

# Promoting Health at Work

## *Substance Abuse Prevention: It's Your Business*

*On May 11-12, 1993, the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration, U.S. Public Health Service, convened a public policy issues forum entitled "Substance Abuse Prevention: It's Your Business" in cooperation with the Washington Business Group on Health. The forum brought together employers, labor representatives, community prevention specialists, employee assistance professionals, and public health officials to discuss the role of business, industry and labor in primary prevention of substance abuse and to develop recommendations for action. Following are highlights of the discussion at the issues forum.*

### Purpose of the Issues Forum

Vivian L. Smith, M.S.W., CSAP's Acting Director, opened the issues forum by reminding participants that alcohol, tobacco and other drugs, both legal and illegal, cost the American economy billions of dollars annually. Everyone, she said, pays a portion of these costs: rising health care costs related to substance abuse and decreased productivity and profitability affect employers and employees alike. On-the-job accidents, low morale, and poor workmanship all are possible consequences of workers' substance abuse, as are family discord, illegal underage drinking, domestic abuse, and other family problems. In the community, according to Smith, crime, lack of employment opportunities, violence, social unrest, and traffic accidents are all strongly associated with the use and abuse of alcohol and other drugs.

Smith told participants, however, that the intent of the issues forum was not to talk about the effects of substance abuse, but rather about the role the workplace can play in preventing substance abuse for employees, their families, and the communities in which they live. "We are here to expand the focus of primary prevention and to look for ways in which the workplace can join forces with the primary prevention field to go beyond traditional methods in attacking the root causes of alcohol and other drug abuse," Smith announced.

Smith pointed out that CSAP, through partnerships with state and local groups, already has in place many prevention programs targeting high-risk youth, pregnant and post-partum women and

their infants, and communities as a whole. But, she said, it is time to expand CSAP's efforts with the 120 million employed adults and their employers. "There is no better place to reinforce healthy behavior choices than through the workplace, where most adults spend a high percentage of their waking hours each week. The workplace can be a powerful prevention influence on families and the community." She concluded by asking participants to address how the worlds of prevention and the workplace can join together to reduce substance abuse in America.

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*Robert Rosen on primary prevention  
and the healthy company.*

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Center for Substance Abuse Prevention

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# Implications for the Workplace

*Issues forum participants heard presentations from speakers who approached workplace prevention in different ways. The following are summaries of some contrasting viewpoints.*

## Prevention and Small Businesses

Susan A. Berger, Ed.D., is vice president of Workplace Programs for the Corporation Against Drug Abuse (CADA), a non-profit organization devoted to helping small businesses in the Washington D.C. area deal with substance abuse. CADA's work is supported by the Robert Wood Johnson Foundation.

Berger pointed out that the vast majority of large employers have employee assistance programs (EAPs) and even drug testing programs in the workplace, but only 20 to 25 percent of small employers in the Washington area have EAPs, according to 1989 survey data. Since small businesses are the key to the health of the economy—they employ more than half the private sector workforce—the need for such programs in small business is enormous.

CADA began its work with the assumption that a major barrier to EAPs for small businesses is cost. In a small business, an EAP can cost up to \$100 per employee, compared with \$20 per employee for larger businesses. However, perceived need proved to be a greater barrier. In a survey of small businesses, CADA asked if substance abuse was a problem on the national level, and nearly all respondents said "yes." Less than 50 percent said that substance abuse was a problem in their own companies. CADA found that if key executives did perceive a need for EAP services, they would buy them. A major factor that determined a business's interest in a program was whether the executive had either professional or personal experience with substance abuse in the workplace.

Berger said that introducing EAPs in small businesses involves changing attitudes and behavior, especially purchasing behavior, and she suggested that incremental approaches work best. Instead

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of providing EAP services initially, CADA persuaded small businesses to join the consortium and take part in educational programs about recognizing and dealing with troubled employees. These programs brought managers to the point where they could recognize the problems in their own businesses. Education, management training, and consultation services gave employers greater awareness that could ultimately affect their behavior and their decisions.

People must have a vested interest in something that affects them in order to change, according to Berger. CADA also found

it helpful to focus on an issue business managers can identify with—for example, safety problems, absenteeism, or job-related theft.

Chamberlain Contractors is an asphalt paving company with approximately 70 employees, located in Laurel, Maryland. According to its president, Harold Green, the company developed its EAP through the “back door”—a safety awareness program. In the late 1980s, the company had high workers' compensation costs and frequent vehicular accidents: in 1987, for example, the company's workers' compensation costs were \$97,000. In 1991, those costs were \$22,000, and the company had gone for more than two years with neither a vehicular accident nor an on-the-job injury. This dramatic drop corresponded to the establishment of an EAP through CADA.

The company holds quarterly half-day meetings with all employees during which safety and EAP issues are discussed. These meetings give employees the opportunity to voice concerns and express their expectations of the EAP. According to Green, a strong case can be made for the argument that EAPs save small businesses money. Managers must support the program, and employees must play a strong role in its development and implementation.

## Negotiating a Policy To Deal with Troubled Employees

The General Motors plant in Fairfax, Kansas, employs approximately 4,000 workers and has an active EAP for both hourly and salaried workers. The EAP, headed by Gary Maltbia, is involved in a program sponsored jointly by the UAW local and the company to reduce unnecessary absenteeism. Both the union and management recognized that a small percentage of the workforce accounted for a large number of unnecessary absences.

A new policy was developed, which sends employees with absenteeism problems to the EAP. The effectiveness of this new policy, jointly implemented by labor and management, is based on the fact that both groups are involved in dealing with troubled employees and neither party is enabling problem behavior. In the past, Maltbia said, such policies have resulted in adversarial roles for the union and management.

Maltbia, who also serves as chairman of the Ethnic and Cultural Concerns Committee for the Employee Assistance Professionals Association (EAPA), said that tracking absenteeism under their policy revealed that a large majority of employees with serious absenteeism problems were African-American or Hispanic-American. This fact led the company to ask if some part of the treatment program was not responding to the needs of cultural and ethnic minorities. The EAPA has found the same pattern in other large companies. Maltbia has been instrumental in the production of a video that illustrates the need to accept diverse cultural traditions and the impact of such diversity on the workplace.

## Working with Health Care Plans

The city of Boston has four EAPs—one each for the firefighters, police, hospital employees, and citywide employees. City Insurance Director Irene Carrington asked all the EAPs to review their records in an effort to identify what sorts of personal problems employees were reporting that interfered with their work and may have exacerbated substance abuse problems. Three problem areas seemed to predominate: family problems, such as divorce; on-the-job-stress, particularly for public safety employees; and financial problems, typically resulting from one member of a two-income family losing a job.

Budget constraints prevented the city from initiating programs to help employees with these problems. However, with some 17,000 employees and 12,000 retirees, the city had considerable leverage with its health plan carriers, four HMOs and an indemnity plan. As part of negotiations with these carriers, the city required each to provide wellness programs at the worksite for city employees. The carriers agreed, with the condition that each could look at its own utilization patterns and use that information in designing a program.

The city's Office of Personnel Management now offers classes in stress management and solving other personal problems that might lead to substance use. City employees are encouraged to reach out to the community, particularly children, to demonstrate alternatives to substance use. "To deal with prevention, you have to deal with the children," said Carrington.

"Every request for an intervention becomes an opportunity for prevention," said Richard Caplan, manager of substance abuse services for the Harvard Community Health Plan. In his work with small business, he said, he is usually asked to intervene with a troubled employee, but he finds it helpful to talk with managers and supervisors about the work environment and what can be done to enhance prevention efforts.

## Prevention and Primary Care

Dr. Iris del Toro, director of the Alcohol and Drug Abuse Program of Treatment (ADAPT) of the Group Health Cooperative of Puget Sound, is a family physician and a specialist in addiction treatment. She emphasized the need for prevention as well as treatment resources. "If prevention begins only in treatment programs, it's too late," she pointed out. The Group Health Coop-

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erative has sought to remove barriers to treatment so that patients can refer themselves if possible—without waiting for family and job problems to necessitate treatment. Most important, according to del Toro, is to bring primary care providers into the prevention

process. "When individuals report problems with anxiety or sleep disorders to their primary care physician, that doctor should investigate the matter further to find out why this individual has these problems," she said. The use of interventions can also be a time for primary prevention with family members. Her program is involved in educating primary care providers to look for signs of alcohol, tobacco, and other drug problems—not only mental health problems, but also complaints like peptic ulcers or frequent injuries. A social worker trained in substance abuse also helps physicians identify and refer patients with substance abuse problems for treatment.

Sally B. Phillips, manager of employee advisory services for Metropolitan Life Insurance Company, said that Met Life offers all employees a periodic medical examination through the company's medical department. The physicians performing these exams are encouraged to look for signs of alcohol and other drug problems, and a number of referrals to the EAP have resulted from these exams.

## Shared Concerns of Labor and Management

According to Richard Greene, labor relations director for *Newsday*, management and labor can find common ground when it comes to health. Both parties are concerned with the individual employee as an asset—either as part of the production process or as a dues-payer; both parties are concerned about safety problems; and both are concerned about benefits. Such agreement has led to a shared concern for family and community health, and to *Newsday's* participation in community prevention activities. One notable example is the publication and distribution of special-edition newspapers focusing on substance abuse prevention to schools throughout the greater New York metropolitan area and Long Island. According to Greene, prevention must be an organization-wide commitment to the community.

The International Longshoreman's and Warehouseman's Union sponsors an EAP for its members, and George Cobbs, director of EAP Programs for the union, reported on the cultural changes that have affected his industry. Formerly, "if you didn't drink, you had to be either the police or a Customs official," he said. Drug-free workplace laws and other restrictions have changed that viewpoint, and drinking on the job, once a common practice, is now not only rare but also the target of disapproval among dock workers, whose jobs are among the most dangerous.

## Engaging the Family

Illinois Bell's program is sponsored by a joint labor-management committee made up of representatives of the company and the International Brotherhood of Electrical Workers. In a three-year period, six percent of Illinois Bell's 21,000 employees have

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# Prevention and the Healthy Company

*Robert Rosen is the founder and president of Healthy Companies, a consulting and research firm that has helped organizations deal with such cutting-edge issues as healthy leadership, executive development, and strategic management of human capital. He is the author of *The Healthy Company* (Tarcher, 1991). The following are excerpts from his keynote address at the issue forum, in which he eloquently discusses improving organizational health as a means of primary prevention.*

When corporate chief executive officers think about health, the first thing that comes to their minds is financial health—market strength, earnings per share, return on investment, market position. But that kind of health requires good products, quality products offered at a reasonable price. And you can't have good products without good work processes, good systems, good ways of designing and measuring work. In turn, you can't have good work processes without good people.

Companies need a culture that motivates and inspires people. Such a culture requires leadership—healthy, principle-driven leadership. The leadership, the culture, the people, and the processes together ultimately lead to the financial health and well-being of organizations. However, there are several obstacles to building healthy leadership in today's organizations.

In institution after institution, the leaders tend to think that the organizations are doing better than the people who work there think they are doing. CEOs say, "Yes, indeed there is a problem"—with trust, with openness, with ethics—but not in my company." There is a perception problem between how leaders think they are leading and how followers are experiencing their leadership.

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Resistance to change is a major barrier at the top of our corporations. The world has changed, but leaders have come up through systems resistant to change.

As leaders move up in organizations, they tend to stop listening and followers tend to stop talking, producing a collusion of silence. The distance between leaders and followers is widened by irrational and unhealthy executive compensation systems, and executives wonder why they are accused of arrogance and greed.

People are outgrowing the structures and the relationships of their work institutions, creating a gap between what people need and what people are getting from work. The diversity gap is a gap between who people are and how they are treated.

Benefits are not seen as benefits any more—they are perceived as entitlements. It is no wonder, then, that employees are less than willing to share in the cost of health and disability benefits. The

new benefits are psychological: being sensitive to family responsibilities, learning on the job, and being respected for who one is.

Jobs are getting smarter, but people are coming to work less prepared. By the year 2000, we will have a skills gap of major proportions—70 percent of workers will need to be totally retooled for their jobs, but today only 11 percent of workers get the retraining they need.

Employees, managers, and executives all feel undervalued and under-productive in our workplace, and job stress has become the most common form of stress.

Our accounting systems don't work anymore. We don't measure the soft assets in organizations: participation, mental well-being, innovation, creativity, the reputation of the firm. We don't measure the human assets and other intangibles that capture the social and intellectual capital. Instead, we measure people as depreciating assets, not appreciating assets that add value over time.

We are all responsible for these problems. Employees say they want a voice, they want to be involved, but they are often passive, indifferent, and won't take responsibility. Employers offer work and family benefits like flexible scheduling, and employees abuse these benefits. We need to change the way we do business.

We need new measurement tools, new workforce skills, and new ways of approaching human capital. The lack of these tools has direct bearing on our ability to develop effective substance abuse prevention strategies. We have done a poor job of showing the relationship between human capital and the rest of the business, and until we do that, until we develop new tools to measure the value of our social and intellectual capital to the bottom line, we are operating in the dark. We invest in factories, we invest in research and development, we invest in equipment—why don't we invest in people?

Many companies have made substantial investment in employee health, work design, balancing work and family demands, and training and education. But we have not leveraged those investments. The only way to leverage those investments is from the top—with a vision of organizational health that is the key to financial success. If we build healthy organizations, then we will have financially successful organizations.

There are companies that share these convictions—Corning, Ford, Herman Miller, for example, among large companies, and entrepreneurial companies like Ben & Jerry's. There are also examples among nonprofit organizations, and among unions—the

bricklayers, the Communications Workers of America, to name two. We have been working to find out what leaders of these organizations are like, how they think. Here are some of the characteristics we have found among leaders of healthy organizations:

They speak a new language. They are not afraid to use words like love, diversity, covenants, organizational learning, social responsibility. They understand their organizations are human enterprises, and they build community around shared values and shared responsibilities.

They have a broad definition of organizational success, rather than a preoccupation with the short-term and earnings per share. Their performance indicators relate to organizational health, rather than organizational weakness. We often read in the business press about CEOs who lay off 10,000 employees and get rewarded for being a good executive with an increase in salary. Such unhealthy incentives are wrong, not only morally wrong, but wrong for business reasons too.

Leaders of healthy organizations understand social and intellectual capital, and they are willing to experiment with new organizational forms—the high performing self-managing team is the team of the future. Finally, they know how to motivate through human development, through empowerment, and through organizational health.

But the leaders can't do it all. We need new models of what a healthy, committed worker is as well. We have found seven dimensions of a healthy organization:

■ **Meaningful work.** People need to feel a sense of purpose in their lives in order to grow. By fostering self-esteem and a sense of purpose among workers, leaders get commitment to their organizations. Our surveys indicate that Americans are not committed at all to their workplaces—the prevailing attitude seems to be, “If you don't treat me well, I am not going to treat you well,” and this attitude is shared by employers and employees alike. Changing this attitude calls not for managing the bottom line, but rather managing the top line of the corporation. It calls not just for investment and training, but also for creating environments that allow people to challenge the system and enable them to grow and develop.

*“Managing diversity is not just a matter of whom a company hires, but also how it changes its culture.”*

■ **Valuing diversity.** Managing diversity is not just a matter of whom a company hires, but also how it changes its culture. In many ways, our personal identities are becoming the new unions inside our organizations. We identify with each other because of our common experiences, whether we are older women, or veterans, for example, or whether we share one of many other dimen-

sions of our lives. Companies who understand this phenomenon are going to stay at the cutting edge in terms of their competitive advantage. We all need social acceptance. We need opportunities. Companies need harmonious workplaces and innovative ideas from all kinds of people. When these two perspectives come together then we create real health and vitality.

■ **Fair treatment.** We seem to have lost the core American value that we are all so proud of—fairness, and work practices that will reflect fairness in terms of pay, promotion, and economic security.

*“... there is the gap between the rhetoric and reality of organizations.”*

During the past couple of years, the economy was going down and executive salaries were going up. Beyond issues of fair pay, there is the gap between the rhetoric and reality of organizations. In healthy organizations, leaders are always asking the question, “Are we who we say we are?” The public relations departments don't drive their organizations, the values do.

■ **Wide participation.** Healthy organizations foster open communications and participation at every level. Their leaders give workers the tools, the information, the responsibility, the control, and the skills to do their jobs. This style of leadership is a sharp contrast to old models of management, which were based on power over someone else, on controlling people with status and by withholding information.

■ **People-centered technologies.** Technology is a form of management which can either liberate or sabotage us. Federal Express believes it is one of the most technologically sophisticated companies in the country. They designed their systems by asking workers at every level how they would employ technology to support their work. They also have been on the forefront of preventing repetitive motion and stress disorders. We can all learn from companies like that.

■ **Balancing stakeholders.** For years in this country, shareholders were corporate management's number one priority, customers were second, employees were third, families were fourth, and the community was fifth. In 1980, the U.S. automobile industry discovered it was getting beaten by Japanese companies, and it suddenly discovered the customer. Customers are now represented in boardrooms along with shareholders, but soon there will be an awakening to the fact that we have to bring employees to the boardroom too, along with their families, the community, and the environment.

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