

Union Matters:

United Food and Commercial Workers Local 12R24 Members Assistance Program

Linda Hood

Director, Members Assistance Program

UFCW Canada Local 12R24

Virgil, Ontario, Canada

Rick Csiernik

Professor, School of Social Work

King's University College

London, Ontario, Canada

ABSTRACT

Unions were a traditional partner in the development of joint labor-management Employee Assistance Programs but with the weakening of the labor movement and the growth of third party EAP vendors across North America their prominence in EAP development and delivery diminished. However, some union based EAPs still exist providing distinct programming to their members. This case study examines the evolution and development of a Canadian union EAP utilizing volunteers, Members Assistance representatives, as the linchpin to informing members about the program, providing social support in the workplace and connecting them to formal counselling services. The article discusses the programs three component hybrid approach consisting of volunteer union Members Assistance representatives, a paid Program Director, and a provincial network of affiliate counsellors who are the primary service providers. Program outcomes for the past four years when a new data collection system was implemented are also presented indicating the program's impact on the union membership.

Union Matters:

United Food and Commercial Workers Local 12R24 Members Assistance Program

Unions have traditionally taken care of their own members not only by negotiating protection clauses in collective agreements but they have assisted members with problems that may or may not have arisen out of the workplace.”

Dick Martin, Vice President, Canadian Labour Congress, 1986.

The union movement was a key player in the early development of workplace based assistance programs in Canada, beginning in the 19th century with Welfare Capitalism programs that led to early Occupational Alcoholism Programs (OAP) that evolved into Employee and Family Assistance Programs (Csiernik, 2014). The importance of the labor movement in EAP development is not unique to Canada however, for as Kurzman and Maiden (2010) illustrated, unions have been active in assisting their members globally in this capacity.

Along with being equal partners in developing programs, labor has also struck out on its own to offer programs specifically for its membership organized and maintained by union members. This has historically been based upon the mutual aid principles of Alcoholics Anonymous that was fundamental in the early evolution of Occupational Alcoholism Programs. However, as OAP became EAP the focus expanded from only alcohol issues to the broader range of work, personal and social issues that affect all people and families. In response, new peer support programs emerged, Union Counselling developed by the AFL-CIO, Substance Abuse representatives utilized by the United and Canadian Auto Workers (now UNIFOR) and the more generic referral agent model employed by a range of organizations in both the public and private

sectors (Canadian Labour Congress, 1979; Miller & Metz, 1991; Trojman, 1981). Another name adopted was Members' Assistance Programs (MAPs) and these could be either totally peer run programs or hybrids that combined peer support with professional counselling to better meet the needs of workers. These hybrid programs had volunteer trained union members in the worksite who promoted the use of programs and served as a conduit to accessing services typically provided by an internal counselling professional or a network of affiliated contracted counsellors (Csiernik, 2014).

Despite the move towards outsourcing EAP to third party EAP vendors and no longer having committees oversee the functioning but rather becoming simply another Human Resources department function (Csiernik & Csiernik, 2012; Csiernik, Sharar, & Granberry, 2014), there do remain union based programs actively serving their members such as the United Food and Commercial Workers Local 12R24 Members Assistance Program.

THE WORK ENVIRONMENT

The origins of the United Food and Commercial Workers Local 12R24 dates back to 1927 and the end of alcohol prohibition in Ontario. At that time, the province wanted to control the reintroduction of alcohol into the public domain and two separate distribution systems were established. The Liquor Control Board of Ontario was created as a Crown (government) corporation to be responsible for the selling of wine and spirits. In contrast, the Brewers Retail was a private enterprise owned and operated by a consortium of Ontario breweries. While ownership and management has changed over the 90 years of its existence as did the name (retail outlets are simply now called "The Beer Store"), it continues to remain a private company staffed primarily by a unionized workforce.

“The Beer Store” consists of two divisions, retail and logistics with 654 government owned retail outlets 450 retail stores 141 retail partners, and 71 Northern Agents across the province on Ontario whose population is just under 14 million. “The Beer Store” has six strategically located distribution centres located in Brampton, London, Ottawa, Stoney Creek, Sudbury, and Whitby as well as four warehouses. In total there are over 6,500 union employees (Liquor Control Board of Ontario, 2016).

Retail work consists of serving customers, bottle returns, inventory, unloading trucks and of course, paper work. It is both physical and emotionally taxing work as employees continually interact all day and night long with the public. Along with selling beer they need to confirm identification, manage unruly customers, who typically do not react well to being denied service if they are intoxicated, as well as coping with the demands of any form of retail work, though in this instance selling an age restricted product. There are also environmental issues including the constant noise of working with glass bottles and metal cans and along with returned bottles and cans come other items which may include discarded needles, insects and bodily fluids. As well, there are the traumatic incidents that occur such as robberies, cars driven into stores by intoxicated individuals and customers taking ill on premises along with the constant threat of physical harm if a product is not available or a customer is denied a product due to being underage or inebriated.

Work in the logistics division consists of a multitude of different positions both in and outside of the building. The traditional warehouse occupations are bottle sorting, processing returned bottles, forklifts operation, warehouse staff who are responsible for inventory, building customer orders, the loading and unloading of trucks and delivery crews responsible for getting

product to the Beer Store and various retail partners.. Warehouse staff are constantly on alert because of the numbers of workers in a confined space interacting with power equipment. Noise is unbroken between sorting machines, vehicle horns used for safety purposes, reverse beepers on stackers and side loader trucks pulling into and out of the warehouse on an ongoing basis. Truck drivers also need to be in a state of constant alertness due to pedestrians and traffics as there are multiple daily deliveries mostly in high density areas. They are also responsible for lifting the product and moving it from the truck into the retail outlet or licensed establishment.

ORIGINS OF THE MEMBERS' ASSISTANCE PROGRAM

The United Food and Commercial Workers Local 12R24 Members Assistance Program began in the late 1980s during the period of the greatest proliferation of EAPs across Canada (Csiernik, 2014). At this time, the United Food and Commercial Workers (UFCW) and United Brewers Warehousing Workers (UBWW) unions were comprised of 15 separate locals¹. As was the case of many new OAPs and EAPs, one member from Local 326 who worked in the warehouse had developed an addiction issue and had to seek help without any workplace support. Upon successfully completing addiction treatment and returning to the workplace, he began informally reaching out to others in his own local who were also experiencing issues with alcohol, as per the 12th step of Alcoholics Anonymous (2016), as the very nature of the work is to be surrounded by beer during one's entire work day. This individual also took a few classes on addiction issues on his own time and at his own expense to be able to better address the needs of his brothers and

¹ Local is a commonly used term for local union. A local union is the basic unit of union organization, serving as an area bargaining group for a national or international union. While a local has its own bylaws and elects its own officers independent of the larger labor association, it remains chartered by the parent union of which it is a part and whose national policies it follows.

sisters in the workplace. Another member of his local who had assisted with the first members' recovery process likewise took similar classes from a local university and the two began working, still informally, within their own local at first but then supporting individuals within other locals who were struggling with issues of substance misuse and abuse. This informal, peer driven, outreach became more formalized with members of the local holding monthly meetings to examine issues of mutual concern in the workplace affecting their health including assisting members on the retail side of the organization who had been victims of robberies and other critical incidents. The program developed to a point where it was deemed appropriate to hire a program director to oversee the initiative.

In the early 1990s, the president of Local 326 became the president of the provincial board of UFCW/UBWW. Among his first actions was to take the idea of the peer support network to the Executive Board which consisted of the presidents of the 15 local unions to formally expand the program from Local 326 to the other fourteen locals. The Executive Board agreed to the proposal and to running the program exclusively through the use of union funds. In this way the union maintained control of the program forming a separate Member Assistance Program (MAP) Trustees Board to oversee the financial component of the program. In 1994, the Union negotiated with management to have a set amount per employee per hour paid into the MAP trust to fund the program. In 2003, the 15 locals merged into one bargaining unit, UFCW Local 12R24 and the program changed its name to reflect the unification of the locals.

PROGRAM STRUCTURE

The Members Assistance Program covers both full and part-time employees, their immediate family members and retirees. There are three distinct components to the program the first being

the volunteer MAP Representatives who work in both retail outlets and the warehouse. There is also a full time paid Program Director, who is not part of the union and is employed as an outside contractor, who oversees the administration of the program and supports the MAP Representatives in their day to day activities and oversees a province wide network of contract affiliate counsellors. The primary focus of the program is to assist union members in dealing with issues of daily living that affect their personal and working lives (see Table 4). There is no cost for counselling and there is, in theory, an eight session counselling limit per member though there is flexibility depending upon each person's and family's needs. While most presenting issues do not require the maximum number of sessions, because this is a union run and financed program, counsellors may contact the program director to arrange for additional sessions if the situation clinically warrants further counselling. During the counselling process the union member may also request ongoing support from any MAP Representative.

The program also responds to critical incidents in the workplace. When an incident occurs, a MAP Representative typically attends to support a colleague and is present until the individual affected can be connected to the Program Director. After every incident, the Program Director contacts the employee on her or his first shift back at work to check in, reinforce that the MAP is available and to remind the member that they can use both the peer MAP Representative or the professional service on an ongoing basis as needed. This underscores why the MAP motto is "A hand up, not a hand out" (United Food and Commercial Workers Canada, 2016).

Role of the Program Director

The role of the Program Director is both clinical and administrative. The Program Director is expected to have experience in counselling, trauma response, addiction issues, knowledge on

how to find and access local community services, and the ability to respond to workplace issues. The Program Director is responsible for client intake and ensuring an appropriate and timely assessment is conducted to link the individual seeking help to the best resource in the union Members' geographic area. The Program Director is also tasked with responding directly to any critical incidents that arise and to support any MAP Representative in attendance at such incidents. A member of the company's security service contacts the Program Director whenever an incident of any kind occurs in the workplace at which time the Program Director contacts the workplace, following up with staff involved in the critical incident and providing any requested or required counselling/support.

The Program Director recruits, oversees and supervises counsellors from across Ontario as the amalgamated local covers the entire province. The person in this position is also responsible for engaging with work sites that are having workplace issues. When called upon, the Program Director will make a presentation to groups of employees that are brought together to work out differences in the workplace and will act as a mediator as needed. Requests for these types of formal presentations are funnelled through the union president and the organization's management group.

The Program Director is also responsible for the process of referring members requiring inpatient substance abuse treatment. If members are full-time, referrals can be made to inpatient services covered by the extended health insurance. If members are part-time, the Program Director is responsible for finding either government sponsored outpatient or inpatient treatment resources. The Program Director is also responsible for ensuring that after-care services have been established upon addiction treatment completion. As well, the Program Director works with

union members who are mandated into counselling as a negotiated condition of employment as part of a disciplinary issue.

This role also entails overseeing and coordinating all aspects of the Member Assistance Program including recruiting, screening and supporting the MAP Representatives across the province and ensuring that they have the capacity to support their peers in the workplace. The Program Director is also responsible for the day to day running of the MAP office including managing office services, maintaining the client database, ensuring the financial stability of the program which includes looking after the costs of maintaining the physical office, telephone lines for the 1-800 service and working with the answering service to ensure any member calling in at any time has access to a live person and the calls are properly referred depending upon their urgency. The Program Director also ensures that the affiliate counsellors are paid on a timely basis. The Program Director interacts with the Executive Board, presenting quarterly statistical reports, responding to questions regarding the program and services provided, while maintaining member anonymity as well as working with the Executive Board in creating promotional material to inform the members and their families about MAP, what it is and how to access it. This arms-length relationship was developed to maintain not only the confidentiality of members but also their anonymity with regards to the Local itself.

Members Assistance Program Representatives

While the Director is the program coordinator, the MAP Representatives remain the frontline and face of the UFCW Canada Local 12R24 program and thus are key in making the program successful. As with all types of peer helpers, these union members are all volunteers who take on

this role because, as the two who began the program, they wish to support their fellow brothers and sisters in the workplace. In 2016, there were 78 trained MAP Representatives across Ontario located in both retail stores and the warehouses. Some of the MAP Representatives are also union stewards though this is not a prerequisite for membership as many members would prefer to discuss issues without having to consider the implications of the collective bargaining agreement. However, the advantage of holding both roles is that these individuals may also attend any disciplinary meetings that arise and indicate that use of the MAP may be a more appropriate action.

Potential MAP Representatives are recommended by existing MAP members, union stewards or the union Vice-Presidents who serve on the MAP Executive Board. MAP Representatives are all vetted by the Program Director and once they pass this second level they still need to be approved by the union president before taking on this role. Each individual selected receives an initial orientation to become familiar with the skills that will help them in working with members in need of support. MAP Representatives also participate in a three day bi-annual training conference organized by the Program Director. At these training sessions, participants are instructed in a range of topics to enhance their skills and knowledge from basic listening skills, to how to communicate with someone in active crisis, conflict resolution, how to resolve an ethical dilemma, to seminars on key EAP topics including addiction, grief, facing retirement to self-care for volunteers. Due to the active involvement with the general public of union members, MAP Representatives are also taught how to respond to a crisis should they be asked to support a union member who has been involved in a critical incident.

The cornerstone of being a MAP Representative is confidentiality, thus volunteers receive regular updates on how to work with their colleagues without indicating that it is a MAP

issue that is being discussed. MAP Representatives are encouraged to contact the Program Director at any time for suggestions on dealing with a situation, the ethics of a situation, community resources that a member may need and for their own debriefing if stress from the work becomes difficult. All MAP Representatives have their own business cards to hand out at workplaces and are encouraged to visit local work sites in their geographic area that do not have MAP Representatives on site to promote the program. They also have formal identification badges to introduce themselves if attending the scene of a critical incident. Since the program's inception, it has been regularly reported that union members feel less traumatized if one of their own union members is there to support them when talking with management and police about what occurred. MAP Representatives may also call family or friends for the members involved if needed or provide a ride home once the official police report and management protocols have been completed.

This is not a minor role for along with being visible to promote the program, accessible to aid union members with personal problems and responding to critical incidents including robberies, sudden deaths in the workplace of a co-worker or customer or violence in the workplace perpetrated by a customer, MAP Representatives are also responsible for submitting a monthly report on their MAP-related contacts with members. The report is purely statistical, with no identifying information so as to maintain confidentiality for there are many instances where seeking support from a MAP Representative resolves the issue or where a local resource is used that does not entail accessing the affiliated counsellor network and yet these too are indicators of program utilization.

The main requirements for the MAP Representative role are the willingness and the desire to help fellow union members and the understanding of the importance of confidentiality.

As with the Program Director, volunteers are accessible 24/7 as a support, as a link to local community resources or as a gateway to using the formal counselling component of the MAP.

Affiliate Counsellors

The final component of the UFCW Canada Local 12R24 MAP is the province wide network of professional service providers. In 2016, there were 179 affiliated counsellors who had been vetted and approved to work with MAP members. A PhD is not required but extensive experience that identifies the counselling approach they use is, as is proof of ongoing professional development and personal professional liability insurance. When a union member requests formal counselling services, either through being referred by a MAP Representative or by calling themselves, the Program Director assesses the issue and refers a member to an affiliate counsellor in their geographic area who has experience in the problem area. However, another unique feature of the program is that members may request that they be allowed to utilize a counsellor of their own choosing. The program has the flexibility to meet this request as long as the counsellor is willing to work within the MAP standards and meets the necessary qualifications required by all those on the roster of approved MAP clinicians.

Telephone counselling is also available if requested by a union member, family member or retiree. There are several MAP affiliate counsellors who specialize in this modality as a component of their clinical practice. This is often necessary for union members situated in northern areas of the province where resources are scarcer or if there is an issue with accessing an office setting such as physical injury, child care restrictions or issues related to being a primary care-giver for a partner or parent.

The MAP has attempted to make paperwork, which is part of any counselling practice,

minimal. There are only a few forms involved with the program: consent to release information, statement of understanding which explains the limits of confidentiality, protocol for missed appointments and the verification of services form that the client and counsellor both sign for each session and is to be submitted with each invoice. The counsellor receives an Authorization of Service form from the Program Director at the beginning of the counselling process that confirms the client is approved for a set number of sessions and that counselling may proceed. The standard counselling contract is for up to eight sessions. The affiliate counsellor is not required to submit case notes to the Program Director but does need to complete a brief summary of service at the close of each file regardless of the reason for closure. Counsellors are not permitted to write letters for MAP clients for court or for the workplace. If any letters are needed for any situation, they must be issued by the MAP office and will contain only confirmation that the client is accessing services through MAP.

PROGRAM ACTIVITY

Between 2011 and 2014 program use remained relatively constant with a slight jump in 2015. On average 309 new files were opened with 2015 being the most active year having 348 new files. Likewise, the average number of open files averaged 500 for the five-year span with 2015 having the greatest number of activity files, 592. Program utilization ranged 7.7% in 2012 to 8.6 in 2015 (Table 1).

Table 1: Program Use

year	new files	open files	utilization rate (%)
2011	297	460	7.9
2012	292	447	7.7
			8.2
2013	310	484	
2014	299	518	7.8
2015	348	592	8.6

Not surprisingly the majority of the program’s time is spent on counselling, a range of 48.0% to 55.1% between 2011 and 2015 followed by information provision. One of the advantages of an organization, in this case a union, having its own program are the next three categories presented in Table 2. Approximately 15% of the program’s clinical time is devoted to following up with clients post counselling, case management and for those individuals whose situation are substantive and need counselling outside the auspices of the MAP, referral management.

Table 2: Activity Hours (%)

year	counselling	information	follow-up	case management	referral management	other
2011	48.0	18.3	10.7	5.2	2.5	15.3
2012	48.3	18.6	9.9	6.5	2.5	14.2
2013	53.5	14.5	7.1	6.2	3.1	15.6
2014	52.6	17.0	5.6	5.6	3.1	16.1
2015	55.1	11.5	5.3	8.0	7.6	12.5

Also not surprising is that the majority of the program users are actual employees as this is who the intended target group is. However, as all EAP practitioners know employees bring

home to work and work back home and thus programs expanded to include not only partners of dependent children and step-children. What is surprising in Table 3 is that there are more dependents using the program each of the five years (13.3% to 19.0%) than partners (7.7% to 9.8%). Also, while a statistically significant minority, there are also some retirees who use the EAP indicating the ongoing benefit a union based program can have. The final column of Table 3 is also interesting and another unique feature, individuals who only wish to speak with their MAP representative and not a clinician. Again, while the numbers are small, this does represent a group of individuals over the five years who received support because of the hybrid nature of the MAP.

Table 3: Program Users (%)

year	employee	partner	dependent	retiree	MAP rep
2011	74.0	9.8	13.3	0.4	1.8
2012	72.1	7.7	17.5	0.7	2.0
2013	76.7	6.5	16.1	0.3	0.3
2014	74.2	9.7	13.9	0.3	2.0
2015	65.4	9.2	19.0	1.7	1.0

While there was some variance from year to year the most prominent issue annually between 2011-2015 was personal/emotional problems. This was followed by marital/relationships and family-child. While the workplace assistance movement evolved from occupational alcoholism programs, substance abuse issues tend not to be major presenting issues in most contemporary problem profiles. However, given the workplace context, it is not surprising that addiction issues run ahead of anger, trauma and grief issues (Table 4).

Table 4: Presenting Problems

	personal/ emotional	marital/ relationship	family - child	addiction	legal	anger	work related	trauma	grief	anxiety	depression	other
2011	36.5	10.9	11.2	8.4	3.9	4.9	6.3	4.6	4.2	n.r.	n.r.	4.2
2012	40.7	12.8	10.8	6.1	7.1	5.7	3.4	2.4	3.4	n.r.	n.r.	1.9
2013	39.4	11.6	12.0	11.0	7.5	3.4	1.7	4.1	2.7	n.r.	n.r.	3.2
2014	34.1	11.9	6.8	6.8	5.8	4.2	3.8	2.4	2.4	8.1	8.1	2.1
2015	28.5	15.6	10.0	10.1	3.4	5.1	3.7	1.7	2.0	5.1	5.1	4.6

Table 5 has perhaps the most interesting finding as it underscores what a union run program can uniquely provide. Consistently between 2011-2015 those individuals who sought support and counselling from MAP did so more through the auspices of the MAP representatives than any other source. Also interesting is that promotional materials, posters in the workplace, were the first point of information about the MAP for upwards of one quarter of users (2013).

Table 5: Referral Source

Year	MAP Rep	Poster	co-worker	supervisor	steward	other
2011	56.1	20.7	7.0	2.1	1.1	13.0
2012	65.3	17.5	6.7	2.0	2.1	6.4
2013	50.3	25.3	8.6	4.5	2.1	9.2
2014	55.1	23.9	7.7	2.9	0.7	9.7
2015	62.4	15.9	9.5	4.8	0.7	6.7

DISCUSSION

Employee Assistance Programming was never intended to be a synonym for employee counselling. There were far greater expectations when the movement that created EAPs across North America began though the field has witnessed a great deal of devolution (Csiernik, Darenel & Trotter, 2015). By this, we are not referring to prevention initiatives or added options like nutrition counselling and referral to a legal service. Rather EAP in its inception was about relationships. Most dramatic were the antagonist labor-management relationships that forced the creation of joint committees and clearly articulated policy documents signed by both sides and incorporated into negotiated collective agreements. New forced relationships emerged between union stewards and front line supervisors who, while having different incentives in assisting an employee overcome workplace performance issues, were both motivated to do so and found in EAP a space where cooperation would be to the benefit of all. As well, enhanced positive relationships were forged in the growth of peer programming be it Union Counsellors, Referral Agents or Members' Assistance Program Representatives. In these processes, fellow employees reached out to their peers to offer social and emotional support and resource options to those struggling with personal issues affecting both their personal and working lives. What made this unique was that unlike external counsellors, peers understood the workplace, its stresses, pressures and the political nature of the working environment and through this had a bond that no outside counsellor could. It is this third aspect of EAP, one that has been minimized with the decreasing influence of labor in North American workplaces, that is the foundation for the United Food and Commercial Workers Local 12R24 program. Even in 2016 with all forms of information systems and social media, the primary means through which union members of "The Beer Store" learn about and access their program is through the auspices of MAP

representatives.

What further makes the UFCW MAP distinct is the hybrid model that has evolved with peers working with a professional Program Director who works for the union and not for the company who in turn oversees a province wide network of professional affiliate counsellors. This allows the union to control the direction of the program to enhance service provision and member protection. It is also of benefit for the organization for it frees its Human Resources department from one additional benefit it has to deal with internally.

What also enhances the MAP is the relationship the Program Director has with the union on all levels; leadership, MAP Representatives and members. While arms-length from the union itself to protect confidentiality and enhance anonymity to program users, the Program Director has unique insights into the nature of the work and the workplace issues that are vital in conducting an appropriate EAP-based assessment (Jacobson Frey & Pastoor, 2014). The Program Director, only working for this one entity, knows the union, knows the membership, knows the nature of the work and what it entails, knows the unique stressors of both warehouse and retail workers and the risks of violence and other critical incidents individuals face on an ongoing basis.

The United Food and Commercial Workers Local 12R24 Members Assistance Program demonstrates that not only is there a place for smaller, more personalized EAPS, but that they can respond immediately, with insights into employees and workplaces that larger corporate programs cannot. Programs like the MAP remain true to the foundations of OAP and EAP and demonstrate programming does not have to be commodified to be successful. This program works to give its members the tools they need to better their lives on their own, to give them a hand up not a hand out.

REFERENCES

- Alcoholics Anonymous. (2016). *Twelve steps and twelve traditions*. Retrieved from: http://www.aa.org/pages/en_US/twelve-steps-and-twelve-traditions.
- Canadian Labour Congress. (1979) *A guide for developing a Union Counsellor program for local labour councils*. Ottawa. ON: CLC and the United Way.
- Csiernik, R. (2009). An examination of labour welfare and occupational assistance in Canada. *Journal of Workplace Behavioral Health*, 24 (1-2), 147-164.
- Csiernik, R. (2014). From welfare capitalism to workplace wellness: A history of occupational assistance, pp. 65-84. In R. Csiernik (Ed). *Workplace Wellness: Issues and Responses*. Toronto: Canadian Scholars Press
- Csiernik, R. & Csiernik, A. (2012). Canadian Employee Assistance Programming: an overview. *Journal of Workforce Behavioral Health*, 27(2), 200-216.
- Csiernik, R., Darnell, K. & Trotter, M. L. (2015). Perceptions of employee assistance counsellors: Dichotomous findings for a dichotomous field. *Journal of Workplace Behavioural Health*, 30(4), 344-362.
- Csiernik, R., Sharar, D., & Granberry, S. (2014). The Canadian national behavioral consortium industry profile of external EAP vendors. *Journal of Workplace Behavioural Health*, 29(3), 195-209.
- Jacobson Frey, J. & Pastoor, J. (2014). Intake and assessment in the workplace context. In R. Csiernik (Ed). *Workplace wellness: Issues and responses*. Toronto: Canadian Scholars Press.
- Kurzman, P. & Maiden, R. (2010). *Union contributions to labor welfare policy and practice*. New York: Routledge.

Liquor Control Board of Ontario. (2016). *Quick facts*. Retrieved from:
<http://www.lcbo.com/content/lcbo/en/corporate-pages/about/media-centre/quick-facts.html#.V7aZ3SgrKUK>

Miller, R., & Metz, G. (1991). Union Counselling as peer assistance. *Employee Assistance Quarterly*, 6(4), 1-21.

Torjman, S. (1981). *A training course for EAP Referral Agents*. Ottawa, ON: Health and Welfare Canada.

Union of Food and Commercial Workers – Canada. (2016). *Members Assistance Program, Local 12R24*. Retrieved from:
http://www.ufcw12r24.ca/index.php?option=com_content&view=article&id=80&Itemid=75