimes--While information on the role of alcohol in crime is limited, evidence does exist that shows much alcohol-involved violent crime includes both a drinking victim and a drinking offender. (See DDHS, 1983a, chapter VIII, for a comprehensive review of the literature on alcohol-related casualties.)

Psychological Effects

Acute alcoholism may result in grave mental illness, including alcoholic dementia and hallucinosis, delirium tremens and other forms of psychosis, dementia, and cognitive impairment. Depression is the psychological syndrome most closely linked with alcohol abuse, which is implicated in some 30 percent of suicides. (Vaillant, 1983)

Increased Costs to Society

Various sources have assigned monetary costs to the physical, psychological, and social impact of substance abuse. Most calculations include similar cost categories--direct costs such as those associated with medical and psychiatric treatment, both for overt problems, as well as for illnesses less obviously associated with substance abuse; and indirect costs, which can be attributed to lost productivity, absenteeism, turnover, waste, and accidents, as well as corporate legal liability and the impact on employee morale. (Walsh, 1986)

- A recent study of the Research Triangle Institute (RTI) estimated that alcohol and drug abuse cost the nation $176.4 billion in 1983. (Harwood, et al, 1984)
- Although other estimates vary, depending on the assumptions made, all verify that substance abuse places a significant burden on the nation's economy.

Increased Costs to Business

For the business community as a whole, as well as for individual companies, the impact is also substantial. A growing, and often greatly understated expense for many companies is the cost of treating medical problems resulting from alcohol or drug abuse.

- o A study for the Office of Technology Assessment reports that alcoholism may be responsible for up to 15 percent of the nation's health care costs.
- o Yet, an estimated 85 percent of people with alcohol problems are never treated. (Saxe, 1983)

Some corporate representatives believe that the costs they are actually seeing are "a small tip of a very menacing iceberg" and that as many as 20 to 50 percent of acute care hospital beds are occupied by patients whose health problems can be traced to their abuse of alcohol and other drugs. (Walsh and Egdahl, 1985) Some recent analyses support these contentions.

- o A Massachusetts employer believed that mental health and substance abuse problems accounted for eight percent of its total health care costs. But an analysis of health-cost data revealed that 28 percent of all claims were paid for these problems. (Health Policy Institute, unpublished)
- o NIAAA evaluated the health care claims filed between 1980 and 1983 by treated alcoholics and their dependents enrolled in the federal employee health benefit program in all 50 states. The study found that, on average, the 1,645 alcoholic families studied used health care services and incurred costs at a rate about twice that of the 3,598 similar families with no known alcoholic members. These costs rose significantly in the six months prior to treatment, began to decline after treatment initiation, and continued to fall during several follow-up years. For alcoholics less than 45 years of age, costs eventually declined to a point comparable with the lowest pretreatment level. (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1985; Holder and Blose, 1986)
- o The Health Data Institute in Massachusetts compared a company's plan beneficiaries who filed alcohol treatment claims with those who filed no mental health or alcoholism

claims, and found that the former used on average more than 11 times as much "regular" medical care as the latter. (Rosenbloom and Gertman, 1984)

- The National Center for Health Promotion in Ann Arbor, Michigan, estimated the 1984 costs of inpatient hospital care associated with certain known behavioral risk factors for two employers. For the large company (37,000 employees, 71,000 insured lives) the total cost of hospitalization for cirrhosis and injuries sustained in alcohol-related automobile accidents amounted to approximately 9.5 percent of total hospital costs for all diseases associated with risk factors; for the medium sized company (14,000 employees, 23,000 insured lives) these costs represented about six percent of the total. ("Identifying Corporate Costs," 1985)

Companies absorb these health care costs because much of medical care in the United States is financed through the employment relationship. In addition, of course, when substance abuse diminishes job performance and productivity, companies ultimately pay and pass the costs on to consumers. The effect of substance abuse on job performance and productivity also has been the subject of much discussion. Some business and government leaders suggest that employee alcohol and drug use is so pervasive that it us undermining the country's ability to compete in world markets, and eroding the quality of some American goods.

In testimony before a recent Congressional committee investigating how U.S. manufacturers could become more competitive, an industry representative told the committee that the sticker price on the average automobile includes $175 attributable to employee alcohol and drug abuse. (Hammon, 1986) The RTI study mentioned earlier estimated that in 1983 reduced productivity and lost employment cost the nation over $100 billion (or about three percent of the gross national product). (Harwood, et al, 1984).

Similar types of costs are experienced by individual business. For example:

- Company-incurred costs (including absenteeism, lost productivity, injuries, accidents and damage) attributed to the problem of drinking, both on and off the job, of 44,000 employees of seven railroad companies was conservatively estimated at about $100 million in 1978. (Manello, 1978)
- Firestone Tire and Rubber Company reported that drug abusing employees were almost four times as likely to be involved in an accident on the job and two-and-one-half times as likely to be absent from work for more than a week than employees believed not to be using drugs. In addition, drug users were five times as likely to file worker' compensation claims and filed these claims at three times the average level. (Masi and O'Brien, 1985)
- A study of drinking patterns and accidental injury for a sample of New England workers found that the heaviest drinkers and users of function-impairing drugs were nearly four times more likely than non-users to be involved in accidents serious enough to require medical attention or hospitalization, and that the heavy drinkers (five or more drinks a day) were twice as likely to experience accidents on the job. (Hingson, et al, 1985)

Employer Liability

There also has been much speculation that employers could ultimately become liable for substance abuse problems their employees develop while at work. Liability for job stress has been expanding gradually. Companies were at one time responsible only when high-stress situations led to specific illnesses. It now appears that a wide range of physical and psychiatric disabilities are compensable if they can be linked to cumulative and ongoing work-related stress. (Walsh, 1986)

The primary difficulty in identifying emotional or stress-related disabilities as being occupationally-related is the absence of medical certainty about the cause. Even though psychological causes, chemical causes, physical injuries, heredity, or other causes of some mental disorders may be identified, where the bulk of such illnesses originate and the contributing role of the workplace cannot readily be evaluated, stress-induced emotional disabilities, as well as some cardiovascular illnesses, are currently being compensated as job-related. Although as yet few cases of alcoholism are being seen in the workers' compensation system, a similar potential exists for linking some of these cases to the workplace. (Barth and Hunt, 1980) There have been relatively few court cases on the legal issues regarding drugs and alcohol in the workplace.

Generally, employers have not been held liable for the off-duty conduct of their employees. However, some recent court decisions may signal a new trend.

- In Otis Engineering Corp. vs. Clark, 668 S.W. 2d 307 (Tex. 1983) a wrongful death action was brought against the company by the husbands of two women killed in an accident involving an employee who, apparently intoxicated, had been sent home by his supervisor. The court held that the action could be brought against the employer, finding that Otis had a legal duty not to subject intoxicated employees and other motorists to the dangers of an accident on the highway.
- The Texas Supreme Court confirmed the decision stating that the employer has a duty to exercise control over an intoxicated employee in order to prevent the employee from causing unreasonable risk of harm to others.
- A similar decision was made by the Washington Appeals Court in the case of Hallingan vs. Pupo (678, P.2nd 1295 [Wash. App. 1984]) brought when an employee attending his

company's Christmas party became intoxicated and, upon departing, was involved in a motor vehicle accident.

In sum, these decisions have stated that if the employer is aware of the employee's intoxicated condition and engages in an affirmative act such as instructing the employee to stop drinking and go home, the employer may have subjected itself to liability for consequential injuries if the intoxicated employee has an accident while driving home. (Obdyke, 1986)

Also, suits have been brought against company physicians by persons harmed in some way by a drug-impaired employee on the allegation that the physician failed during a physical examination to diagnose the employee's substance abuse. (Smith and Wesson, 1984)

Alcohol and Pregnancy

Although the popular press and health educators have strongly admonished pregnant women not to drink, the magnitude of the potential damage alcohol may do to the fetus in utero is not fully understood nor have estimates been made of costs to business. Whether there is, in fact, a "fetal alcohol syndrome" still remains controversial in scientific circles; some studies have implicated a cluster of maternal factors, including poverty, malnutrition, marijuana use and smoking, rather than alcohol alone. (Hinsgon, et al, 1982). Those who argue that the fetal alcohol syndrome is real estimate the prevalence at one to three cases per 1,000 live births; alcohol-related birth defects occur more frequently. Research on alcohol use during pregnancy is hampered by limitations on self-reported data, as well as imprecision in diagnosing anomalies in newborn babies, and studies have yet to determine the amount and timing of alcohol consumption that put the fetus at risk. (DHHs, 1983a) Because childbearing, neonatology, and pediatric care are covered in most employee health benefit plans and owing to the extraordinary--and

often avoidable--excess costs associated with birth defects, it stands to reason that industry could gain, directly and indirectly, through better prevention efforts. But low birth weight is the strongest predictor of birth defects and its association with poverty and malnutrition points to broad social policy as the intervention of choice, rather than educational exhortations that tend to blame the victims.

Drinking and Driving

Drunk driving is another large social problem that doubtlessly involves substantial costs to business and industry, even though the magnitude of those costs has yet to be ascertained. It is estimated that drivers who drink in excess of legal intoxication are three to 15 times more likely than nondrinking drivers to be involved in a fatal crash, and even moderate drinking can increase the likelihood of fatal accidents. (DHHS, 1983a) Educational efforts at the worksite make sense; they can pick up on the themes now being promoted in the mass media (for example that "friends don't let friends drive drunk").

It should be noted that despite the significant advances over the past fifteen years in measuring the consequences and costs of substance abuse, knowledge remains limited. The physical, psychological, and social consequences of substance abuse are difficult to isolate from a web of confounding factors. Drinkers, for example, are overrepresented as victims and participants in the whole spectrum of accidents, crimes, and family disruptions. However, correlational studies often fail to control for the fact that many heavy drinkers are overexposed to other risks (such as nonuse of seatbelts) that may be unrelated to their drinking. A great deal still remains to be learned about associations between amounts and kinds of drinking and varieties of harmful effects. Also, the direction of causal relationships is frequently unclear, as in the case of family disruptions, where alcohol may antedate, arise out of, or

interact in intricate ways with a disintegrating family fabric. (Walsh, in press)

BENEFITS OF WORKSITE ALCOHOL AND DRUG ABUSE PROGRAMS

Much of the "success" claimed to date by worksite programs can be attributed to tertiary prevention efforts: identifying employees in late stages of alcoholism (usually through impaired job performance) or encouraging their self-identification and providing referral and treatment services to facilitate their return to acceptable functioning on the job. Although few if any studies have had adequate comparison groups, the strong impression remains that programs to help alcohol abusers in the workplace have been beneficial. (Kurtz et al, 1984)

Advocates claim cost savings through reduced absenteeism, improved productivity, lower health care and disability insurance costs, and reduced accidents. These claims appear convincing on their face, but there is still little good data to substantiate them.

Much of the evidence currently available comes from internal audits by individual business firms, who have an obvious vested interest in discovering that the programs they enthusiastically support are producing positive results. Better, more objective, studies would strengthen the case and would allow administrators to fine-tune their strategies more efficiently and effectively. Still, many of these programs do appear to be effective.

- o A study of alcohol problems in seven railroad companies, based on numerous interviews with supervisors and workers, compared the costs of dismissing a problem drinking employee with the costs of rehabilitation programs. In 1978, 384 workers appealed their dismissals for alcohol-related rules violations; 383 dismissals were upheld. The total cost of these grievance procedures came to about $408,000 or about $1,050 per dismissed employee. That

same year, the railroads' employee assistance programs were said to have rehabilitated over 1,000 problem drinkers at a cost per rehabilitated worker of $840. The author concluded that "it costs railroad companies more to dismiss a rule violator than it does to rehabilitate a problem-drinking employee." (Manello, 1978)

- New York Telephone reported in 1980 that the company's alcohol treatment program averaged 300 new cases annually for seven years and saved the company $1,565,700, assuming a rehabilitation rate of 85 percent, and a company average, for late-stage alcoholism, of 60 days absence and $2,000 in treatment costs. (Wood, 1980)
- Lockheed California Company evaluated the savings achieved from 1980 to 1983 for 43 individuals who had enrolled in their employee assistance program and estimated that for every employee treated, the company saved approximately $10,000, through reduction in absenteeism, tardiness, grievance investigation, and replacement. (Alcoholism, 1984)
- Kimberly-Clark Corporation experienced a 70 percent decrease in on-the-job accidents and a 43 percent decrease in absenteeism among 25 employees participating in the company's alcohol and drug abuse program. (LeRoux, 1982)
- Pacific Northwest Bell estimated that it can cost up to $40,000 to replace a key worker, but costs only $3,400 to $4,000 to put an experienced employee through its chemical dependency program. The company reports successful rehabilitation of 75 percent of its workers who complete the program. (Alcoholism, 1984)
- Illinois Bell Telephone Company followed the progress of 752 employees who participated in its rehabilitation program. Over a period of five years following treatment, those employees experienced a 61 percent decline in the number of on-the-job accidents, and a 52 percent decline in absenteeism. At an average wage replacement rate of $40 per day, this represented gross savings to the company

of $1,272,240 just in absences averted. (Asma, et al, 1980)

- Firestone Tire and Rubber Company's alcohol rehabilitation program reported a recovery rate of 80 to 85 percent, and estimated that it is able to retain over 80 percent of identified alcoholics. (Tersine and Hazeldine, 1982)

Similar statistics are frequently cited in the trade press and anecdotally, although they do not stand scientific scrutiny, owing to imprecision in definitions (for example, the concept of "recovery" or successful "rehabilitation") and weak study designs (nearly always lacking adequate comparison groups, without which it is impossible to know how the "recovering" clients would have done on their own with the passage of time).

In addition to the savings that can, to some extent, be calculated in dollars, corporate leaders point to such intangible benefits as public image and employee morale. Many echo the opinion of program personnel at Illinois Bell, that "the significance of results for employees and their families transcends the cost impact." (Hilker, et al., 1975)

PREVENTING ALCOHOL AND DRUG ABUSE AT THE WORKPLACE

The emerging focus on preventing alcohol and drug abuse problems has been attributed to a number of factors that have occurred over the past several decades

- o The realization that the treatment system alone is inadequate to deal with all problems related to substance abuse,
- o The awareness that alcohol and drug abuse can result in a wide range of social and personal problems in addition to addiction,
- o General public health mandates emphasizing health problems associated with differing lifestyles,
- o As well as the involvement of various government agencies in promoting and funding a variety of preventive efforts. (DHHS, 1981)

In addition, an increasing number of individuals and groups in the private sector are becoming involved in substance abuse prevention strategies; some focusing on reducing highway accidents, others on improving educational programs. Many in the private sector also are supporting legislative actions with preventive potential; for example, through regulating alcohol beverage advertising, or by enacting or strengthening alcoholic beverage server responsibility statutes. (DHHS, 1983a)

As pointed out at the beginning of this report, the possible levels of response to preventing substance abuse range from primary to tertiary prevention. Tertiary prevention or treatment is the most well established at the worksite. Company-based substance abuse programs now offer a wide range of treatment options for employees, and, often, retired employees and dependents with alcohol- or drug-related problems. Increasingly,

however, secondary and primary prevention efforts are gaining the support of employers hoping to reduce the incidence of health problems and subsequent job impairment more easily and less expensively. (Vicary and Resnik, 1982)

Tertiary Prevention and Treatment

In most companies, these efforts come under the umbrella of occupational employee assistance programs (EAPs), which can be defined as a set of company policies and procedures for identifying (or responding to self-identified) employees experiencing personal or emotional problems, referring them for treatment, and following up. There remains, however, wide variation from one program to another (Walsh, 1984)

- EAP "policies and procedures" vary widely in their content, in how formal they are, and in how well communicated through often large and decentralized organizations.
- EAPs "identify" employees with problems, but the identification process varies as does the basis on which employees are identified, especially the relative importance of formal referrals through supervisors or union stewards as distinct from voluntary seeking of help. Not only is there wide variation from program to program and site to site in the proportion of supervisors and/or union stewards who actually understand the program and use it as the policy envisions, but also there are subtle shadings of manifest and latent coercion in many avowed "self-referrals."
- EAPs "respond" to problems, but vary in the functional units of the company (medical, personnel, industrial relations) they involve formally or informally in the process, and in the specific arrangements they make with outside referral resources for diagnostic, treatment, and follow-up services.

- o EAPs respond to "personal or emotional problems" but programs differ greatly in the distribution of diagnoses they see (alcohol and drug abuse, emotional and family stresses, financial and child care complications, and so on), and in the kind of problems to which they are prepared to respond.
- o "Adequate job performance" remains an elastic and confusing concept, even in measurement-minded firms. As a practical matter for most EAPs that build on supervisor referrals, absenteeism usually stands in for "performance" as the real trigger to action. There are wide disparities both between and within companies in the precision with which attendance is and can be monitored, in approaches to performance appraisal, and in the emphasis placed on "constructive confrontation" to coax chemically dependent employees into treatment.

EAPs typically began by focusing on problems related to alcohol. Declining work performance was usually the key principle that justified the employer's intervention into the workers' otherwise private affairs. The intervention was grounded in therapeutic as well as administrative rationality because, it was argued, alcoholism is a disease of denial and the threat of dismissal from his job might serve as a powerful shock to force the alcoholic employee to confront his drinking problem. In time it became clear that other problems interfere with work performance; problems for which there was not the same therapeutic rationale for the employer's intervention to break down a system of denial. This was an important reason for the gradual expansion of many occupational alcoholism programs to "broad brush" EAPs that encouraged self-referrals. (Walsh, 1984)

Primary/Secondary Prevention

As EAPs expanded to deal with a wider range of employee problems, their substance abuse focus began to turn toward early case

finding and intervention, an approach designed to help the individual before problems become too severe, to reduce job impairment, and to limit expenditures for extended treatment. Early diagnosis and referral (or "intervention") provides the link between established tertiary approaches (treatment and rehabilitation), and primary prevention efforts (problem avoidance or positive health enhancement) that are less well defined for a working population. (Vicary and Resnick, 1982) Thus, control strategies in the substance abuse field are often arrayed along a continuum from prevention to intervention to treatment.

In this section, we will focus on three complementary areas of activities being implemented at the worksite as part of the primary and secondary level prevention

- Efforts undertaken to educate employees on the potential health, economic, social, and legal consequences of substance abuse, and to encourage healthy lifestyles--these may be part of general wellness programs with a substance abuse component or of special programs directed at high risk groups.
- Company initiatives instituted to avoid potential problems--these may range from a clearly stated company policy on alcohol and drug use, to pre-employment or employee drug testing, to security measures to prevent alcohol and drugs from entering company premises.
- Case finding efforts--these efforts may be part of early problem identification in the context of an EAP, or medical or health program, or they may be part of a training and development program, or other such organizational activities.

Educational/Awareness Activities

Over the past decade, an increased awareness of the impact of lifestyle on health and of the adverse consequences of alcohol and drug abuse has led many companies to enhance their programs' educational components in an effort to promote responsible behavior and to encourage those with problems or potential problems to seek help. These promotions range from posters or pamphlets containing basic information on alcohol and drugs, to films and lectures on the problems and treatment of substance abuse, to seminars exploring the lives of adult children of alcoholics. In addition, many comprehensive employee assistance programs offer mental wellness programs such as stress management or family life seminars that include a component on substance abuse. Often, corporate health promotion efforts, particularly fitness, nutrition, or weight control programs, also include segments on substance abuse.

Although it is possible to determine the impact of educational activities on awareness and knowledge of substance abuse and company policies, it is exceedingly challenging to evaluate their impact on problems that might have been, but that were prevented. Such an assessment requires a well-designed study with an adequate comparison site. In the absence of such research, evidence about the wisdom of supporting educational programs comes from favorable responses that some companies are reporting. Gauges of success include the number of new clients or phone inquiries to the EAP following an educational session, or the number of employees attending seminars or lectures on non-company time or, even, how fast informational pamphlets and other written material disappear from display areas.

A variety of educational and awareness activities are currently underway at the worksite. For example,

- The Employee Assistance Program at New England Telephone (NET) has an active educational outreach program and incorporates substance abuse education into all its efforts. An educational program focusing on the impact of substance abuse on the family included a discussion of genetic research that has suggested that children of alcoholics may, themselves, be at increased risk of disease. Substance abuse education also is an important part of NET's 12-hour stress management course, and is integrated into shorter lectures on stress management, as well.
- CAPITAL CITIES/ABC has invested $200,000 in a substance abuse education effort for employees. The company's programs include informational mailings to employees and their families, posters, training and orientation for managers, and a company-produced film, made available to all company locations, that chronicles an employee's drug abuse and rehabilitation. At one location, six employees volunteered for treatment after seeing the film, and another entered the EAP through supervisory referral. (BNA, 1986)
- Central States Health & Life Co. of Omaha sponsored a psychodrama dramatizing a fictional manager's substance abuse and subsequent rehabilitation. The company found this an effective means of communicating with employees. With guidance from alcoholism professionals, the "Drama with a Purpose" was written and performed by employees who received 12 hours of intensive education about alcoholism and chemical dependency. Following four performances to which all employees were invited during National Alcohol Awareness Month, the company employee assistance counselor noted a marked increase in phone inquiries to the EAP. ("A Career Carol, 1985)

Company Policies to Prevent Alcohol and Drug Abuse

Policy Statements: Nearly all company substance programs contain a policy statement outlining the firm's philosophy, purpose, and procedures for dealing with substance abuse problems. In general, policy statements address the company's position on substance abuse (e.g., drug abuse as a medical problem), the relationship between unacceptable job performance associated with substance abuse and an employee's job status, the company's position on rehabilitation opportunities and the services offered toward that end, the responsibility of the employee to seek treatment, provisions for confidentiality for employees who seek treatment, and the company's position on use and possession of illegal drugs on company premises, including the possible sanctions involved. (DHHS, 1978)

Once written, however, policy statements are often neglected as an important method of reiterating what the company expects from its employees and what employees can expect from the company. (Shain, et al, 1986) Policy statements also can be a useful vehicle for publicizing newly implemented measures, such as drug testing, or for restating company rules and regulations, such as those governing the use of alcoholic beverages at company-sponsored events.

Some businesses have recently issued (or reissued) policy statements clarifying their response to alcohol and drug use and abuse, and stating their commitment to preventing substance abuse problems both on and off the job.

- In 1984, Kimberly Clark reiterated its stance on substance abuse by issuing a policy statement on the sale, distribution, or use of alcohol or other mood altering drugs on company property. The statement clarifies the company's intent to promote a drug free work environment and to ensure the health and safety of all employees.

- In 1985, Central States Health & Life Co. of Omaha (CSO) issued formal guidelines "to aid in the planning for, and the supervision of, behavior at (company) events where the consumption of alcohol is a possibility." The guidelines clearly state the rules that apply when alcohol is to be used at company-sponsored events, including the availability and visibility of nonalcoholic beverages and food, instructions to bartenders to use moderate to light amounts of liquor in mixing drinks, and the length of time (approximately 45 minutes) alcoholic beverages should be available. The policy also states that if a hosting manager is aware that a guest has had too much to drink, the manager should attempt to provide supervised transportation home for that person, and reminds employees hosting a company-related function at home that the host may be responsible for guests in the case of an accident.

Policies on Drug Screening and Searches: Considerable media attention has been given to the drug screening and testing policies being implemented or proposed by businesses, as well as by the military, public safety and government organizations, and sports organizations. The President's Commission on Organized Crime recently endorsed drug screening, urged that all federal employees and government contractors be required to take tests for drug use or be subject to dismissal, and recommended that state and local agencies, as well as private employers, adopt a similar policy. (President's Commission, 1986)

There are reports that an increasing number of businesses are implementing drug screening, either for-cause or routinely for employees, or as part of pre-placement medical exams required of job applicants. A survey of Fortune 500 companies found that the number of firms acknowledging testing at least some employees or applicants for drug use rose from three percent to 30 percent between 1982 and 1985; and of the 390 firms surveyed in 1985 by the American Society of Personnel Administrators, 12 percent screen current employees for drug use, nine percent screen

current employees for alcohol use, 17 percent screen applicants for drug use, and 13 percent screen applicants for alcoholism. (BNA, 1986)

Although there is no evidence that screening can prevent substance abuse in the workplace, there is some evidence that it can positively influence employees' use of drugs. The U.S. Navy drug screening program for enlisted personnel achieved a significant drop in positive tests from 48 percent in 1980 to 21 percent in 1982. According to a Navy spokesperson, urinalysis is the most effective element in the Navy's "war on drugs." (Smith and Wesson, 1984)

In addition, a large number of businesses have responded to drugs at the worksite with undercover police investigations, or the use of private security personnel or drug sniffing dogs to search work areas, company premises and, in some instances, employees themselves. There are numerous reports of businesses that have used such measures to curb the presence of alcohol and drugs at the worksite. In response to employee complaints about drug dealing and use at the workplace, Advanced Micro Devices in California ran five undercover operations over a five year period that resulted in the dismissal of 49 employees. (BNA, 1986) Other businesses reporting similar activities include the Chicago Board of Trade, the Social Security Administration in Baltimore, and a construction company working at the Seabrook, New Hampshire, nuclear power plant site.

Advocates of drug screening and security approaches point out that strong measures against substance abuse are necessary and that drug testing and other security efforts provide an effective deterrent at the worksite. Proponents believe that screening and searches can be successful in curbing drug trafficking at the workplace, but many also admit that such efforts do nothing to address underlying substance abuse problems, and that they may result in strained employee relations. (Diegleman, 1984)

Drug screening policies are being subjected to increasing scrutiny and criticism from many quarters. Union and civil liberties advocates see such activities as an invasion of privacy or a violation of Fourth Amendment rights concerning protection against unreasonable search and seizure, and as discriminatory when aimed differentially at certain social groups. Concerns are being raised also about the validity of test results; level or time of use or impairment are usually not measured and false positives are frequent. Many employee assistance professionals are uneasy about the random use of employee drug testing. They cite the potential of such programs to undermine the credibility and trust EAPs have established with employees, and to erode the role of supervisory referrals based on impaired job performance--both cornerstones of EAP philosophy. In addition, many EAP professionals voice concerns that the preoccupation with drugs in the workplace may be detrimental to their efforts directed at alcohol and abusing workers.

Early Problem Identification and Referral

As organized substance abuse programs evolved in the 1950s and 1960s, deteriorating job performance became widely accepted as the only legitimate rationale for referral to worksite programs. Then it increasingly became clear that job performance criteria failed to identify many genuinely alcoholic employees whose performance had yet to decline sufficiently to be noticed by a supervisor. In many companies, especially those that were growing rapidly and/or had highly educated workforces, documentation of attendance (one of the few proxies for performance) can be informal. Employees whose autonomy insulates them from visibility (pilots, truck drivers, on-the-road salespersons) are less likely than are non-exempt ones to enter an organized program through a job-performance door, and job-based programs are generally felt to have fallen short of the need for reaching executive and professional-level problem drinkers. (Walsh, 1982)

As a result, many companies have been seeking more effective approaches to identifying employee substance abuse problems. For many businesses, broadening the scope of programs from alcohol and drug only to employee assistance programs in order to remove some of the stigma and encourage self-referral has been part of this strategy; seminars and training for front-line supervisors have been developed as well. For example:

- Early in its program development, New England Telephone (NET) recognized the importance of encouraging employees to seek help through worksite programs before problems are manifested in deteriorating job performance. NET set out to reduce the stigma attached to alcohol-only programs by developing a comprehensive employee assistance program (EAP). The EAP offers help to employees, retirees, and their dependents with a wide range of personal and emotional problems that may or may not be related to the job, including alcohol and drug abuse, family problems, grief counseling, and stress difficulties.
- Kimberly-Clark recently held meetings for managers and supervisors to provide information about drugs and increase awareness about their use on the job. Their sessions included
  (1) A review of the company policy on drug use;
  (2) The film, "Everything Looks So Normal," which depicts the impact of alcohol and other drugs in the workplace;
  (3) A drug paraphernalia show, which included objects in the workplace being used in conjunction with drugs;
  (4) A description of behavioral signs of potential drug use; and
  (5) A demonstration on the smell and appearance of marijuana.

The program also included a segment on how to approach employees suspected of drug impairment, particularly users of drugs, such as PCP, that can produce violent behavior.

- The Association of Flight Attendants, with 23,000 members from 15 airlines, has designated 100 "committee members" who are trained by union staff and substance abuse professionals in recognizing signs of problem behavior and in coaxing coworkers to seek help when needed. Training consists of 96 hours of role playing, films and videotapes, small group activities, and lectures and discussions devoted to teaching participants how to identify problems, intervene with their peers, develop contacts with community treatment resources, maintain records and confidentiality, and avoid burnout. (BNA, 1986)

Other Early Intervention Efforts

An important component of most comprehensive health and wellness efforts at the worksite is the health risk assessment or risk profile. These appraisals are designed to estimate from demographic and lifestyle indicators an individual's likelihood of dying prematurely of certain kinds of common illness. In general, most instruments address known behavioral risk factors such as smoking, stress, drinking, drug use, exercise, blood pressure, weight, and nutrition. Results are evaluated to show the interaction of various behaviors and health status, and remedial actions often are recommended. It is assumed that being aware of an adverse health habit will stimulate people to modify that behavior, and there is a limited amount of evidence that this assumption may be true in some cases. (Vicary and Resnick, 1982)

Comprehensive health risk assessments contain a sequence of questions on alcohol and drug use. Also, a number of

questionnaires have been developed solely to determine the level of substance use and abuse, and some businesses are beginning to make use of these instruments in their substance abuse prevention efforts, independent of more global risk appraisal.

- Honeywell, for example, encourages the use of the Minnesota Assessment of Chemical Health (MACH) to help EAP staff assess the severity of alcohol and drug use by employees consulting the EAP or medical staff. A self-administered questionnaire such as this is thought to elicit a more accurate picture of the severity of substance abuse and, therefore, aid in treatment decisions.
- At Johnson & Johnson a health risk profile is administered to clients referred to the employee assistance program. The profile aids EAP staff in screening for alcohol and drug problems.

As health risk appraisals become more commonly used in the workplace to identify existing or potential alcohol, drug, or other lifestyle related problems, their potential for misuse increases. There is a growing concern among unions and workers that employee assistance and health promotion programs may become unacceptably intrusive, and that personal information obtained through these programs could be used at the worksite against the individual worker.

The solution seems to reside in a commitment to sensitive and open planning and programming, jointly with the union where there is one, inviting, meaningful employee input in any case. The goal of anticipating and helping employees avoid preventable illness--if pursued responsibly--provides a common ground and an opportunity for constructive collaboration between employer and employees.

CONCLUSION

The policies and mechanisms through which worksite substance abuse programs motivate employees with alcohol and drug problems to seek rehabilitation have been evolving over the past half century. Secondary and primary prevention activities have emerged more recently, and have yet to be fully developed, especially at the worksite. However, the gradual reorientation of substance abuse programs from a single-minded pursuit of "problem" individuals who are detracting from organizational effectiveness and productivity to a more basic focus on the conditions that may cause or exacerbate emotional or personal difficulties appears to be gaining momentum, certainly at the rhetorical level, and in some concrete program efforts as well.

It makes good sense to try to refocus upstream, as many in the EAP field have been saying for years. But translating this intuitive feeling into effective action has been a difficult challenge. A truly preventive assistance program would develop a complex and sophisticated understanding of the workforce, the company, the pressure points, and the poor fits between workers and job demands. It would become a kind of social barometer. But most companies are too decentralized to afford such an approach, even if it were philosophically palatable. Moreover (and more importantly) Americans are legitimately chary of employers widening their band of authority and control over the lives of people working for them.

Still, it is entirely possible for EAPs to stay within the bounds of acceptability in terms of civil liberties and to become increasingly involved in primary prevention. Companies can disseminate information to employees that will enhance their own personal power over their health, that will make them more

discerning consumers when they must use the medical care system, that will foster self-help and self-determination and that will bolster the dissemination of information to employees that enhances their own personal power over their health and their use of the medical system, that fosters self-help and self-determination, and that builds up the resilience, strength, and coping mechanisms of people at work. This is the new "preventive" direction in which some EAPs are starting to move.

COMPANY EXAMPLES--WORKSITE SUBSTANCE ABUSE PREVENTION PROGRAMS

Central States Health & Life Co. of Omaha, Omaha, NB
Sally Lorenzen, Wellness Director
(402) 397-1111

A comprehensive wellness program is available to the 400 plus employees and their dependents at Central States Health & Life Co. of Omaha (CSO). One component of the wellness program is the employee assistance program (EAP), which helps employees locate appropriate treatment services in the community for personal or emotional problems, such as alcohol and drug use or family-related difficulties. The company contracts with a local hospital for alcohol and drug treatment services, as well as with a private counselor who deals with personal problems in addition to substance abuse. The company pays for the first three one-hour visits to either the counselor or the hospital. If additional treatment is needed, the employee is responsible for the costs. The company's health insurance will often cover a portion of those costs.

The wellness program also offers educational programs focusing on alcohol and drug use and abuse, including informational literature and occasional newsletter items. Because attendance at substance abuse lectures often is disappointing, CSO devised an alternative way of reaching its audience. The company sponsored a play that dramatized the impact of substance abuse. CSO employees wrote the script and acted in the play. All employees and their families were invited to one of four performances during National Alcohol Awareness Month in October 1985.

Digital Equipment Corporation, Maynard, MA
Bruce Davidson, Manager, EAP
(617) 493-6391

Digital Equipment Corporation (DEC) operates 38 employee assistance programs (EAPs) throughout the United States and Canada. By 1987, all North American employees will have EAP services available to them. Organizationally, the corporate medical department is responsible for the operation of the EAPs, as well as for the health promotion and occupational health programs within the company. This structure (a common one in corporations) enables Digital to integrate and coordinate its substance abuse prevention with other health and medical programs.

The headquarters EAP uses an in-house staff model and serves about 11,000 employees and their families, while the remaining

programs use external consultants. A whole spectrum of educational programs help employees deal with family and life situations in addition to alcohol and drug problems, including marital relations, adoption, grief and loss, and parental care and support. By offering this broad range of programs and establishing the substance abuse connection where appropriate, the EAP seeks to attack the stigma often thought to be attached to alcohol and drug abuse, and can directly and indirectly transmit the message that the company supports and encourages those seeking help for their substance abuse problems. This broad approach fosters early intervention into these problems. EAP educational activities specifically related to substance abuse include a lecture series devoted to the particular difficulties of adult children of alcoholics, as well as management training programs that stress the need for monitoring job performance.

Exxon Corporation, New York, NY
James L. Francek, Manager, Employee Health Counseling
(212) 333-1407

In conjunction with its total employee wellness efforts, Exxon Corporation sponsors a wide variety of activities aimed at preventing alcohol and drug misuse. In an effort to address the needs of employees at an early stage of alcohol or drug misuse, supervisors and managers attend a three-hour program to familiarize them with company policies and to train them in recognizing the impaired job performance that may signal potential problems. Employees themselves are encouraged to recognize their own substance misuse problems: a two-hour educational presentation on alcohol and drugs is made available at many company locations; sessions on stress management include a segment on recognizing the potential for substance misuse; articles on alcohol and drug use, often focusing on special groups such as women or the adult children of alcoholics, appear in a health action newsletter sent periodically to employees' homes; and an effort is made to publicize television programs and documentaries that address chemical dependency problems.

Honeywell, Minneapolis MN
Lee Wenzel, Corporate Manager, EAP
(612) 870-2957

Honeywell recognizes alcohol and drug dependency as a unique illness and as a disease that can be treated successfully. The company operates 40 employee assistance programs (EAPs) throughout the United States; six in Minnesota. Substance abuse prevention efforts are currently focusing on early intervention, increasing the utilization rate (i.e., percent of employees consulting the EAP), improving the ability to match clients to appropriate treatments, and coping with poly-drug abuse (usually alcohol and another drug).

Johnson & Johnson, New Brunswick, NJ
Thomas C. Desmond, Ph.D., Director, Live for Life* Assistance Programs
(201) 524-6899

James E. Burke, chairman and chief executive officer of Johnson & Johnson (J&J), has set a goal of eliminating alcohol and drug abuse from its corporate culture within the next five years. J&J considers alcohol and drug abuse the nation's number one public health issue and has developed a refocused corporate approach to the problem. Based on its Live for Life philosophy, the company will reach its 30,000 U.S. employees and their families with a uniform and continual message on the impact of alcohol and drugs on health, safety, and productivity, and on the overall quality of life.

Efforts to achieve the corporate goal are just getting underway. Some activities are still in the developmental or planning stages, but newly designed supervisory training, employee education, and family outreach programs are about to be implemented.

The company has revamped its supervisory training sessions to emphasize eliminating alcohol and drug abuse. Retraining with this new approach will be mandatory throughout the company at all levels of management.

An employee education program will be mandatory for the entire J&J workforce. The company has defined the stages of alcohol and drug use along a risk continuum--non-use, misuse, abuse, dependency, and addiction--and will explore with employees where their own alcohol/drug use fits. All employees will have the opportunity to evaluate their own attitudes toward alcohol and drugs; an important step in achieving the company's prevention goal. Information on both legal and illegal drugs will be included, with a focus on alcohol, marijuana, cocaine, and prescription and over-the-counter drugs.

A family outreach plan is being developed, and will be initiated with an informational article in the company's health magazine, Live for Life, which is sent to employees' homes. One article will be accompanied by a coupon that can be returned to the company requesting a free packet of pamphlets and booklets on how parents can talk to children about alcohol and drug use. Other outreach efforts in the planning stages include a library of videotapes on substance abuse that will be made available to employees and their families.

Johnson & Johnson's corporate Live for Life Assistance Program (employee assistance program) was begun in 1978 with a pilot program at one site. Each year, approximately seven to eight percent of the workforce consult the Assistance Program for the

first time. Twenty percent of the Live for Life Assistance caseload consists of family members. About 50 percent of all the Assistance clients' primary or secondary problems are related to drug or alcohol abuse.
*Live for Life is a registered trademark.

Kimberly-Clark Corporation, Neenah, WI
Noel Eggebraaten, Director, Employee Assistance Program
(414) 721-5783

Kimberly-Clark Corporation has made a significant commitment to the health and wellbeing of its employees and their families, estimated to be about 75,000 people in North America, by providing access to a wide range of services throughout the company's preventive health maintenance effort, the Health Management Program.

An integral piece of the overall concept is the Employee Assistance Program (EAP), which began in 1977. The program was primarily designed to focus on alcohol problems and, subsequently, expanded its services to address a wide range of problems related to everyday living. By broadening the scope of services, the EAP has heightened its ability to assess alcohol and drug problems. According to Mr. Eggebraaten, "more people are willing to seek help for a family or marriage problem. Once engaged in counseling, many come to an understanding that their use of alcohol or drugs may be a major contributing factor to their family or marriage problem."

The EAP also has gained the cooperation and support of organized labor groups within the company. In one instance, newly elected union officers and shop stewards contacted the EAP requesting a training session so they could actively make referrals to the program before a fellow employee's job performance was affected by a personal problem.

The company believes that the EAP has engendered employee trust and confidence. It cites as evidence that approximately 75 percent of EAP clients are self referred.

New England Telephone, Boston, MA
Margaret C. Carey, EAP Manager
(617) 654-8625

New England Telephone Company (NET) began its alcohol program in 1966. In 1977, the program broadened its scope under the rubric of employee assistance program (EAP) to include a wide range of personal and emotional problems, which may or may not be related to the job. Currently the EAP offers assistance to employees, retirees, and their families with personal difficulties such as stress, family, or marital concerns, as well as with alcohol and drug use.

NET describes its approach toward alcohol and drug use as "proactive," stressing early problem identification. Seminars, lectures, and discussion groups focus on such topics as the families of alcoholics and the particular problems of children of alcoholics who may be at increased risk of developing a drinking problem. EAP staff include an educational component in all programs; for example, a 12-hour course on stress management contains a strong segment on substance abuse, as do shorter stress management lectures.

The EAP also enlists NET's managers to help build employee trust and confidence in the EAP, and to encourage employees to seek assistance. During a one-day seminar for supervisors to familiarize them with the operation of the EAP, supervisors are shown how to identify employee job performance problems as well as how to recognize "soft signs"--such as mood changes or erratic behavior on the job--that might be indicative of an employee's personal problem. Supervisors are also given an understanding of the psychological factors underlying substance abuse and of how they can play an important role in overcoming the problem of denial.

In addition to offering referrals to alcohol and drug abuse treatment and rehabilitation services in the community, the EAP has developed an onsite day rehabilitation program run by its staff, some of whom are themselves recovering alcoholics. The two-week program is designed for people who are able to stop using alcohol or drugs but who need help remaining abstinent. To date, 230 clients have completed the rehabilitation program.

Other onsite EAP activities include:

- An 18-month rehabilitation program for substance abuse;
- A family group for those affected by substance abuse;
- Two AA meetings per week;
- A compulsive eating group;
- A mastectomy support group.

Union Carbide, Danbury, CT
Suzanne Greeson, Manager, Corporate EAP
(203) 794-3529

Through its employee assistance program (EAP), Union Carbide offers employees and their families help in dealing with a broad range of personal difficulties. Those frequently include marital and parenting concerns, the effects of stress, and alcohol and drug abuse problems.

Services are directly available at the corporation's headquarters and at 19 separate field locations. Employees at company sites without an in-house consulting staff or contract service are encouraged to contact the corporate EAP office, which maintains references for employees through a national directory and data bank of community services.

Union Carbide's EAP staff conducts some short-term counseling, but primarily offers assessment and referral services. The staff also provides confidential, follow-up monitoring of employees referred by management to the program as a result of job performance difficulties.

The EAP staff conducts management training programs at a number of plant sites throughout the nation. During these sessions, program participants receive heavy emphasis on developing the skills necessary to define and understand the dynamics of job performance. They also are trained to identify and understand the nature of personal problems employees are likely to experience, and how those problems can have an adverse effect on an individual's work effectiveness.

Substance abuse and the impact of co-dependency also receive special emphasis during Union Carbide's management training sessions. Participants learn to use job performance criteria to assist them in the early identification of substance abuse problems. They also learn about the progressive stages of substance abuse and how each may be reflected in an individual's job performance.

Union Carbide's U.S. employee assistance program serves over 1,000 employees on an annual basis. Approximately 20 percent of the cases involve counseling regarding drug or alcohol problems.

The corporation maintains a significant management commitment to employee awareness and education efforts, though programs vary by location. The corporate headquarters staff has sponsored a successful "brown bag" luncheon seminar program, which features outside experts discussing such topics as parenting, teenage drug abuse and suicide, as well as how to deal with family members who have alcohol, cocaine, or other drug abuse problems.

Additional EAP visibility and effectiveness is obtained through periodic visits by staff members to individual Union Carbide manufacturing and office facilities, where site managers have the opportunity to learn more about Union Carbide's program and to begin developing site-specific capabilities to assist their employees.

REFERENCES--WORKSITE SUBSTANCE ABUSE PREVENTION

Aarens, M., et al. 1977. Alcohol Casualties and Crime. Special report prepared for the NIAAA. Berkeley: Social Research Group, University of California.

Alcoholism. 1984. "Alconomics." (September/October): 20-28.

Alcoholism. 1984. "Reach Out and Touch Someone." (September/October): 32.

Asma, F.E., et al. 1980. "Twenty-five Years of Rehabilitation of Employees with Drinking Problems." Journal of Occupational Medicine 22(4): 241-244.

Baum, C., et al. 1985. "Drug Use and Expenditures in 1982." JAMA 253(3): 382-386.

BNA. Bureau of National Affairs. 1986, Alcohol and Drugs in the Workplace; Costs, Controls, and Controversies. Washington, D.C.: Bureau of National Affairs.

Barth, P.S. and Hunt, H.A. 1980. Workers' Compensation and Work-Related Illnesses and Diseases. Cambridge, MA: MIT Press.

"A Career Carol." 1985. Esprit. (company magazine)

Chambers, C.D., et al. 1975. Chemical Coping: A Report on Legal Drug Use in the United States. New York: Spectrum Publications, Inc.

Chase, M. 1984. "Doctors in California Selling Prescriptions Have Reason to Fear." Wall Street Journal (September 10).

Clark, W.B.. and Midanik, L. 1982. "Alcohol Use and Alcohol Problems Among U.S. Adults. Results of the 1979 National Survey. In Alcohol Consumption and Related Problems. Alcohol and Health Monograph No. 1. Washington, D.C.: U.S. Government Printing Office. DHSS Publication No. ADM 82-190.

Clayton, R.R. 1985. "Cocaine Use in the United States: In a Blizzard or Just Being Snowed?" In N.J. Kozel and E.H. Adams (eds.) Cocaine Use in America: Epidemiologic and Clinical Perspectives. NIDA Research Monograph 61. Washington, D.C.: U.S. Government Printing Office. DHHS Pub. No. (ADM) 85-1414.

Davis, M.S. 1968. "Variation in Patients' Compliance with Doctors' Advice: An Empirical Analysis of Patterns of Communication. Journal Public Health, 58:274-288, Feb., 1968.

Diegleman, R. 1984. "Substance Abuse: The Business Approach." in D.E. Smith, et al (eds.) Substance Abuse in the Workplace. San Francisco: Haight-Asbury Publications.

Glantz, M.D., 1983. "Drugs and the Elderly: An Overview." In Glantz, M.D., et al (eds.) Drugs and the Elderly Adult. Prepared for the National Institute on Drug Abuse. Washington, DC: GPO. (DHHS publication No. ADM 83-1269).

Grabowski, J. and Dworkin, S.I. 1985. "Cocaine: An Overview of Current Issues." The International Journal of the Addictions. 20: 1065-88.

Hammond, B. 1986. "When Auto Buyers Get Stickered." Alcoholism & Addiction. March/April.

Harwood, H., et al. 1984. "Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness, 1983." Research Triangle Park, NC: Research Triangle Institute.

Health Policy Institute. Unpublished. "Proceedings of a Conference on Treatment for Chemical Dependency and Mental Illness: Can This Utilization be Managed," December 13-14, 1984, Boston, Massachusetts.

Hilker, R.J. et al. 1975. "A Drug Abuse Rehabilitation Program." Journal of Occupational Medicine 17(6): 351-354.

Hingson, R.W. et al. 1982. "Effects of Maternal Drinking and Marijuana on Fetal Growth and Development" Pediatrics 70: 539-546.

Hingson, R.W., et al. 1985. "Employee Drinking Patterns and Accidental Injury: A Study of Four New England States." Journal of Studies on Alcohol 46)4): 298-303.

Holder, H.D., and Blose, J.O. 1986. "Alcoholism Treatment and Total Health Care Utilization and Costs." Journal of the American Medical Association 256: 1456-1460.

"Identifying Corporate Costs in Employees' Lifestyles." 1985. Employee Benefits Plan Review, September, p. 15.

Kaplan, J. 1983. The Hardest Drug. Chicago: University of Chicago Press.

Kurtz, N.R., et al. 1984. "Measuring the Success of Occupational Alcoholism Programs," Journal of Studies on Alcohol 45(1): 33-45.

LeRoux, M. 1982. "Employee Assistance Programs Well Worth Their Cost, Employers Say." Business Insurance (September 27), page 3.

Mannello, T.A. 1979. Problem Drinking Among Railroad Workers: Extent, Impact, and Solution. Washington, D.C.: University Research Corporation.

Masi, D.A. and O'Brien, M.A. 1985. "Dealing with Drug Abuse in the Workplace." Business and Health (December): 29-32.

McClellan, K. 1984. "Work-based Drug Programs." in D.E. Smith, et al (eds.) Substance Abuse in the Workplace. San Francisco: Haight-Asbury Publications.

McKinlay, J.B. 1979. "A Case for Focusing Upstream." In E.G. Jaco, ed., Patients, Physicians and Illness: A Sourcebook in Behavioral Science and Health. 3rd edition. New York: Free Press.

NIAA. National Institute on Alcohol Abuse and Alcoholism. 1985. "Alcoholism Treatment Impact on Total Health Care Utilization and Costs." Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Obdyke, L.K. 1986. "Employee Intoxication and Employers' Liability." Personnel Administrator. (February): 109-114.

President's Commission on Organized Crime. 1986. "America's Habit: Drug Abuse, Drug Trafficking, and Organized Crime." Washington, DC: The Commission.

Rosenbloom, D.L. and Gertman, P.M. 1984. "An Intervention Strategy for Controlling Costly Care." Business and Health (July/August): 17-21.

Saxe, L., et al. 1983. The Effectiveness and Costs of Alcoholism Treatment, Health Technology Case Study 22. Washington, DC: Office of Technology Assessment.

Shain, M. et al. 1986. Healthier Workers. Health Promotion and Employee Assistance Programs. Lexington, MA: D.C. Health.

Smith, D.E. and Wesson, D.R. 1984. "Substance Abuse in Industry: Identification, Intervention, Treatment, and Prevention." in D.E. Smith, et al (eds.) Substance Abuse in the Workplace. San Francisco: Haight-Asbury Publications.

Substance Abuse Reporter. 1984.

Tersine, R.J., and Hazeldine, J. 1982. "Alcoholism: A Productivity Hangover." Business Horizons (November/December): 68-72.

(DHHS) U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Alcohol Abuse and Alcoholism. 1981. Alcohol and Health. Fourth Special Report to

the U.S. Congress. Washington, D.C.: U.S. Government Printing Office.

(DHHS) U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, Division of Resource Development. 1982. Developing an Occupational Drug Abuse Program. Rockville, Maryland. DHHS Publication No. (ADM) 82-692.

(DHHS) U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health ADministration, National Institute of Alcohol and Abuse and Alcoholism. 1983a. Alcohol and Health. Fifth Special Report to the U.S. Congress. Washington, D.C.: U.S. Government Printing Office.

(DHHS) U.S. Department of Health and Human Services, Public Health Service, National Center for Health Statistics. 1983b. Health, United States and Prevention Profile. Washington, D.C.: U.S. Government Printing Office. DHHS Pub. No. (PHS) 84-1232.

(DHEW) U.S. Department of Health, Education, and Welfare, Public Health Service. 1971. Alcohol and Health. First Special Report to Congress. Washington, D.C.: U.S. Government Printing Office.

(DHEW) U.S. Department of Health, Education, and Welfare, Public Health Service. 1974. Alcohol and Health. Second Special Report to Congress. Washington, D.C.: U.S. Government Printing Office.

(DHEW) U.S. Department of Health, Education and Welfare, Public Health Service. 1979. Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (DHEW) [PHS] Pub. No. 79-5507 1), Washington, DC: U.S. Government Printing Office.

Valliant, G.E. 1983. The Natural History of Alcoholism. Cambridge, MA: Harvard University Press.

Vicary, J.R. and Resnik, H. 1983. Preventing Drug Abuse in the Workplace. Rockville, MD: National Institute on Drug Abuse. DHHS Pub. No. (ADM) 82-1220.

Walsh, D.C. 1982. "Employee Assistance Programs." Milbank Memorial Fund Quarterly/Health and Society 60(3): 491-526.

Walsh, D.C. 1984. "Employee Assistance Programs and Untested Assumptions." Corporate Commentary, p.1.

Walsh, D.C. 1986. "Direct and Indirect Costs to Industry." In: Corporate Strategies for Controlling Substance Abuse. New York: The Conference Board.

Walsh, D.C. and Egdahl, R.H. 1985. "Treatment for Chemical Dependency and Mental Illness: Can This Utilization be Managed?" Health Affairs (Fall): 128-136.

Walsh, D.C. and Hingson, R.W. (in press). "Epidemiology and Alcohol Policy." In: S. Levine, et al. (eds.) Epidemiology and Health Policy. London: Tavistock.

Wood, L.W. 1980. "Lifestyle Management Strategies at New York Telephone." Presented at Leadership Strategies - Health Conference, Project Hope. Unpublished.

Zook, C.J. and Moore, F.D. 1980. "High Costs Users of Medical Care." New England Journal of Medicine 302: 996-1002.

RESOURCES--WORKSITE SUBSTANCE ABUSE PREVENTION

Association of Labor-Management
Administrators and Consultants
on Alcoholism (ALMACA)
1800 North Kent, Suite 907
Arlington, Virginia 22209

Employee Assistance Society
of North America
2145 Crooks Road, Suite 103
Troy, Michigan 48084

Hazelton Foundation
Box 176
Center City, Minnesota 55012

Industrial Social Welfare Center
Columbia University School of Social Work
622 West 113th Street
New York, New York 10025

National Council on Alcoholism
12 West Twenty-first Street
New York, New York 10019

National Institute on Alcohol
Abuse and Alcoholism
Occupational Programs Branch
5600 Fishers Lane
Rockville, Maryland 20857

All About WBGH

The Washington Business Group on Health (WBGH), established in 1974, gives major employers a credible voice in the formulation of federal and state health policy. WBGH began with five companies and now works with more than 200 of the Fortune 500. WBGH members direct health care purchasing for 40 million of their employees, retirees and dependents.

In 1976, WBGH expanded to become the first national employer organization dedicated to medical care cost management. WBGH is an active participant in discussions, hearings and other aspects of the legislative and regulatory arena. It also serves as a reliable resource base providing information and expertise on a variety of health care issues and concerns as well as consulting to its members, government, other employers, health care providers, and the media.

WBGH, through its institutes and public policy division, provides long-range planning and analysis on many sensitive economic and social issues. As specific areas of need were identified, WBGH formed: the Institute on Aging, Work and Health; the Institute for Rehabilitation and Disability Management; the Institute on Organizational Health; and Family Health Programs. WBGH also publishes two magazines, *Business & Health* and *Corporate Commentary*, and other resource information, reports, studies, and surveys.

WGBH assists the business community through: the Policy Exchange telecommunications network; an annual conference to discuss new health policy issues, cost management strategies, benefit design solutions and health promotion ideas; formation of nationally recognized task forces on topics ranging from legal issues of interest to employers to tax policy; and numerous seminars on timely subjects such as AIDS and utilization data. WBGH has been instrumental in helping form over 35 local business health care coalitions across the country.