

# SUBSTANCE ABUSE PREVENTION AND THE *NEW* WORKPLACE REALITIES

A Report to Business  
from the February 1995 Workplace Expert Panel  
hosted by the Center for Substance Abuse Prevention (CSAP)



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Center for Substance Abuse Prevention  
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*Trends affecting America's workplaces in the 1990's increase the urgency of effective prevention of alcohol and drug abuse. Traditional approaches to intervention focusing on "problem employees" may be inadequate to fully address the issue in many businesses, but effective strategies are being identified. This Report to Business summarizes an examination of these trends by experts on worksite issues convened by the Center for Substance Abuse Prevention.*

## **DRUG ABUSE PREVENTION IS AN URGENT BUSINESS ISSUE**

In the 1990's, business leaders have a growing appreciation of the extent to which substance abuse affects competitiveness. Substance abuse raises health care and disability benefit costs, insurance rates, and pilferage. It also tends to drive employee turnover, reduce morale, and act as barriers to quality performance and maximum productivity. The past decade has witnessed dramatic reductions in many forms of drug use, but businesses find that alcohol abuse and illegal drugs remain serious problems.

### **1995 CSAP WORKPLACE EXPERT PANEL MEETING<sup>1</sup>**

The Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration organized a panel of experts on worksite alcohol and drug abuse prevention that met on February 1-2, 1995. This report summarizes panel members' discussions on "best practices" in prevention, on how changes in the worksite affect prevention efforts and strategies, and on improving the promotion of prevention among employers.

<sup>1</sup>Contact [redacted] at the Center for Substance Abuse Prevention, (301) 443-[redacted], for details on the Expert Panel. A list of the meeting attendees appears at the end of this document.

## **DEFINING PREVENTION OF DRUG PROBLEMS--A WORKPLACE VIEW**

Expert panel members suggested that workers and managers may appear hesitant in defining worksite prevention of alcohol and drug abuse. Current efforts often focus only on alcohol and drug dependence, the most severe problems encountered. In contrast, the expert panel members agreed on general principles that apply to broader alcohol and drug abuse prevention in all workplaces:

- Workplace prevention should focus on work-based issues: any alcohol or drug abuse affecting performance, employee morale and safety, or health costs.
- For prevention purposes, alcohol and drug abuse includes binge drinking and inappropriate drinking at the worksite.
- The community climate for alcohol and drug use affects business by influencing tax and insurance rates, investment trends, workplace safety, the quality of the workforce, and other factors. Support to effective community-based alcohol and drug abuse prevention is a sound business decision.

## CURRENT TRENDS IN THE WORK PLACE INCREASE THE BOTTOM LINE VALUE OF EFFECTIVE PREVENTION

The expert panel agreed that fundamental shifts in the technology, organization, and demography of the workplace affect the rationale for employee-based alcohol and drug abuse prevention as well as best practices for implementation. The panel members specifically cited the following:

- The rise of managed care in employer-financed health benefits and greater employee autonomy in health care. Managed care may be a euphemism for "managed costs" that shifts more of the burden for health problems onto individuals or it may be a partner in a positive shift in emphasis from medical care to health and wellness care. At a minimum, managed care networks cannot be expected to replace employer prevention efforts.
- A trend toward "flattened" management with more team leadership, less hierarchical supervision, and greater responsibility of individual employees for quality performance;
- Blurred distinctions between work and personal issues resulting from such developments as telecommuting, concern about worksite violence, longer work hours and reduced time for nonwork activities, and worksite child care.
- An aging labor force in which fewer well-educated young people are available for entry-level positions (or have inappropriate academic background for entry-level work) and in which employment becomes the source of education in basic work-related and life skills;
- Reduced expectations of long-term ties between employees and employers with increased use of outsourcing and temporary workers, a smaller percentage of workers represented by union locals, and more job mobility;
- A similar weakening of ties between employers and the local community due to mergers and acquisitions, replacement of locally-owned businesses in retailing and services by national chains, and increased willingness to move enterprises to take advantage of competitive advantages in tax rates, land and employee costs, or other factors.

Taken together, these changes imply that employees are given more responsibility for both performance and for their health care. At the same time, workplace productivity and safety increasingly are functions of employee morale. Effective prevention of alcohol abuse and drug use profoundly affects these trends.

## EFFECTIVE PREVENTION MUST BE INGRAINED IN CORPORATE CULTURE

Most panel members were able to identify successful examples of workplace prevention, but agreed that too few businesses implement what is known about best practices. Some were concerned that traditional models of prevention are not deeply rooted in business culture. Panel members also noted that peer-run and other innovative programs may be needed to supplement the effectiveness of traditional worksite alcohol and drug abuse intervention.

Most large firms have adopted employee assistance programs (EAPs) offering screening and access to treatment for alcohol- or drug-dependent employees. In assessing the effectiveness of EAPs, panel members characterized EAPs as often fragile and dependent on a management "champion" for the program: the loss of such advocates through transfer or retirement can weaken the prevention capabilities of employee assistance. Other threats cited to continued viability of EAPs in large companies include outsourcing of human services functions, a related rise in managed health care, and increased use of part-time and contract personnel.

In small business--the fastest growing segment of the economy--EAPs have less of a foothold in the corporate culture. Many companies still are not sold on the value of EAPs, despite the evidence that these programs reduce long-term costs. Managers may be easily discouraged by the legal issues and complex policy

language that seem to be involved in setting up such programs.

### CASE STUDY: A MISFIRING ALCOHOL POLICY

When a policy to identify and treat alcoholics failed to reduce work site drinking at a large plant, workers and managers clashed over efforts to broaden the anti-drinking mandate. Neither the initial policy nor its proposed revision focused on prevention. Instead, supervisors struggled with the question of whether alcohol abuse that affects work should be a problem for clinical intervention or punitive rule-making.<sup>2</sup>

Employee assistance programs alone do not offer a comprehensive solution to workplace alcohol and drug abuse. EAPs must work with other primary prevention techniques to broaden the scope of the effort to all forms of alcohol and drug abuse that can harm productivity and employee health. Peer-run programs can operate in tandem with EAPs; linkages with community drug abuse prevention systems may be another solution.

As the example of the failed alcohol policy illustrates, prevention cannot succeed if it is out-of-synch with the worksite culture, regardless of the specific strategies adopted.

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<sup>2</sup>Genevieve Ames and William Delaney. Meeting the challenge of the changing American workplace: Three strategies for the advancement of work-based alcohol problem prevent efforts. Paper presented to the CSAP Workplace Expert Panel Meeting, February 1-2, 1995.

## SUCCESS STORIES

The following are examples of business-assisted efforts that expert worksite panel members discussed in reaching consensus on best prevention practices.

**Operation Redblock:** CSX Railroad's past experience with punitive rules did not produce the desired effect of reduced drinking; in fact, drinking became a ritual through which to show solidarity against management. Operation Redblock was instituted as a union-run supplement to CSX's EAP for the purpose of changing the railroad's culture of sanctioning high alcohol consumption, including use on the job. The union ran the program, focusing on safety and teaching members to care for each other.

The intervention featured a new policy of "by-pass agreements," in which railroad workers found to be alcohol-impaired on the job are allowed to "mark off"—remove themselves from work responsibilities—as an alternative to dismissal. They then are visited by an Operation Redblock team consisting of union member volunteers trained in intervention and referral skills.

Over a 10-year period, Operation Redblock has reduced on-the-job drinking and begun to extend the use of intervention skills to their communities. In addition, the program replaced worker-manager conflict with informal cooperation over alcohol issues and a common sense of responsibility for safety. Reviewers praised the program because it involves system change, social systems support, education with periodic reinforcement, and enhanced competencies for everyone involved.

submitted by William Sonnenstuhl, Ph.D., Dept. of Organizational Behavior, Cornell University

**Community Revitalization.** Retail services in the 16th and 24th Street business districts of San Francisco were hurt by drug-related crime and by the image of the communities as gang-infested. Small businesses were contacted to design and initiate efforts to achieve specific targeted revitalization goals. Activities included cam-

paingn for improved street lighting, a symbolic sit-in by neighborhood merchants at a restaurant known to be a gathering place for drug dealers and prostitutes, business-sponsored art fairs with local youth, and health fairs.

The districts experienced reduced crime and a higher volume of people accessing retail service outlets. Reviewers appreciated the success in enlisting businesses who want to survive as stakeholders and participants.

submitted by Keith Choy, Director, Mayor's Community Partnership Program, San Francisco

### PREVENTION AS A SMALL BUSINESS PROFIT CENTER

Responding to an insurance carrier's offer to lower workmen compensation expenses, small business owner Harold Green instituted an EAP and an alcohol and drug abuse policy. Reduced insurance premiums and accidents cut his costs in half over five years, while productivity and employee morale rose. For this reason, Green now refers to his EAP as a "profit center."

Green told the panel that "selling" prevention must hit small businesses "in their pocketbooks" because they usually lack the human resource perspective of large firms.

**Small Business Substance Abuse Awareness Movement.** A business-government-nonprofit venture serves as a catalyst for a nonprofit EAP consortium. Major activities include worksite seminars and business-to-business contacts, with extensive media outreach and recognition of participant businesses. Reviewers liked the prospect of eventual independence from external funding.

submitted by Jon Heinrich, Human Resource Manager, Grass Valley Group

***Workmen's Compensation Rebate:***

The Florida Chamber of Commerce and other interested groups promoted legislation for a five per cent reduction on worker's compensation premiums for qualified drug-free businesses. Qualifying criteria provides for having an EAP in place or a referral system to alcohol and drug abuse services. It also includes drug testing components for job applications, reasonable suspicion, fitness for duty, and follow-up. Although several other states have similar laws regarding premium rebates, Florida statutes contain an automatic, nonrebuttal presumption which prohibits employees from collecting compensation or other benefits if found to be under the influence of alcohol or other mind-altering drugs at the time of an on-the-job injury.

The success of this cooperative effort between the private and public sectors in reducing workplace substance abuse and accidents benefits businesses, employees, and taxpayers. The program is administered by the Florida Department of Labor and Employment Security, with the Department of Insurance responsible for recordkeeping. The state Agency for Health Care Administration licenses and monitors the drug testing laboratories, and the Department of Health and Rehabilitative Services' Alcohol, Drug Abuse, and Mental Health Program Office licenses and monitors the treatment and prevention service providers in Florida. The viability of this program is evidenced through its ready acceptance among hundreds of businesses and by the ability of state courts to sustain its provisions in test cases.

submitted by Chuck Rabaut, State of Florida

***Cincinnati Area Community Partnership*** Targeting change in six African-American neighborhoods, the partnership involved business community representatives in mapping potential "change agents" in each neighborhood. A bottom-up approach identified the major activities to be

attempted, including a Sister-to-Sister program with mentoring for pregnant young women, community management of several high schools, physical renovation of buildings, community hiring of police officers to maintain an anti-crime patrol, and worksite security measures. Direct benefits included reduced crime and drug abuse, and a dramatic reduction in the high school dropout rate. These developments have long-term implications for the business climate of the community.

submitted by Jackie Butler, M.S.W., Director, Alcohol and Drug Abuse, Inc.

***EAP in a Rural Factory.*** Responding to a management request for a program to address the many alcohol, drug, and social issues plaguing the workforce, an on-site EAP was implemented at a rural Levi Strauss plant. Pre-employment drug testing and a general health promotion approach were implemented.

Over a period of several years, the EAP acted as a catalyst for changes in corporate policy, including management-sanctioned use of alcohol as part of workplace sales celebrations. The company's benefit department also developed managed care guidelines for substance abuse.

Since instituting the program, the workforce has experienced dramatic declines in alcohol use. In addition, the benefits department has documented declining use of mental health and other health care benefits, with cost savings accruing to the company.

Following the success of this pilot project, onsite EAPs have been implemented at all 34 domestic sites and several overseas locations. The Levi Strauss & Co. EAP consistently has a 10 percent utilization rate.

submitted by Margaret Kraemer, Ph.D., Manager, Health Promotion, Levi Strauss & Company

## BEST PREVENTION PRACTICES—ELEMENTS OF PROGRAM SUCCESS

Workplace Expert Panel members distilled the experience of successful programs into three guidelines for effective workplace alcohol and drug abuse prevention.

First, worksite alcohol and drug abuse prevention requires institutionalized involvement at all levels:

- A sustained effort at consensus in developing the program;
- A permanent "home" within the business structure;
- Stable financial commitment; and
- Corporate awareness of financial "bottom line" reasons to support prevention.

Second, worksite prevention must be appropriate for the specific work environment. The panel members concluded that successful prevention is based on targeted goals related to the

effects of alcohol and drug abuse on performance, safety, or costs: a "drug-free worksite" is too broad to be a measurable goal. Employees receiving prevention services must be clearly defined and the impact of the services should be subject to periodic evaluation to ensure selection of the right package for the business.

Third, successful substance abuse prevention programs recognize the lack of a simple separation between work and community cultures. These programs develop activities that build on this fact. Businesses should identify and work with credible community leaders so that prevention can be reinforced through-out such domains of community life as schools and residential neighborhoods. Adequate recognition and media involvement are "musts" for sustained prevention efforts.

## FUTURE DIRECTIONS —WHAT COMES NEXT IN WORKPLACE PREVENTION

Expert panel members and observers from CSAP offered suggestions for next steps to improve worksite alcohol and drug abuse prevention:

- Companies and executives can contact CSAP through the Workplace Helpline (1-800-WORKPLACE) to discuss an assessment of their existing program and methods to improve its effectiveness, including potential collaboration with community efforts.
- Managers and worker representatives can informally share their own experiences with successful prevention efforts with their colleagues.
- Companies can initiate discussions with health care providers and labor representatives on worksite changes that contribute to institutionalized prevention. Member businesses of health benefit buyer groups can make a difference by insisting on support for prevention as part of managed care. Such support is important for changing community norms on drug use.
- The prevention community can identify successful, cost-effective strategies and offer prevention solutions that make sense to small business. A continuing commitment to outcome measures is crucial for this purpose.

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