144612

4

RESOURCE PAPER

Drug-Free Workplace:
It's More Than Testing, It's Wellness

By Beth L. Schecter, MPH

144612

Resource Paper

About the Author

Beth Schecter has developed and directed prevention programs locally and nationally since 1977. She is a co-founder of Prevention Associates, providing training and consultation to schools, communities and businesses in the prevention of alcohol, drug and other related problems.

Background

The passage of the Drug-Free Workplace Act of 1988 has brought new realizations to American business about the problems of alcohol and other drugs on the job. Employers with government contracts of $25,000 or more are now required to provide their employees with a clear policy about the use and abuse of drugs in the workplace. The workplace has joined the "war on drugs." But what does it all mean? Is a policy informing employees about their rights and responsibilities, symptoms and consequences of alcohol and other drug use enough? Is the use and abuse of alcohol and other drugs isolated from other related problems? Is the Employee Assistance Program the right vehicle to handle the task of prevention? The questions are many, but the answer is clear: Comprehensive prevention programs that incorporate the public health principle of wellness must be designed and integrated into the workplace if business is to truly achieve an alcohol- and drug-free environment.

Companies and employers are now recognizing that their employees are everyday citizens who live in the community, go to church or synagogue, send their kids to the local school, and also have a 25% chance of being a regular drug or alcohol user (*Time Magazine* 1986; *NIDA* 1988). Estimates by the National Institute on Alcohol and Alcohol Abuse (NIAAA) and the National Institute on Drug Abuse (NIDA) show that drugs and alcohol on the job cost employers at least $102 billion per year. These employees have 300% higher medical costs, costs which are passed on to all health plan subscribers. Workers who use alcohol and other drugs don't function at their full potential. They are 3 times more likely to be late for work and 2.5 times more likely to have absences of 8 days or longer. They are also 3 times more likely to be injured on the job (U.S. Department of Labor 1989). Statistics like these indicate that employers have much to gain by doing all they can to keep their employees drug and alcohol-free and healthy. Healthy employees are more productive, reliable and precautious. A drug-using employee, well-known in the community, could pose a very real threat to the integrity and reputation of a company. With the passage of the Drug-Free Workplace Act of 1988, the pressure is on to expand the responsibility of the workplace from that of providing income and livelihood for its workers, to being a model in healthy living, community responsibility and leadership.

Findings from numerous government-appointed commissions have come to the same conclusions: corporate social responsibility is imperative if this "war on drugs" is to succeed. Modern American companies have long known that the time has passed when companies could exclusively focus on profits with no regard for the welfare of their employees or the communities upon which they have an impact. The stresses and strains of modern society have made corporate leaders aware that unless they help to improve their communities, social problems will eventually have long-term negative effects on their interests. This spill-over effect is particularly poignant when considering the educational and employment skills of youth. By contributing to community prevention efforts today, companies can have a major impact on the employees of tomorrow (California Office of Attorney General John K. Van de Kamp 1986).

The Drug-Free Workplace Act

The Drug-Free Workplace Act of 1988 outlines five key components that employers should have in their drug-free workplace plan:

1. A comprehensive written policy
2. Supervisory training
3. Employee education/awareness
4. Availability of an Employee Assistance Program (EAP)
5. Identification of illegal drug users, including drug testing on a controlled and carefully monitored basis.

Not surprisingly, the often strong reaction by business to the Drug-Free Workplace Act has been out of concern and even fear regarding the extensive language it contains about drug-testing, a legally complex and emotional issue. Drug-testing has been identified as an important and required part of any workplace plan and has been helpful in deterring many employees from using and experimenting with drugs. But those in the prevention and treatment fields know that drug testing does not necessarily prevent drug use or abuse. It may frighten a regular alcohol or other drug user for a while, frighten them into learning how to manipulate the testing procedures or even to avoid certain substances if drug-testing seems eminent. Testing may, in fact, identify those regular drug users who can then be referred for proper treatment. But what does drug testing offer to the vast majority of the workforce, up to 75%, that do not regularly use alcohol and other drugs: the occasional users; the co-dependents; the 1 in 4 persons affected by an alcoholic or drug addicted family member or close friend; the parent of a troubled teen; the young parent worried about the possibility of alcohol and other drug use by their children? Drug testing may help to deter the

alcohol and drug-free worker from ever contemplating drug use, but the broader prevention and intervention needs of the workforce are not addressed with this type of program. Employees and their families deserve more. They deserve alcohol and drug-free workplace programs that are relevant to their real-life concerns and will assist them to lead healthier, happier, and more productive lives.

The Role of the EAP in Prevention

Model workplace plans published by the National Institute on Drug Abuse identify the employee assistance program (EAP) as playing an important, if not key, role in the prevention of employee drug use. As NIDA materials state, "The EAP is responsible for providing needed education and training to all levels of the company on types and effects of drugs, symptoms of drug use and its impact on performance and conduct." However, according to a U.S. Department of Labor survey of anti-drug programs (U.S. Department of Labor 1989a) the most common services provided by EAPs were referrals to treatment or counseling (97%), followed by direct counseling service (77%). Drug education, awareness programs and family assistance were provided by less than half of EAPs surveyed. In other words, those services that could be classified as prevention oriented were not normally provided by the EAP. Since the key mechanism for prevention education, according to NIDA, is the EAP, one has to wonder if prevention services are being provided at all. Perhaps we need to determine not only *whether* the EAP is providing prevention services in the workplace, but also *what* those "prevention" services consist of.

Confusion exists about what prevention means in the context of the workplace. The

Drug-Free Workplace Act defines prevention as *information* about "types and effects of drugs, symptoms of drug use and its impact on performance and conduct." A recent national mailer by a company selling "model drug-free workplace materials" says that "the law requires a drug-free awareness program" which it defines as "informing employees about the dangers of drug abuse in the workplace, penalties and any available counseling" (BLR, Inc., 1990).

As prevention has been redefined for the workplace, much has been lost. Its scope has been narrowed considerably from the painstakingly written definitions by many health and prevention experts and institutions, to including only basic transmission of information about drugs, their signs, symptoms and consequences. The following definitions of prevention and its processes are well-accepted and utilized throughout the United States:

"Prevention is a proactive process intended to promote and protect health and reduce or eliminate the need for remedial treatment of the physical, social, and emotional problems associated with the consumption of [drugs and] alcoholic beverages. It addresses the individuals, the settings in which they live, and the larger community" (Wallack et al. 1984).

"The objective of prevention is to protect the individual in order to avoid problems prior to signs and symptoms of problems. It also includes those activities, programs, and practices that operate on a fundamentally non-personal basis to alter the set of opportunities, risks, and expectations surrounding individuals" (Office for Substance Abuse Prevention 1989).

"In order for prevention to be successful, prevention system efforts must be directed toward the potential and active user (the host), toward the sources, supplies and availability of the drugs (the agent), and toward the social climate that encourages,

supports, reinforces or sustains the problematic use of alcohol and other drugs (the environment)" (Office for Substance Abuse Prevention 1990).

These definitions are certainly more comprehensive in scope than what has been evolving as prevention programming through the requirements of the Drug-Free Workplace Act. And, while these definitions are constantly being refined, they are not new in their emphasis. The link between the prevention of substance abuse and overall employee wellness has been identified by many companies, both large and small, over the last decade. These companies have discovered that there is a close connection between the physical and emotional health of employees and the overall health and success of their organization.

Wellness Program Efforts by Private Industry

Isolated efforts by several companies to reduce health insurance costs, workers' health claims, absenteeism and accidents have evolved into a desire to increase productivity and profits by expanding employee awareness and services regarding issues that are potential health risks. Employees who work in companies with wellness programs report feeling that their companies care not only about absenteeism and accidents but about the health and well-being of their employees as well (Chaney 1990). These companies are showing significant savings in improved productivity and reduced health care costs. Johnson and Johnson reported saving $1 million over a five-year period. Pillsbury acknowledged saving $3.63 for every $1 expended on the wellness program.

Comprehensive workplace wellness pro-

grams offer a variety of services including:

- health promotion activities such as stress management, weight control, and alcohol and drug information;
- screenings and appraisals for heart disease and lifestyle practices;
- sports and leisure programs such as company volleyball tournaments, picnics, membership in a health club and cultural opportunities;
- healthy lifestyle courses such as nutritional preparation of food and time management;
- informative newsletters and seminars; and
- environmental strategies such as removing cigarette vending machines from the workplace, offering healthy snacks instead of candy and establishing no smoking policies.

Many workplace wellness programs lie within a continuum of care supported and sponsored by the company. The three broad goals of this continuum include:

1. Promote the physical and emotional health of all employees and their families
2. Resolve disturbances in the physical and emotional health of employees at the earliest stage of problem development
3. Prevent the return of physical and emotional health problems once the employee has been treated (Chaney 1990).

Organizations that possess wellness programs often also have EAPs, whose services range from early intervention to treatment of specific disorders. The two programs have traditionally been viewed as separate entities even though there is overlap in their services. The EAP, for instance, is the entity traditionally thought of for dealing with alcohol and other drug issues, which is perhaps the reason why NIDA identified EAPs as the likely source for prevention in this area. Unfortunately, only a small number of EAPs have taken up the task of prevention.

Workplace health experts have proposed

an evolution of the EAP to include health promotion activities and thus eliminate some of the "turf issues" that have existed among varying departments (Schain et al. 1986). The newly suggested model, called the Employee Health and Assistance Program (EHAP), would be helpful in reaching employees who don't normally seek assistance until later stages of their difficulties, and would provide relevant prevention and health promotion services. Following this notion of an EHAP, a drug-free workplace program would take on a new look, that of a combined prevention, health promotion and intervention model. This is quite different from that defined by NIDA.

Combining Efforts for 1991—Bank of America Seeks Employee Wellness

BankAmerica Corporation views the goal of a drug-free workplace as the combined responsibility of the Employee Assistance, Corporate Health and Work/Family programs. "We really can't separate it here since we believe preventing drug and alcohol abuse is so integrated into overall employee wellness," says Rod Libbey, EAP Manager. "There may be specific interventions that the EAP is better suited for, but if you're talking prevention, we've got to work together." With over 1,000 sites and 50,000 employees, Bank of America's employee health programs must be maximally efficient and cost-effective. For example, Bank of America has chosen to address drug problems without the use of costly drug testing. "Our policies look upon alcohol and other drug use in three ways," reports Libbey. "As a controllable, confidential illness that requires treatment; as a condition of employment, so

if an employee uses, sells, manufactures, exchanges, possesses, or distributes alcohol or other drugs on company premises, then those are fireable offenses; and as a job performance issue."

Bank employees found or suspected to be under the influence of alcohol or another drug and unable to do their work are sent home. Managers are taught to identify and document this type of situation. If this continues, the employee can be fired. "In a sense we are not taking action against the drug or alcohol issue," explains Libbey. "We are taking performance action. This kind of action looks at the employee's job performance, not at which specific drug is in their system."

Realizing that an employee performing reasonably well while under the influence may slip through this system, whereas a drug test might help to spot them, Libbey explains, "We weigh all of those issues, including the heavily weighted one of 'for-cause' testing. We feel we can successfully deal with alcohol and drugs at work as performance issues. A drug-free workplace, or just keeping drugs out of the workplace...well, to me that's the easy part," says Libbey. "But trying to have a drug-free *workforce*, that's a whole other matter. Then we're talking about the sophisticated prevention programs that look at the individual, the family and the community."

The company does all it can to help an employee with an alcohol, drug or other problem get the help he or she needs. "We have an extensive referral network, available immediately to every employee. All bank locations have contract psychologists and counselors located within a few miles who are readily accessible, as well as a network of treatment programs. The company also pays up to eighty percent of treatment costs," reports Libbey. "All services are confidential and do not impact on the employee's job status."

In terms of prevention, both the Employee Assistance and Corporate Health programs offer extensive educational and informational resources through a regular newsletter titled *On Your Behalf,* and videos and publications on topics such as recovery, dependency, identifying personal alcohol and drug problems, hosting alcohol-free parties, stress management, AIDS, choosing childcare, nutrition, grief and loss, weight control, smoking cessation, etc. The EAP is responsible for providing staff training on a number of related topics and management training in identifying and dealing with workplace problems. Corporate Health offers health promotion seminars. Demographic and trend studies done by the bank found a need for extensive child care and elder care referrals which later became a part of EAP services. The Work/Family unit develops policies and programs that assist employees to achieve a healthy balance between their work responsibilities and schedules with their family and personal responsibilities.

Before the units were combined, EAP was providing its services through the personnel relations department. The Corporate Health program was offering services through the benefits department. "Our main reason for existence within the corporation is health care cost containment by doing health promotion," explains Elizabeth Holm, Health Program Manager. "But of course we see our mission as much broader, that of getting as much excellent and credible health information to employees as possible in a way that will lead to a change in behavior. We challenge the employees to make changes in their lifestyle that reflect what they personally need. We provide incentives for them to participate in health-enhancing activities by offering prizes and recognition." The December challenge asked employees to follow "Tips for Toasts," suggestions for having safe and healthy holiday parties. Employees who followed these tips and reported back to the Corporate Health unit received a free non-alcoholic drink and party snack recipe book.

Some of the services offered by the three programs obviously overlap in subject matter and approach, such as smoking cessation and hosting alcohol-free parties. Other services are actually managed by all three depart-

ments simultaneously, each responsible for a separate piece. "We have a policy on life-threatening illnesses that resides with Corporate Health," says Libbey. "But we [EAP] manage the referrals, while Work/Family will look at policy issues such as illness leave. There was a lot of overlap. For that key reason it made sense to combine the three programs."

In late 1990 the programs combined. Now Holm writes health promotion articles for the back page of "On Your Behalf" while EAP provides important inserts on specific problems and concerns. Holm and Libbey are beginning to look at the full continuum of services needed by employees. Plans are underway to further define and identify what the new combined unit will look like and do. Libbey would like it to offer a health risk assessment program as a means for determining the types of health services to provide. New intervention models could then be developed to meet those needs. He would also prefer to be less reactionary to problems and more responsive to actual employee needs. "We need to be able to open ourselves up to the issues that employees face. We should be able to say we have staff experienced in health promotion, employee assistance, and family concerns and offer a wider range of coverage. Then employees could call on their new Employee "Support" Unit (for lack of a better term) and tell us what is affecting their lifestyle and stopping them from working well. The corporate rationale for health promotion is to maximize employees working well. I think we can help people get more out of life generally."

With the units working together both Holm and Libbey feel that they can combine their backgrounds, resources and networks and be fully equipped to respond to employees' needs. Libbey states, "We'll be in a better position to say to employees, 'Come on in, tell us what's bothering you and let's see if we can help you.' This is a major shift in the EAP model, which has always built programs around employee needs and problems and then 'rolled out' other specifically related

programs. We're now trying to reverse that by letting employees come to us as individuals with a wide range of health and personal needs and concerns rather than a specific problem, such as alcohol abuse. This will allow us to respond to them with an array of health promotion and human service programs."

If employee assistance programs are to survive in the '90s, Bank of America managers believe they will have to combine with Corporate Health, Work/Family and other related health programs and show an impact on health care cost containment, increased productivity and improved employee morale. These are all goals at BankAmerica Corporation.

Risk Factor Research and the Workplace

Current prevention programs are most often based on research findings about risk factors that predict youthful alcohol and other drug use. Risk factors can be defined as those situations, whether individually based, family centered or community focused, that increase the likelihood that a person will develop a disease or problem behavior. The more risks present, the greater the chances of a problem developing. These are usually categorized by community, school, family and individual/peer influences, but can also be demographically (such as economic deprivation, gender, age) or biologically linked.
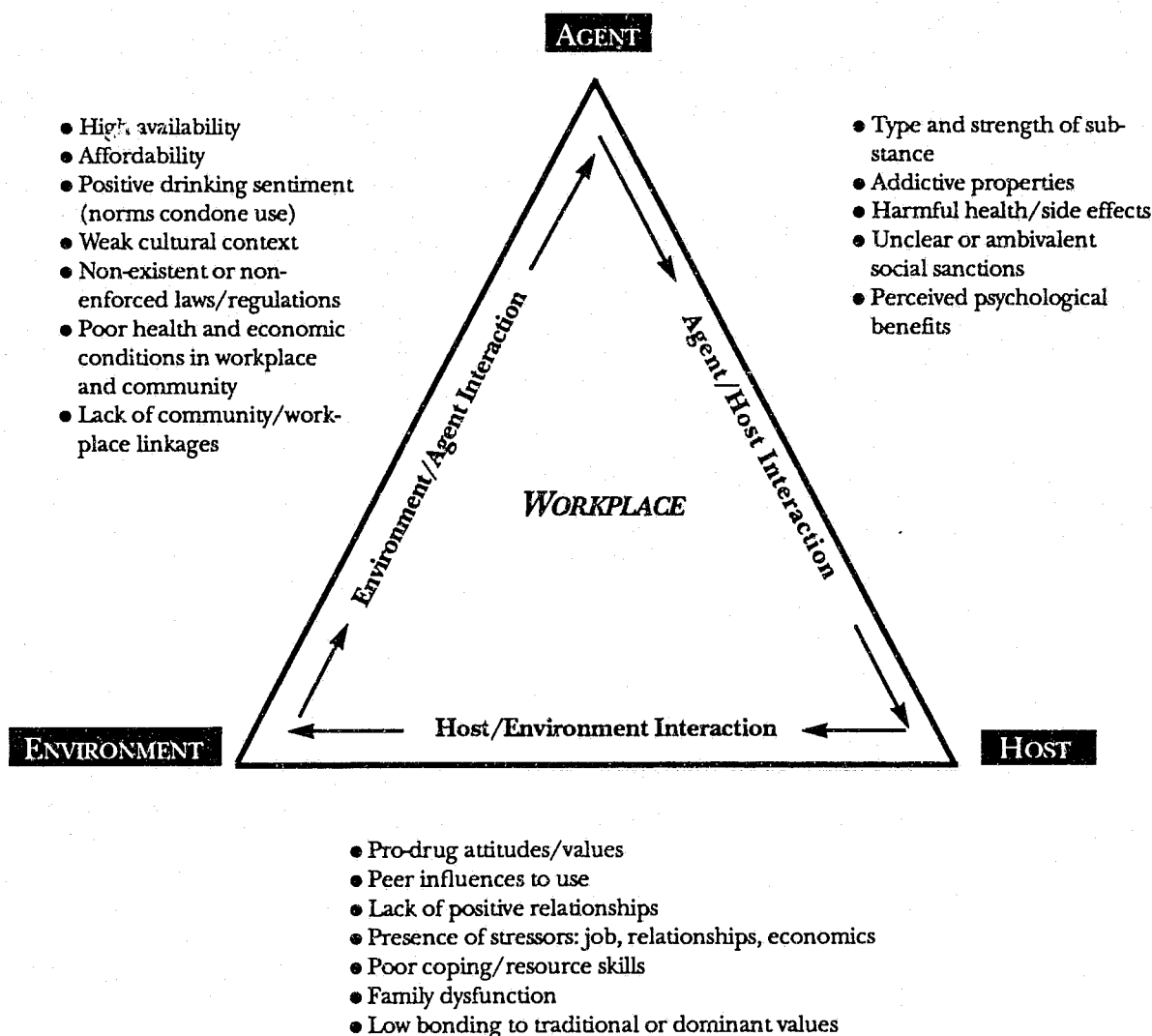
Strategies for addressing risk factors often focus on the school-age population in grades K–12. The workplace, comprised of an older population of adults with a median age of 34.5, is faced with similar but slightly different risk factors and concerns.

The information presented in the following diagram represents categories of related risk factors chosen from research and sim-

plified for the purposes of this paper. It has also been presented as a public health approach to prevention that more accurately reflects the broader community and adult population. Within each public health category—*agent/host* (the interaction of alcohol and other drugs with the individual), *host/environment* (the interaction of the individual with their workplace and community), and *environment/agent* (the interaction of the workplace and community with alcohol and other drugs)—it is possible to see the interdependency of the risk factors that can lead to alcohol and other drug use. Developers of workplace prevention programs can easily tie these risk factors into the social and physical milieu of the workplace and begin to identify strategies that encourage health and well-being while also creating an alcohol and drug-free environment.

FIGURE 1: RISK FACTORS AND THEIR RELATIONSHIP TO THE WORKPLACE (SELECTED

- High availability
- Affordability
- Positive drinking sentiment (norms condone use)
- Weak cultural context
- Non-existent or non-enforced laws/regulations
- Poor health and economic conditions in workplace and community
- Lack of community/workplace linkages

AGENT

ENVIRONMENT

HOST

Environment/Agent Interaction

Agent/Host Interaction

WORKPLACE

Host/Environment Interaction

- Type and strength of substance
- Addictive properties
- Harmful health/side effects
- Unclear or ambivalent social sanctions
- Perceived psychological benefits

- Pro-drug attitudes/values
- Peer influences to use
- Lack of positive relationships
- Presence of stressors: job, relationships, economics
- Poor coping/resource skills
- Family dysfunction
- Low bonding to traditional or dominant values

A workplace prevention program that addresses some of these risk factors might contain a combination of the following suggested strategies:

TABLE 1: WORKPLACE PREVENTION STRATEGIES TO ADDRESS RISK FACTORS

Agent/Host Risk Factors	Prevention Strategies/Interventions
● Perceived psychological benefits; type/strength of substance; harmful health and side effects	● Accurate information about drugs/alcohol and their effects; seminars, pamphlet distribution; informational videos during lunch
● Unclear social/workplace sanctions	● Discussion of consequences in social and workplace terms; posting of consequences; agreements for employees to sign

Host/Environment Risk Factors	
● Peer influences/relationships; pro-drug attitudes and values	● Interactive sessions on recognizing and resisting adult peer pressure: non-alcohol social situations and office parties; peer support networks; quality/friendship circles
● Family dysfunction/poor coping or resource skills affecting job performance	● Family management/parenting series on site or made available to employees; family counseling through EHAP or reduced rates for referrals; informational articles in company newsletter; company-sponsored family events
● Stressors: job, family, marriage, economics	● Variety of on-site skill-building seminars on stress management, time management, employee relations (communication, supervision, leadership styles); availability of seminars on family communications; dealing with grief and loss; family counseling referrals; on-site or company-paid job training/improvement courses; information on the link of stress to drug use, ulcers, depression, etc.

Environment/Agent Risk Factors	
● High availability	● Removal of cigarette vending machines from workplace; establishment of no-smoking policies; alcohol-free office parties
● Non-existent or non-enforced laws/regulations	● Presentation of state, local or company regulations; drug-testing; posting of alcohol and drug policies
● Community norms that condone use; lack of community/workplace linkages	● Publicize the company as a "drug-free workplace;" establish company as a leader in community drug prevention and civic efforts; provide employee leave or flex-time for community volunteer efforts
● Unhealthy conditions in workplace and/or community	● Provide health appraisal/risk assessment services such as blood pressure screening, lifestyle evaluations, nutrition and weight control information for employees and their families; fitness center on-site or reduced costs for joining outside center
● Weak cultural context of company	● Emphasize importance of upper management's role-modeling of drug-free workplace values on-site as well as at company sponsored picnics and social events; create a culture that appreciates company ethnic diversity and sets a precedent of good worker relations and healthy lifestyles

Summary

Implementing some of the suggestions included in this paper assumes that a policy decision has been made by the company in support of an alcohol- and drug-free workplace based on the principles of health promotion and wellness. This type of program also requires a commitment of time and resources.

While drug-free workplace policies represent a breakthrough in the awareness of the role of business in preventing alcohol and other drug problems, there still is a long way to go before prevention is truly integrated into the workplace. Community prevention specialists can provide invaluable assistance by helping businesses gain an understanding of how closely related prevention is to the overall health and well-being of employees, and demonstrating how cost-effective prevention strategies are.

Given the wealth of information available on risk factors and models of worksite wellness programs, there is an opportunity to create a new model for alcohol and other drug prevention in the workplace. The uniqueness of this model lies in the importance of its integration into the overall lifestyles of employees and community norms, something that a drug-testing program or wellness program may not consider. Comprehensive alcohol and drug-free workplace programs that combine with wellness approaches and EAPs will become the mainstay of surviving and thriving companies of the 21st century— companies that realize that their financial health is ultimately only as good as the physical and emotional health of their employees.

9

References

Alcoholism in the Workplace: What You Can Do. Daly City, CA: Krames Communications, 1986.

Alcoholism: Job Safety and Performance. Daly City, CA: Krames Communications, 1987.

Backer, Thomas E. "Strategic Planning for Workplace Drug Abuse Programs." *National Institute on Drug Abuse.* Rockville, MD: Department of Health and Human Services, 1987.

California Department of Alcohol and Drug Programs. "Framework for Preventing Alcohol and Drug Problems." Sacramento, CA: State of California, 1991.

California Office of Attorney General John K. Van de Kamp. Commission on the Prevention of Drugs and Alcohol Abuse. *Final Report.* Sacramento, CA: State of California, 1986.

Chaney, Rita. "Wellness in the Workplace." *Prevention Forum* (Illinois Prevention Resource Center) 10, no. 4 (July 1990).

Contra Costa County. Department of Health Services. Alcohol and Drug Abuse Programs. "Developing a Workplace Substance Abuse Policy." Martinez, CA: Department of Health Services, 1990.

Kendall, Richard M. "Pillsbury Extends the Reach of its Wellness Program." *Occupational Hazards* 49 (April 1987).

Kumpfer, Karol. "Prevention of Alcohol and Drug Abuse: A Critical Review of Risk Factors and Prevention Strategies." In *Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents.* OSAP Prevention Monograph, no. 2. Washington, DC: Office for Substance Abuse Prevention, 1989.

Miller, Richard E. "EAPs and Wellness: A Compromise?" *Employee Assistance* 1 (June 1988).

National Institute on Drug Abuse. *Model Plan for a Comprehensive Drug Free Workplace Program.*

Rockville, MD: National Institute on Drug Abuse, Division of Applied Research, 1989.
National Institute on Drug Abuse. "Facts About Drugs in the Workplace." *NIDA Capsule* (November 1988).

Office for Substance Abuse Prevention. *Community Prevention System Framework.* Washington, DC: Office for Substance Abuse Prevention, 1990.

Office for Substance Abuse Prevention. *Prevention II.* Washington, DC: Office for Substance Abuse Prevention, 1989.

Renner, Jan F. "Wellness Programs: An Investment in Cost Containment." *EAP Digest* 7 (March–April 1987).

Shain, Martin, Helen Suurvali, and Marie Boutilier. *Healthier Workers.* Lexington, MA: Lexington Books, 1986.

Time Magazine, March 17, 1986.

U.S. Department of Labor. *Survey of Employer Anti-Drug Programs.* Report 760. Washington, DC: U.S. Department of Labor, Bureau of Statistics, 1989a.

U.S. Department of Labor. *What Works: Workplaces Without Drugs.* Washington, DC: Government Printing Office, 1989b.

U.S. Department of Labor. *Workers at Risk: Drugs and Alcohol on the Job.* Washington, DC: Government Printing Office, 1989c.

Wallack, Lawrence M., John W. Ratcliffe, and Friedner D. Wittman. "Prevention." In *Comprehensive Alcohol & Drug Abuse Prevention Strategies,* edited by Andrew M. Mecca, Dr. P.H. N.p.: California Health Research Foundation, 1984.

Welcome to Our Drug-Free Workplace. Madison, CT: Business and Legal Reports, Inc., 1990. Multimedia package.