

EMPLOYEE ASSISTANCE REPORT

supporting EAP professionals

Alcoholism in the Workplace

...Lack of Diagnosis Ranks Among Key Barriers

Less than 1% of health plan members are actually diagnosed with alcoholism or related disorders, according to researchers at Ensuring Solutions, who analyzed data from more than 250 health plans nationwide. Based on general population rates, health plans should be diagnosing at least four or five times as many people with alcohol problems.

The findings indicate that the failure to address alcohol dependence begins with an inability to adequately identify people with alcohol problems. Although approximately 8% of working adults suffer from alcohol dependence or a related condition, only about .06% of all health plan members receive such a diagnosis. In comparison, health plans identify about 40% of patients with depression, 65% with diabetes, and 70% of those with high blood pressure.

“Imagine discovering an illness that kills about 85,000 people annually, and then imagine that we identify only one in 20 of those people — even though we have effective treatments...”

chemical dependency health care services in the month following diagnosis.

“Health plans also are failing to reach out to members in ways that would promote successful treatment,” said Eric Goplerud, director of Ensuring Solutions to Alcohol Problems at the George Washington University Medical Center in Washington, D.C. “For example, few plans are sending educational materials, and only 17% are making follow-up calls to members who miss appointments.”

According to Dr. Goplerud, the responsibility lies not just with health plans but also with physicians, employers, and others who

The data also showed that less than half (44%) of members identified as alcohol dependent attend even a single alcohol or drug treatment session within two weeks. Furthermore, only 16% receive the recommended three

have not treated alcohol dependence like other diseases.

“Imagine discovering an illness that kills about 85,000 people annually, and then imagine that we identify only one in 20 of those people — even though we have effective treatments that can be administered by primary care physicians or specialists. Wouldn’t there be an outcry to establish a national approach to improving access to quality care for this disease?” he said. “Yet, we accept low rates of identification and treatment. Our approach to alcohol treatment is unlike what we expect and demand for treatment of diabetes, high blood pressure, asthma, or virtually any other health condition.”

The lack of diagnosis is all the more distressing in light of the fact that, for the majority of people, treatment works. An overwhelm-

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ing 89% of respondents to a Hazelden survey believe that addiction treatment programs are effective ways of helping employees beat addiction.

Dr. Goplerud said there were some bright spots in the data. He noted that 75% of plans require primary care physicians and behavioral healthcare providers to use screening tools that have been proven effective, a number that continues to increase. Such screenings may raise awareness and lead to positive changes.

However, he stressed that the mere presence of quality measures isn't enough. In the case of diabetes, for example, Dr. Goplerud pointed out that the American Diabetes Association (ADA) worked with other large associations to develop standards for identification and treatment. While initial response was not good, the fact that large groups like the ADA cared eventually led to increased identification and treatment rates. According to Dr. Goplerud, it's time for employers and health plans to do the same for alcoholism.

Identifying Alcoholism

Compounding the lack of diagnosis is the fact that over half (54%) of respondents to the aforementioned Hazelden survey reported not knowing how to identify addiction. However, work performance, not the clinical diagnosis of a drinking or other drug abuse problem, is the responsibility of the manager or supervisor. A key part of every supervisor's job is to remain alert to changes in employee performance and to work with the employee to address the issues.

Conclusions should be based on facts, not assumptions. Therefore,

the following signs and symptoms should only be considered as guidelines to a possible alcohol or other drug problem:

- *Performance* — an increase in mistakes and poor quality work; poor concentration; increased absenteeism; and unexplained disappearances from work; and/or
- *Behavior* — avoiding family, friends, and co-workers; changes in attitude; deterioration in personal appearance; and complaints about personal problems.

Employees and managers who want a complete list of the signs, symptoms, and different types of alcohol problems, should consult a resource like their EAP.

Overcoming Other Barriers

Even if the individual and his or her supervisor are aware of drinking problems, directing the employee into treatment often isn't easy. More than one third (36%) of respondents to the Hazelden survey said they didn't know how to get treatment. Therefore, don't assume that the individual will seek treatment. Employees and employers are often reluctant to obtain treatment for other reasons:

- Because alcohol is legal and socially accepted, some employers are reluctant to discuss drinking problems. More than one in five insured employees fear if they seek treatment they'll face negative consequences, such as possible dismissal. Although laws often protect confidentiality, employees believe that once they access their benefits, employers will know about their alcohol problems. Ironically, it is only by being in treatment that employees are covered under the

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Americans with Disabilities Act.

- Many people with alcohol problems worry that the cost of treatment will be too expensive. This is an understandable concern, but employees and managers need to know that treatment can actually *save* a company money. Since issues like lost productivity and/or absenteeism are ultimately resolved, Chevron estimates

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it saves \$10 for every dollar it spends to treat employees with substance abuse problems. A 2002 study found returns as high as \$23 for every dollar investment in treatment.

Ensure Treatment is Available

If these barriers have been overcome, the next step lies in making sure that health plans include alcohol treatment benefits. Employers may not realize that how they set up their coverage can create barriers to needed treatment because:

- Without a clear understanding of the potential needs of their employees — and thinking they will save money — employers secure health plans that don't provide the amount and type of treatment that people with alcohol problems need.
- Managed-care plans may deny coverage for treatment despite their promise of such benefits.
- Health plans sometimes charge higher co-payments for alcohol treatment than for services to treat other ailments, which discourages people from getting care. In some cases, state laws require alcohol treatment to be covered to the same extent as other illnesses. In these instances, employees are much more likely to enter and complete treatment.

Find up-to-date information on alcohol parity at http://alcoholpolicy.niaaa.nih.gov/index.asp?SEC={8A23C64E-65C3-465A-8B19-04132CAFC715}&Type=BAS_A_PIS. For state policy recommendations on parity, log on to www.jointogether.org/blueprint.

On the federal level, the Addiction Caucus (Jim Ramstead and Patrick Kennedy) is holding hearings throughout the country and hope that Congress passes federal comprehensive parity this year.

What One Company is Doing

A straightforward substance abuse approach is working for Shell Oil. The firm, which employs more than 22,000 people in the U.S., created a position in its health services division to advocate for people with alcohol and other substance abuse problems. The special health services case manager helps employees overcome financial, insurance, and other problems — and functions as a liaison with a behavioral healthcare provider.

To minimize job-related fears, the provider mails each Shell employee, at the start of alcohol treatment, a manual that explains company policies, procedures, and expectations, including those regarding confidentiality.

Behavioral health staff encourages employees undergoing treatment to contact Shell's health services division. If they do, the special health services case manager steps in, working closely with a behavioral health staff member that understands the employee's needs.

Follow-up is Crucial

But providing treatment isn't enough. Thorough follow-up can reap substantial dividends for employers — reduced alcohol-related disability claims, for instance. But employer health plans don't always cover continuing care, and when they don't, EAP follow-up may be the only monitoring of the employee's recovery. EAP follow-up typically continues for a minimum of six

months, but research indicates that it is most effective at preventing relapse if it lasts for at least a year.

Numerous EAPs recognize the value of follow-up. Dianne Carroll, who heads the internal EAP at the Health Alliance of Greater Cincinnati, asks clients to sign a return-to-work agreement that outlines what will be expected of them during follow-up. Initially, the agreement lasted a year, during which time employees were subject to random testing. However, Carroll says in cases of severe addiction, one year wasn't long enough.

"We're seeing fewer relapses now that our return-to-work agreement has been extended for the duration of their employment with the Health Alliance," Carroll explains. Self-referred employees with less serious problems are also asked to sign the agreement. The decision to continue random testing is made on a case-by-case basis by the EAP, based on the client's job performance.

Summary

There are numerous barriers to overcoming alcohol-related problems in the workplace. This article sought to highlight some of them, including: getting an accurate identification and diagnosis of alcoholism, obtaining affordable treatment, and then following up on that treatment — as well as noting several strategies that are proving effective. ■

Editor's note: April is Alcohol Awareness Month and Counseling Awareness Month.



UPCOMING EAR FEATURES...

- Initial-Hire Assessments
- Surviving a Layoff
- Keeping Conflict to a Minimum

...It Affects More than the Drinker

By Mickey Gabbert

Many people think of alcoholism as something that only occurs to the unemployed or the homeless. In fact, 77% of today's illicit drug users are employed. Alcohol is identified as the most widely used drug of employed individuals. Among employed adults, Caucasian males report the highest rates of heavy drinking and illicit drug use.

Substance abuse and dependency impacts all segments of society, including the workplace. Alcoholism, in fact, has a huge impact on the workplace. Consider:

- Alcoholism is estimated to cause in excess of 500 million lost workdays annually.
- 40% of industrial fatalities, and 47% of industrial injuries can be linked to alcohol consumption and alcoholism.
- Alcoholism and drug abuse costs American businesses approximately \$81 in lost productivity each year.

Drinking has a Ripple Effect

Current estimates indicate that between 10% and 23% of the employed population suffer from alcoholism and substance abuse. More importantly, substance abuse affects a minimum of five individuals for every one person afflicted with alcohol abuse or dependency due to the abuser's absenteeism or poor work performance.

Employed individuals abusing alcohol often have increased sick leave, Monday and Friday absences, excessive tardiness, and unauthorized time off. In addition, employees with drinking problems often leave work early. These absences impact not only the individual taking

“...substance abuse affects a minimum of five individuals for every one person afflicted with alcohol abuse or dependency...”

time off, but also his or her co-workers. The co-workers may be required to pick up the slack or feel that they must cover for the individual. Supervisors may be required to find temporary replacements or to train another person to complete job-related tasks. All of this leads to decreased employee morale, and may result in poor workmanship and missed deadlines.

Employers and co-workers also need to be sensitive to on-the-job absenteeism. This may include absences from the work area, frequent trips to the bathroom, long coffee breaks, or physical illness on the job due to hangovers.

Reduced concentration by employees abusing alcohol can cause difficulty recalling instructions and errors in dealing with complex assignments. This lack of focus can result in missed deadlines, wasted materials, poor customer service and, ultimately, loss of business.

Mood Swings, Denial, Enabling

Other alcohol abuse symptoms that negatively impact the workplace include the wide mood swings of the employee. People abusing alcohol can develop negative attitudes and a rigid defense system. The employee may appear to be in complete denial of the problems and sincerely believe that everything is fine or that “it’s the company that has the problem.”

Alcohol abuse ultimately impacts co-workers through increased grievances and disputes, reduced productivity, and greater exposure to accidents and injuries. Non-users may also be forced to deal with peer pressure to participate in the drinking or drug use.

Any activity that protects an employee from experiencing the consequence of his/her behavior is often identified as *enabling*. Examples of *enabling* include staying silent, covering up, caretaking, and accepting users' excuses and their poor work performance. None of these are helpful to someone with an alcohol problem. In fact, they allow the problem to grow.

Intervention is a Tricky Issue

Intervention is required to deal with the workplace crisis and to retain the employee on staff. However, before confronting the employee, do not “diagnose the patient.” The symptoms clustered together may be indicative of substance abuse, but they may also stem from other issues within an employee's life. Labeling someone an alcoholic might come back to haunt an employer in a court of law.

For confidential treatment information and resources, employers or co-workers should contact an Employee Assistance Professional. It is best to contact a healthcare professional for a diagnosis and referral to a specific level of treatment. ■

Mickey Gabbert, CDCIII, is manager of chemical dependency services at Rogers Memorial Hospital of Oconomowoc, Milwaukee, Brown Deer, and Kenosha, WI. If EAP or HR services are not available for the substance-abusing employee, or for other information on Rogers, call (800) 767-4411 or visit www.rogershospital.org.

Confronting Poor Performers

By Joanne Sujansky

An independent survey that we recently commissioned found that two-thirds of managers fail to confront poor performers. If you suspect you'd be among them, we'd like to help you stop avoiding the problem and start dealing with it.

When you help your corporate clients confront their poor performers, they will find that one of two things happens — either the individual improves or he/she moves (hopefully to a new company and not another department). But, either way keeps customers and employees happy.

Unfortunately, many managers fall down on the job when it's time to deal with poor performers. Perhaps they don't want to rock the boat, fearing that poor performers will retaliate. Or perhaps they don't know how to confront someone professionally. So they do nothing, and everyone suffers, and high performers often leave. As a result, I suggest the following ideas:

- **Be specific.** If an employee has been consistently late, specify the number of times. Avoid exaggerated statements, such as *"You are totally unreliable."* Instead, say, *"This is the third time in one week that you have been ten minutes late."*
- **Focus on the performance required for the job.** If you need to correct something like inappropriate attire, make sure that you reiterate the guidelines that have been outlined for the workplace — not the personal tastes of the individual. Straying into areas that have nothing to do with workplace performance will result in a loss of credibility with the person you are confronting.
- **Give timely feedback.** Usually, there's no reason to

hesitate giving feedback to poor performers. Make the individual aware of what he/she did immediately so the employee will clearly recognize what just happened.

However, pay close attention to his/her mental state. If the employee is too emotional to focus on solving the problem right away, it's probably not a good idea to give corrective feedback at that time. Wait until the employee has calmed down and can really think about what has happened.

Just don't wait days or weeks, to provide feedback, when the incident may no longer be clearly recalled. Too many managers do not provide feedback on a regular basis — and then the employee is bombarded at an annual appraisal. The appraisal should be a review of previous discussions throughout the year. Nothing mentioned at that time should come as a surprise to the employee.

- **Check for understanding.** Avoid asking close-ended questions. Never ask, *"Do you understand?"* The employee could simply say *"Yes,"* and you will not know if your message actually got through. Instead, ask the employee to summarize his understanding of the situation.
- **Keep a paper trail of your discussions.** After each meeting with a poor performer, take notes that summarize the discussions. In your documentation, include the problem, the action taken to correct or eliminate it, the dates, the result that occurred, and any comments that will help you to remember discussions when you are completing a performance summary.

Once managers have a better system in place for confronting poor performers, they usually find that getting them back on track is prefer-

New Teen Risk Behavior Uncovered

Nearly 650,000 teens have exchanged sex for drugs or money, new research has revealed. About two-thirds of them are boys.

Researchers aren't certain how many of these instances are what's commonly considered to be prostitution, because the youth had typically only engaged in the activity on a single occasion.

The Pacific Institute for Research and Evaluation (PIRE) study is the first of its kind on this type of teen behavior. It examined a nationally representative survey of 13,000 students in 7th through 12th grades and found that nearly 4% had exchanged sex for drugs or money.

Sex exchange appears to be a precursor for other harmful behavior, stated Jessica Edwards, research scientist at the PIRE Chapel Hill Center. The likelihood of exchanging sex was greater among adolescents who had run away from home, were depressed, and had prior drug use. Sex exchange was also associated with sexually transmitted infections including HIV.

"Improving our understanding of this issue is important because a considerable number of youth have engaged in this behavior, and a lot of serious health threats are associated with it," Edwards said. ■

Source: PIRE (www.pire.org).

able to ignoring the problem. Everyone will benefit. ■

Joanne Sujansky is founder and president of KEYGroup® Consulting (www.keygroupconsulting.com). Sujansky, Ph.D., CSP (Certified Speaking Professional), helps business leaders increase profitability by creating and sustaining what she calls a Vibrant Entrepreneurial Organization. She has authored numerous articles and books on leadership, change and retention.

The Impact of Changing Retirement Benefits

By Mary Brandel

Employers are glad to shift retirement-funding risk to employees by freezing pensions and bulking up 401(k)s. But can defined-contribution plans be vested with the kind of value that helps retain workers for the long haul?

According to a recent survey, nearly half of employers with pensions cite retention as their top reason for offering the benefit. But with the advent of the *Pension Protection Act* of 2006, questions loom for employers: “Should we continue to offer a defined benefit plan? If the answer is no, how should we design our retirement benefits to maximize retention?”

The *Pension Protection Act*’s changes makes pension plans more straightforward to operate and more prudent to fund over time. But it also adds financial risks for plan sponsors and restricts their ability to manage their plans, according to a 2006 report that surveyed 126 companies on their response to the new law.

DuPont Cuts Back

DuPont, which recently announced that it will stop offering pensions to new hires as of Jan. 1, 2008, does not expect the change to have an impact on retention, according to Jennifer Jonach, director of human resources for the U.S. region in Wilmington, DE. The company has also said that current employees will see their pensions grow at only one-third of the current rate for service accrued after 2007.

Meanwhile, DuPont has significantly enhanced its 401(k) plan. The company contributes 3% of an employee’s pay to his/her 401(k),

regardless of whether the employee makes a contribution. In addition, DuPont matches 100% of the first 6% of pay that the employee contributes. The old plan matched only 50 cents on the dollar.

To Jonach, the company is simply offering what today’s employees want. “To be competitive, we need to attract talent that is looking for a very different offering than people did 20 years ago,” she says. According to Jonach, today’s workers are looking for more control over planning for security in their retirement.

Even employees who value the pension plan stay at DuPont, not just for the plan but also for the total package the chemical manufacturer offers, including intangibles such as corporate culture and a variety of career opportunities, Jonach says. DuPont’s turnover annual rate is an enviable 5%, which includes retirements.

So, while DuPont still looks at retirement benefits as a retention tool, “we believe it’s the total employee engagement process that contributes significantly to the retention of individuals here at DuPont, with competitive benefits being one component of that total offering,” Jonach says.

401(k)s Can Boost Retention

There are other ways that companies can change their 401(k) offerings to make the benefit more valuable, says Jim Lange, a lawyer, CPA and financial advisor based in Pittsburgh.

One way to structure the plan to promote retention is to use a graded vesting schedule, wherein employees become vested over a period of years in their employer’s match or other contribution to the 401(k).

An alternative is cliff vesting, in

which employers offer *no* vesting of their contributions to workers’ 401(k)s until employees work a certain number of years, at which time they become 100% vested.

Alternatively, employers can simply make sure their 401(k) offering is highly competitive so that employees are unable to find a better plan elsewhere, Lange says. “Companies — even ones that have frozen or eliminated their defined benefit plans — still recognize retirement and health benefits as a major retention tool,” he says.

401(k) Plans Hold Appeal

No matter what an employer chooses to offer in terms of retirement benefits, the effect on retention might have more to do with how well-managed the plan is, says Elliot Dinkin, executive vice president at Cowden Associates, Inc., a compensation and benefits consulting firm based in Pittsburgh.

A recent survey by Watson Wyatt seems to confirm that. In the survey, more than half of workers who valued their retirement plans — whether it was a defined benefit or defined contribution plan — indicated a high likelihood of staying at their current employer.

Dinkin contends that younger workers don’t really appreciate the terms that many pensions offer. These days, “people move around, and if you’re 24 to 30 years old, the fact that you could get some percentage of your salary per month [allocated for a future pension benefit] doesn’t mean a lot,” he says. Whereas with a 401(k), “employees can see it grow; it has their name on it, and it’s real money.” ■

Mary Brandel is a free-lance writer based in Newton, MA. This article originally appeared on Workforce Insights, an online resource center about emerging labor trends and issues produced by Veritude (www.veritude.com), a provider of strategic human resources. Veritude, which is a wholly-owned subsidiary of Fidelity Investments, serves clients throughout the U.S. and Canada. ©2006 Veritude, LLC. Reprinted with permission.

Diversity Trend Expected to Continue

Three out of four U.S. employers plan to maintain or increase spending on diversity and inclusion training in 2007, according to a survey of more than 2,000 senior HR executives conducted by Novations Group, a Boston-based global consulting organization.

While a majority will keep expenditures at 2006 levels, 22% will increase spending and staff time devoted to inclusion training.

An increase could bode well for people with disabilities seeking employment, as employers pay more and more attention to the diversity issue.

Gerry Lupacchino, Novations senior vice president, explained why the trend is occurring. "Globalization is the greatest factor driving diversity and inclusion (D&I) training," he stated. "The focus used to be primarily U.S.-ori-

"While a majority will keep expenditures at 2006 levels, 22% will increase spending and staff time devoted to inclusion training."

ented and had to do with EEO compliance. But as the workforce demographics of U.S.-based companies change, organizations face complex new challenges in all regions and D&I training has to keep pace, if not lead the way."

According to Lupacchino, the emphasis of such training today is inclusion. "It's now more about contribution than compliance. Organizations use inclusion training as a way to get everyone engaged, and measure its effectiveness with

engagement and employee satisfaction surveys."

Lupacchino observed that the Novations projections might actually be low. "Many organizations don't break out D&I training separately, but most assuredly include diversity themes in their overall career development efforts," he said. ■

Source: Novations Group (www.novations.com).



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Resources

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 **Alcohol and Drug Abuse Hotline**, (800) 252-6465

 **National Council on Alcoholism and Drug Dependence**, (800) 622-2255

 **National Drug and Alcohol Treatment Referral Service**, (800) 662-4357

 **Drugs in the Workplace Seminar**, available from Threat Management and Protection, a California-based provider of corporate security and investigative services, is a comprehensive semi-

nar to train corporate supervisors and managers to identify employees under the influence of drugs and alcohol. For more information, call (888) 926-8110 or visit www.threatprotect.com.

 **Recovery Assistance Program (RAP)** is a new relapse prevention program by Addiction Intervention Resources. A news release states that RAP provides the general public with access to the same level of post-treatment support services and monitoring that is received by members of regulated, licensed professions. For more information, call (800) 561-8158 or visit www.AddictionIntervention.com.

 **The Guerrilla Guide to Robert's Rules**, by Nancy Sylvester, \$14.95 list price, www.amazon.com addresses the facts of the parliamentary process, minority rights, how to disarm bullies, and how to use Robert's Rules appropriately and ethically to your advantage.

 **The Employment Termination Source Book**, by Wendy Bliss and Gene Thornton, \$44.95, Society for Human Resource Management, ISBN:1-58644-0667. This book gives HR professionals and even non-managers the tools needed to navigate the tricky and sometimes risky processes of employment termination. ■

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From Our Files

Occasional Abuse is a Big Problem

Everyone knows that people who routinely abuse alcohol cost employers and family plenty. But what about an employee who has a few too many drinks on occasion, and has a difficult time concentrating at work the next day?

While an employee like this probably wouldn't be classified as having a drinking problem, a study on alcohol in the workplace conducted by the National Institute on Alcohol Abuse and Alcoholism and Robert Wood Johnson Foundation, found that the majority of alcohol-related work problems are actually caused by employees who occasionally drink too much.

The study's results aren't to suggest that alcoholics don't cause serious problems. They do. Rather, the findings indicate the need for employers to examine their attitudes toward alcohol and how corporate culture may influence behavior.

For instance, do's and don'ts of drinking vary widely from company

to company. Some may prohibit all alcohol at company functions, while others — whether on- or off-site — may unknowingly encourage misuse of alcohol. "Let's stop after work Bill and tip a few back." "Sounds good Jim, the wife's been a nag lately."

The study, which surveyed 14,000 employees at seven major companies, revealed that company drinking attitudes, even smaller ones within a specific department or division, can cause productivity problems. Results indicate that a large problem stems from individuals who don't drink very often but *when they do* — because of their vast numbers — add up to a big problem nonetheless.

Many current workplace policies likely don't address how alcohol impacts productivity and the relationships of "hangovers" on work performance. In today's competitive global economy, it's not an issue that employers can ignore. ■

Editor's note: This article is condensed from a story that originally appeared in the April 2006 EAR.

Editor's Notebook

I'd like to thank several people who were a big help in providing articles and information this month.



Mickey Gabbert, manager of chemical dependency services at Rogers Memorial Hospital in Wisconsin, spoke on AODA concerns at last year's Northern Illinois and Southern Wisconsin EAPA conferences. Mickey points out, among other areas, the impact that drinking has on multiple people, not just the drinker.

Secondly, I appreciate Dave Worster, CEAP and director of EAP services at Concord Hospital, for taking the time to refer me to Roberta Leis with Join Together.

And thanks to Roberta for providing links to additional information about alcohol parity. While it seems incredible that all states do not require alcohol treatment to be covered to the same extent as other illnesses, Roberta points out that Congress may pass federal comprehensive parity this year.

EAPs are familiar with the work and family problems that alcohol can cause. It's time that policy-makers see it that way too, and parity legislation would likely be a big help. Until next month. ■

Mike Jacquart

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