WHITE PAPER:

WORKPLACE ALCOHOL SCREENING -

CURRENT RESEARCH & APPLICATIONS
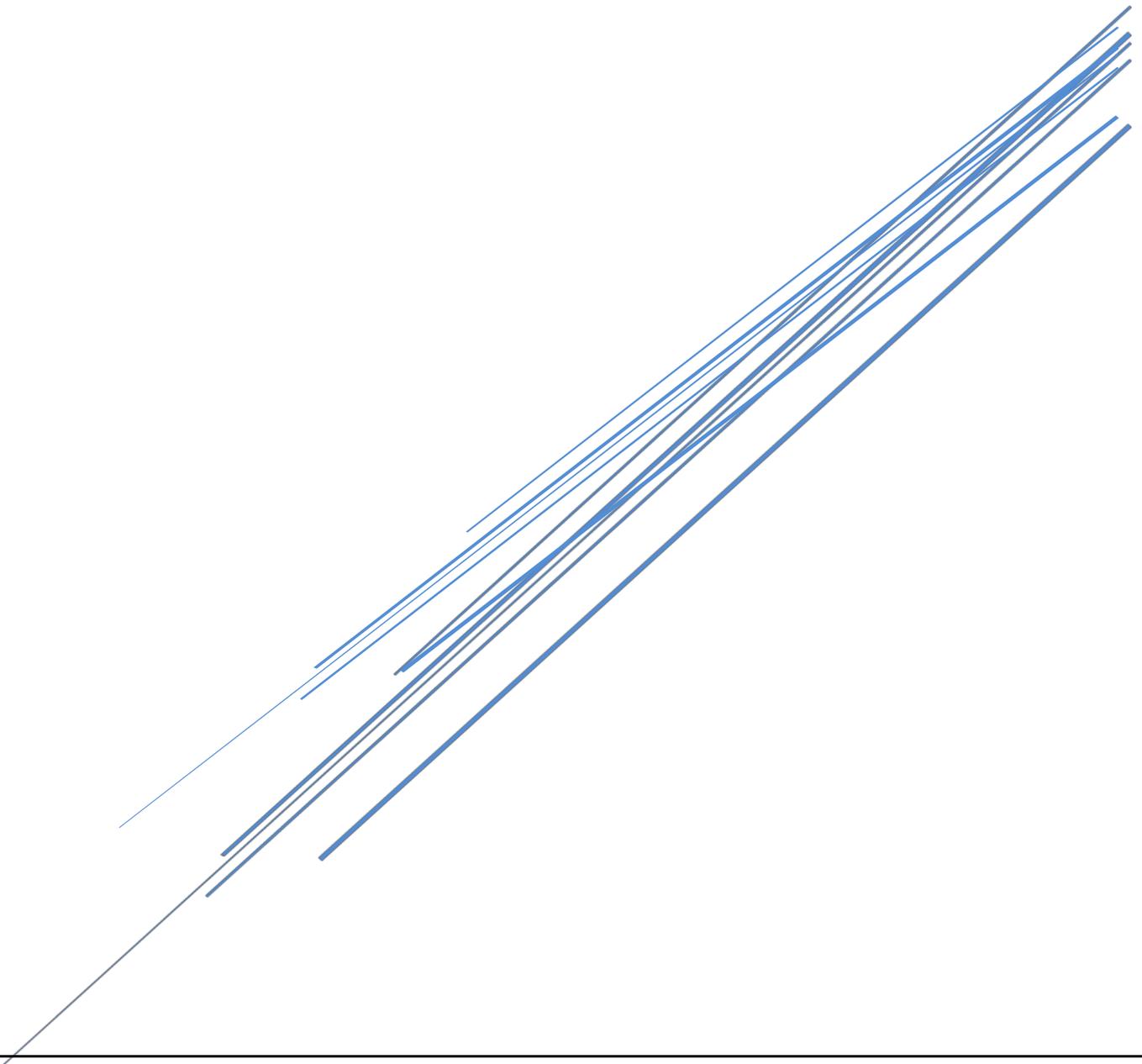
TABLE OF CONTENTS   PAGE

I. INTRODUCTION

Alcohol misuse has a number of adverse effects on health and is a significant health problem worldwide. In the United States, alcohol use disorders are among the most costly medical and public health problems (McLellan, Lewis, O'Brien, & Kleber, 2000), ranking third as an avoidable cause of premature mortality and morbidity (Mokdad, Marks, Stroup, & Gerberding, 2005) as shown in Figure 1. A study by the Centers for Disease Control and Prevention estimated excessive drinking costs the US economy more than $224 billion annually, and approximately $746 per person per capita. Furthermore, almost three-quarters of this figure is due to binge drinking (that is, consuming four or more alcoholic beverages per occasion for women or five or more drinks per occasion for men). The majority of these costs were reflected in lost productivity (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011).

Figure 1: Avoidable Causes of Premature Mortality & Morbidity in US population, 2000

The efficacy of treatment for alcohol use disorders is well documented and has improved dramatically over the past 50 years (McGlynn et al., 2003). A variety of evidence-based and effective interventions currently exist for the continuum of prevention and treatment of alcohol-related risk and harm, ranging from reducing harmful drinking in non-treatment seeking individuals to more intensive, specialty treatment for people with alcohol use disorders (Miller & Wilborne, 2001; Moyer, Finney, Swearingen, & Vergun, 2002). The good news is that no matter how severe, most people with an alcohol use disorder can benefit from some form of treatment. Research shows that about one-third of people who are treated for alcohol problems have no further symptoms one year later, while many others receiving treatment substantially reduce their drinking and report fewer alcohol-related problems (National Institute on Alcohol Abuse and Alcoholism, 2014).

Early detection of alcohol misuse, abuse and dependence enables individuals to seek valuable information or the help they need sooner. Routine screening for problems with alcohol is a relatively recent practice, yet it has a solid base of supportive research. Screening tests are a first-line defense in the prevention of alcohol related health consequences, identifying those at risk and reducing associated costs. Research shows that a number of evidence-based, effective screening instruments are available that can be tailored to specific audiences and needs, and that screening can take place in a wide variety of populations and settings (National Institute on Alcohol Abuse and Alcoholism, 2005).
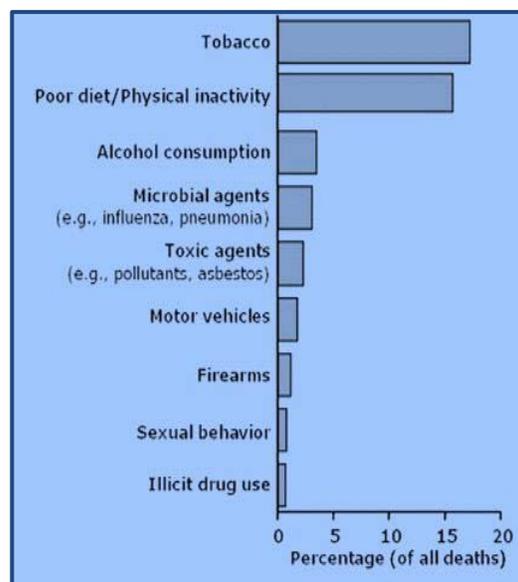
Combining alcohol screening and brief interventions (and referral to treatment, if necessary) has emerged as a best practice and cost-efficient approach to reduce the quantity, frequency, and intensity of harmful drinking. The consistent success of screening, brief intervention and treatment protocols (SBIRT) for alcohol use problems in medical settings has led to growing interest in exploring the effectiveness of wider screening efforts, particularly in non-medical environments. Results of one meta-analysis of the financial implications of screening and brief intervention for alcohol misuse estimated its costs at $9 per person per year, and its savings at approximately $20 per person per year -- and notably without considering important non-medical savings, such as productivity gains, reduced motor vehicle accidents and lower crime (Maciosek, Coffield, Flottemesch, Edwards, & Solb, 2010).

Successful interventions for the range of circumstances from risky drinking to alcohol use disorders and dependency employ a best practices continuum of care that includes:

1. Availability of prevention education about alcohol use;

2. Alcohol use screening, assessment, and/or diagnosis;

3. Appropriate level of treatment service (including management of comorbidities); and

4. Continuing engagement in a long-term recovery plan (National Quality Forum, 2005).

Internet-based technologies such as email, social media and other platforms have emerged as new avenues for reaching individuals with information about the health consequences of harmful alcohol use, as well as assessing and providing assistance for those with or at risk of alcohol use disorders. Research of online alcohol screening questionnaires and related interventions suggest that web-based interventions are generally well received, and have demonstrated the ability to gather reliable responses on alcohol consumption in various settings. Compared with conventional techniques, some of these new platforms have been found to be as effective in preventing alcohol-related harms and may actually minimize bias experienced in face-to-face interactions while providing individuals personalized feedback in a timely manner (Bewick et al., 2008; Murray, Khadjesari, Linke, Hunter, & Freemantle, 2013).

In addition, the low delivery costs of digital/mobile technology platforms are attractive to employers, universities and other organizations (Wallace & Bendtsen, 2014). Notably, computerized interventions for alcohol misuse, sometimes called eSBI, can be as effective as traditional face-to-face interventions and may have certain advantages in some populations or groups less likely to access traditional alcohol-related services. These advantages include continuous and ready availability, ease of access (advantageous in conditions with frequent relapses like alcohol misuse) and greater confidentiality/anonymity, which is crucial in highly stigmatized conditions such as substance use disorders (Murray et al., 2013).

II. EXTENT OF WORKPLACE ALCOHOL-RELATED HEALTH PROBLEMS

Approximately 10 percent of Americans are classified as alcohol dependent or heavy alcohol users who drink large amounts of alcohol on a regular basis, with another 15 percent falling into the category of at-risk or hazardous drinkers. Figure 2 represents these estimated percentages.
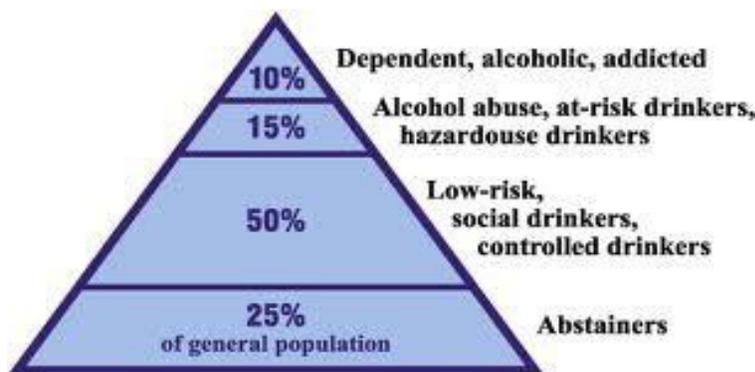

Figure 2: Estimated percentages of alcohol use, misuse & disorders in US population

Most individuals with alcohol-related problems are employed (76 percent) and the majority work full time (65.8 percent) (Larson, Eyerman, Foster, & Gfroerer, 2007; Substance Abuse and Mental Health Services Administration, 2014). A recent article provides national estimates of US workforce harmful alcohol use and impairment in the past year as 15.3 percent or 19.2 million workers. Of these individuals, 7.1 percent or 8.9 million drank during the workday; 9.2 percent or 11.6 million worked with a hangover; and 1.8 percent or 2.3 million drank before work (Frone, 2011). Coworkers too suffer from alcohol misuse at work; one in three workers report being negatively affected by another employee's drinking (Lehman, Farabee, & Bennett, 1998).

Excessive alcohol use has a tremendous impact on workplace productivity and workforce health (Ensuring Solutions to Alcohol Problems, 2008). Overall, the negative impacts on workplace productivity and healthcare costs for workers misusing alcohol are estimated to be nearly double those of employees who do not misuse alcohol (Horgan, Strickler, & Skwara, 2001). In one large study of workplace alcohol use at Fortune 500 companies, light and moderate alcohol users, higher in number than alcohol-dependent workers, incurred 60 percent of alcohol-related absenteeism, tardiness, and poor work quality. Furthermore, 14 percent of workers surveyed stated they had to redo work within the last year due to a coworker's drinking. (Mangione, Howland, & Lee, 2000). As a result of worker alcohol misuse, employers face greater medical and disability costs along with suboptimal work performance: higher absenteeism, presenteeism (ineffectively working while sick, injured, stressed, or burnt-out), workplace accidents and injuries, declines in the quality of products or services, and damage to worker morale and customer satisfaction.

III. THE CASE FOR GREATER WORKPLACE-BASED ALCOHOL EFFORTS

Some researchers have reported that mental health conditions affecting working adults in the US (which have significant effects on worker productivity) are under-identified and under-treated (Bender & Kennedy, 2004). Alcohol misuse and problem drinking extract a great societal and financial cost in our economy, affecting workers of all occupations and professions. However, many individuals whose circumstances do not meet the diagnostic criteria for alcohol abuse or alcohol dependence, but may experience or be at risk for negative health or other consequences associated with their harmful use of alcohol, remain undetected (Institute of Medicine, 1990).

Alcohol problems in the workforce have a significant impact on an employer's bottom line through a variety of direct and indirect costs. Poor performance by workers who drink heavily is one example of direct costs to employers. One report notes that employees with untreated alcohol disorders: 1) report calling in sick or skipping work an average of 15 days per year, almost twice as often as workers without drinking problems; and 2) report their on-the-job productivity is reduced an average of 13 days each year, almost five days more than those without drinking problems (Ensuring Solutions to Alcohol Problems, 2008). Other productivity costs borne by employers include: excessive worker's compensation and disability claims; more accidents and property damage; increased turnover; diverted supervisory and managerial time; conflicts among workers; and increased liability, theft, or fraud. While these costs are likely to be considerable in the aggregate, scant data exists to estimate their totals. But it is highly likely they are higher than current spending to prevent and treat alcohol-related health and productivity issues among workers.

Unfortunately, many employers remain unaware of the true nature and cumulative extent of the direct and indirect costs of alcohol use and related disorders. Thus, they are disinclined to take proactive measures to improve efforts in recognition and treatment of such conditions (Goldberg & Steury, 2001). A large proportion of individuals with substance use disorders in need of treatment are insured through employer-sponsored health coverage (Mark et al., 2011) and with recent healthcare market reforms, this number may grow higher. Under the Affordable Care Act, treatment for substance use disorders is considered an essential benefit in qualified private insurance, with alcohol use disorders and other mental health screenings now included as preventive services, covered with co-payments or cost sharing. The Mental Health Parity and Addiction Equity Act requires insurance plans covering behavioral health conditions to provide substance use disorder benefits comparable to the medical and surgical care provided (US Department of Health & Human Services, 2013). Interestingly, study findings indicate that for continuously enrolled populations, providing coverage parity for substance use treatment improved insurance protection, but had little impact on benefits utilization, costs for plans, or quality of care (Azzone, Frank, Normand, & Burnam, 2011). These market pressures and latest incentives in health reform are prompting more employers to start or expand employee wellness efforts, including alcohol use screening programs.

Employers are a fundamental component of our healthcare system, providing employer-paid healthcare benefits to over 60 percent of the nonelderly US population (DeNavas-Walt, Proctor, & Smith, 2007). In the past, employers played a significant role in promoting screening and treatment for illnesses like diabetes, heart disease, and depression; all of which were once similarly under-diagnosed. Alcohol use and related disorders have a similar impact on the quality of American life and the profitability of American business. Employers are paying higher health insurance premiums than ever before. While individuals with alcohol use disorders only represent an estimated 15 percent of the American workforce, their alcohol-related medical costs account for a disproportionate share of illnesses and injuries, emergency room visits, and hospital stays (Hon, 2003). Screening and brief intervention approaches have been successfully implemented in medical and other settings, yet remain an underutilized way to help control these costs among employees in the workplace setting (McPherson et al., 2009).

By increasing prevention information, providing opportunities for alcohol use screening, and facilitating treatment for alcohol use disorders, employers can diminish the negative impact of harmful alcohol use in their workforce, while reducing their associated costs. Workplaces can be an appropriate and effective setting for these efforts for the following reasons: 1) social and organizational supports are available when employees are attempting to change unhealthy behaviors; 2) policies, procedures and practices can be introduced into the workplace and organizational norms can be established to promote certain behaviors and discourage others; and 3) financial or other incentives can be offered for participation. Since most employers tend to have long-term relationships with their workers; the likelihood that employees and their family members will attain health benefits through such efforts is high, as is the potential for employers to achieve a positive return on investment (Goetzel, Roemer, Liss-Levinson, & Samoly, 2008).

IV. SOME NOTABLE WORKPLACE-BASED ALCOHOL INITIATIVES

While the evidence for effective, scientifically-valid screening interventions for alcohol use in medical settings is strong, researchers conducting systematic reviews of similar workplace-based interventions have noted the relative lack of studies which meet this standard (Murray et al., 2013). However, a few examples of case studies and published data detailing results of workplace prevention education for harmful alcohol use, screening, and brief interventions listed below are illustrative.

- A study conducted in several Canadian worksites produced short-term evaluative findings indicating that health promotion and wellness programs can significantly reduce employee drinking. The study authors noted that heavy drinkers are characterized by a series of unhealthy behaviors that may respond positively to workplace wellness programs, and the nesting of alcohol issues within larger health concerns can be a successful approach in encouraging less risky drinking and a healthier lifestyles (Shain, Suurvali, & Boutilier, 1986).

- Workers who participated in an employer-sponsored wellness program and limited their alcohol consumption enabled Xerox to reduce both healthcare claims and health insurance costs, achieving a five to-one return on investment (Musich, Napier, & Edington, 2001).

- Workers at a Silicon Valley employer categorized as low or moderate risk for alcohol

problems participated in a web-based resource which provided individualized feedback on alcohol use, levels of workplace stress, and use of coping mechanisms. Some evidence was found for greater alcohol reduction among participants as well as preliminary support for the use of an interactive web-based platform for those at risk for alcohol problems (Matano et al., 2007).

- A small study of young adults in the workplace (n=124), compared web-based personalized feedback with additional components for prevention of risky drinking. Those participants who received feedback and additional motivational interviewing reported significantly lower levels of drinking than the control group at 30-day follow-up. The largest change from baseline reports was noted in participants screened as high-risk drinkers (Doumas & Hannah, 2008)

- A 12 month, pre-/post- study design was used by contract Employee Assistance staff specialists at OptumHealth Behavioral Solutions to examine the effects of a telephonic alcohol screening and brief intervention protocol. Results from over 1,000 employee callers to this EAP showed a 185% increase in identification of risky, harmful drinking or alcohol use disorders, and a 37% increase in delivery of EAP brief interventions for risky, harmful drinking or alcohol use disorders (Greenwood et al., 2010).

Perhaps the most valuable contribution of workplace alcohol prevention and screening can be a greater awareness of the health effects of risky drinking and the opportunity to obtain assistance for alcohol problems through an employer's EAP, healthcare coverage, or community resources. When this increase in knowledge is combined with the support and motivational counseling typically delivered in a brief intervention process, employees can be empowered to make healthy life choices and seek appropriate assistance.

V. INCORPORATING ALCOHOL SCREENING INTO WORKPLACE WELLNESS

Employee wellness programs strive to promote a healthy lifestyle for employees, maintain or improve health and wellbeing, and prevent or delay the onset of disease. At their core, these initiatives provide preventive educational services, assess participants' health risks, and deliver lifestyle management interventions designed to lower health risks and improve outcomes. Such programs typically use coaching or other incentives to encourage program participation, and may include features such as web-based platforms, Employee Assistance Programs, nurse-staffed decision support for patients, workplace safety and injury prevention initiatives, and efforts to manage employee absences due to illness and disability. Contemporaneously, the new wellness and prevention provisions included in the Affordable Care Act have heightened the attention to and expectations for healthier workforce initiatives among employers.

In 2007, the Centers for Disease Control and Prevention concluded that well-designed, evidence-based employee health promotion and wellness programs can reduce employee medical costs, achieve long-term health gains, and productivity improvements in worksite populations.

The most effective of these programs offered individualized health screenings and risk-reduction counseling to employees within a workplace environment where broader health awareness initiatives were already underway (Centers for Disease Control & Prevention, 2008). A growing body of research on these nascent efforts indicates that these programs can positively influence employees' behavior, improve their biometric risk profiles, facilitate proper use of and/or reduce spending for health care services, boost work productivity, and achieve a positive return on investment for employers (National Institute for Health Care Management, 2011).

There are a wide array of alcohol use screening measures that can be generally useful with adults in worksite wellness venues (National Institute on Alcohol Abuse and Alcoholism, 2005). For example, the AUDIT has been shown to possess a number of strengths and advantages in a variety of settings and population groups. For settings in which an even briefer approach is needed, several screens are available that involve fewer questions. Additionally, any alcohol use screening process requires responsive feedback to individuals with information regarding their health and relative risks involved, and where appropriate, referrals for further evaluation and assessment. The establishment of such procedures is a necessary component of the screening process that needs to be in place prior to the actual screening.

Improved individual health-related outcomes and favorable organizational economic results have been associated with employer-sponsored wellness programs that have several characteristics in common, including:

- A workplace culture that encouraged wellness to improve employees' lives, not only to reduce costs;
- Both employees and leadership were strongly motivated to support the wellness programs and to improve their health in general;
- Employees were motivated by a participation-friendly corporate policy and environment;
- Workplace and community health organizations provided support, education, and treatment access;
- Successful wellness programs utilized web-based technology to facilitate health risk assessments and wellness education (Kaspin, Gorman, & Miller, 2013).

As it has been adequately demonstrated with other health conditions affecting employees, intervention efforts such as screening, education, and brief motivational counseling can persuade risky drinkers to moderate their intake, seek further help when necessary, and ultimately reduce risks related to drinking. Employers are likely to experience increased productivity from these individuals, as healthier drinking choices and lifestyles take hold (Center for Substance Abuse Treatment, 1999). Some studies focused on cost savings of employees who complete treatment for alcohol use disorders have cited evidence of substantial reductions in the number of absentee days, less instances of lateness to work, fewer days reported being less productive than usual at work, and lower levels of conflict with other coworkers or management (Jordan, Grissom, Alonzo, Dietzen, & Sangsland, 2008).

Particularly in the workplace, the use of online alcohol and other mental health screenings have some notable advantages for both workers and work organizations. For employees, increased user availability and convenience, as well as greater anonymity, can help overcome concerns with regard to the consequences of self- disclosure. For employers and other work organizations, their relatively low cost is an attractive feature, but their greatest value may lie in their potential to encourage workers to exercise healthier life choices.

VI. CONCLUSIONS

Workplace efforts to prevent alcohol misuse can provide employees with important information about health and drinking; help identify early signs of risky drinking, and provide an opportunity to reach individuals with alcohol problems to offer assistance. Workplaces that implement confidential screening as one component of a comprehensive workplace approach to increase awareness of harmful alcohol use, and support those needing assistance, can begin to lessen the negative impact of alcohol in their workforce, and reduce their associated costs.

Suggested action items for successful workplace alcohol prevention and intervention efforts:

1) *Educate employees about the health effects of excessive alcohol consumption* - Problem drinking causes many health problems that increase health care costs including injuries, alcohol poisoning, stroke, heart-attacks, depression, and liver diseases. Using established workplace communication platforms can help increase visibility and acceptance.

2) *Increase alcohol use screening and brief intervention efforts* - Through use of wellness programs, health risk appraisals, confidential online screening programs, workplace wellness programs about alcohol, healthy vs. risky drinking and outreach activities that facilitate use of Employee Assistance Programs, and other community resources.

3) *Support employees and family members that work or live with problem drinkers* - While alcohol-related conditions are significant contributors to alcohol-related absenteeism, coworker and familial alcohol problems can affect employees without drinking problems. These employees may demonstrate significant workplace presenteeism.

4) *Invest in treatment and recovery support for mental health and alcohol use disorders* - The Institute of Medicine recommends that employer-paid healthcare coverage and wellness programs cover alcohol screening, brief intervention, treatment and ongoing recovery support for behavioral health conditions. The outcomes include improved employee health and wellbeing, reduction in employer risk factors and the potential for a substantial return on investment.

REFERENCES

Azzone, V., Frank, R., Normand, S., & Burnam, M. (2011). Effect of insurance parity on substance abuse treatment. *Psychiatric Services, 62*(2), 129-134. doi: 10.1176/appi.ps.62.2.129

Bender, A., & Kennedy, S. (2004). Mental health and mental illness in the workplace: Diagnostic and treatment issues. *Healthcare Papers, 5*(2), 54-67.

Bewick, B., Trusler, K., Barkham, M., Hill, A. & Cahill, J. et al. (2008). The effectiveness of web-based interventions designed to decrease alcohol consumption: A systematic review. *Preventative Medicine, 47*(1), 17-26. doi: 10.1016/j.ypmed.2008.01.005

Bouchery, E., Harwood, H., Sacks, J., Simon, C. & Brewer, R. (2011). Economic costs of excessive alcohol consumption in the U.S., 2006. *American Journal of Preventive Medicine, 41*(5), 516-524. doi: 10.1016/j.amepre.2011.06.045

Center for Substance Abuse Treatment. (1999). *Brief interventions and brief therapies for substance abuse.* Rockville, MD: Department of Health and Human Services. Retrieved from http://ncadi.samhsa.gov/govpubs/BKD341/

Centers for Disease Control & Prevention. (2008). *Task Force on Preventive Services. Proceedings of the Task Force Meeting: Worksite Reviews.* Atlanta, GA: Centers for Disease Control & Prevention. Retrieved from www.prevent.org/data/files/initiatives/workplacehealtpromotion-policyrecommendations.pdf.

DeNavas-Walt, C., Proctor, B., & Smith, J. (2007). *Income, Poverty, and Health Insurance Coverage in the United States: 2006.* Washington D.C.: U.S. Census Bureau.

Doumas, D., & Hannah, E. (2008). Preventing high-risk drinking in youth in the workplace: A web-based normative feedback program. *Journal of Substance Abuse Treatment, 34*(3), 263–271. doi:10.1016/j.jsat.2007.04.006

Ensuring Solutions to Alcohol Problems. (2008). Workplace Screening & Brief Intervention: What Employers Can and Should Do About Excessive Alcohol Use (pp. 19). Washington, DC. George Washington University.

Frone, M. (2011). Alcohol and illicit drug use in the workforce and workplace. In J. C. Q. L. E. Tetrick (Ed.), *Handbook of Occupational Health Psychology* (2nd Ed, pp. 277-296). Washington, DC: American Psychological Association.

Goldberg, R., & Steury, S. (2001). Depression in the workplace: Costs and barriers to treatment. *Psychiatric Services, 52*(12), 1639–1643. doi: 10.1176/appi.ps.52.12.1639

Greenwood, G., Goplerud, E., McPherson, T., Azocar, F., Baker, E., & Dybdahl, S. (2010). Alcohol screening and brief intervention in telephonic Employee Assistance Programs. *Journal of Workplace Behavioral Health, 25*(4), 233-240. doi: 10.1080/15555240.2010.518480

Hon, J. (2003). A Sound Investment: Identifying and Treating Alcohol Problems *Ensuring Solutions to Alcohol Problems, Primer 3.* Washington, DC: George Washington University Medical Center.

Horgan, C. M., Strickler, G., & Skwara, K. C. (2001). *Substance abuse: The nation's number one health problem - Key indicators for policy.* Waltham, MA: Schneider Institute for Health Policy, Brandeis University.

Institute of Medicine. (1990). *Broadening the Base of Treatment for Alcohol Problems.* Washington, DC: National Academy Press.

Jordan, N., Grissom, G., Alonzo, G., Dietzen, L. & Sangsland, S. (2008). Economic benefit of chemical dependency treatment to employers. *Journal of Substance Abuse Treatment, 34*(3), 311-319. doi: 10.1016/j.jsat.2007.05.001

Kaspin, L., Gorman, K. & Miller, R. (2013). Systematic review of employer-sponsored wellness strategies and their economic and health-related outcomes. *Population Health Management, 16*(1), 14-21. doi: 10.1089/pop.2012.0006.

Larson, S., Eyerman, J., Foster, M. & Gfroerer, J. (2007). *Worker Substance Use and Workplace Policies and Programs*. (DHHS Publication No. SMA 07-4273). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Lehman, W., Farabee, D. & Bennett, J. (1998). Perceptions and correlates of co-worker substance use. *Employee Assistance Quarterly, 13*(4), 1-22. doi: 10.1300/J022v13n04_01.

Maciosek, M., Coffield, A., Flottemesch, T., Edwards, N. & Solb, L. (2010). Greater use of preventive services in US health care could save lives at little or no cost. *Health Affairs, 29*(9), 1656-1660. doi: 10.1377/hlthaff.2008.0701

Mangione, T. W., Howland, J. & Lee, M. (2000). Alcohol and Work: Results from a Corporate Drinking Study. In I. Knickman (Ed.), *To Improve Health and Healthcare.* San Francisco: Jossey-Bass.

Matano, R., Koopman, C., Wanat, S., Winzelberg, A., S., W., & D., W. (2007). A pilot study of an interactive website in the workplace for reducing alcohol consumption. *Journal of Substance Abuse Treatment, 32*(1), 71-80. doi: http://dx.doi.org/10.1016/j.jsat.2006.05.020

McGlynn, E., Asch, S., Adams, J., Keesey, J. & Hicks, J. et al. (2003). The quality of health care delivered to adults in the United States. *New England Journal of Medicine, 348*(26), 2635-2645. doi: 10.1056/NEJMsa022615

McLellan, A., Lewis, D., O'Brien, C. & Kleber, H. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association, 284*(13), 1689-1695. doi: 10.1001/jama.284.13.1689

McPherson, T., Goplerud, E., Olufokunbi-Sam, D., Jacobus-Kantor, L. & Lusby-Treber, K. et al. (2009). Workplace alcohol screening, Brief Intervention, and Referral to Treatment (SBIRT): A survey of employer and vendor practices. *Journal of Workplace Behavioral Health, 24*(5), 285-306. doi: 10.1080/15555240903188372

Miller, W. & Wilborne, P. (2001). Mesa Grande: A methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction, 97*, 265-277. doi: 10.1046/j.1360-0443.2002.00019.x

Mokdad, A., Marks, J., Stroup, D. & Gerberding, J. (2005). Actual causes of death in the United States, 2000. *Journal of the American Medical Association, 291*(10), 1238–1245. doi:10.1001/jama.293.3.293.

Moyer, A., Finney, J., Swearingen, C. & Vergun, P. (2002). Brief interventions for alcohol problems: A meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction, 97*(3), 279–292. doi: 10.1046/j.1360-0443.2002.00018.x.

Murray, E., Khadjesari, Z., Linke, S., Hunter, R. & Freemantle, N. (2013). Health on the web: A randomised trial of work-based online screening and brief intervention for hazardous and harmful drinking. *BMC Public Health, 13*, 505-512. doi: 10.1186/1471-2458-13-505.

Musich, S., Napier, D. & Edington, D. (2001). The association of health risks with workers' compensation costs. *Journal of Occupational and Environmental Medicine, 43*(6), 534-541. http://dx.doi.org/10.1097/00043764-200106000-00005.

National Institute for Health Care Management. (2011). Building a Stronger Evidence Base for Employee Wellness Programs. Washington, DC.

National Institute on Alcohol Abuse and Alcoholism. (2005). *Alcohol Alert 65: Screening for Alcohol Use and Alcohol-Related Problems*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://pubs.niaaa.nih.gov/publications/aa65/AA65.pdf.

National Institute on Alcohol Abuse and Alcoholism. (2014). *Treatment for Alcohol Problems: Finding and Getting Help* (NIH Publication No. 14–797). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://pubs.niaaa.nih.gov/publications/Treatment/treatment.pdf.

National Quality Forum. (2005). Evidence-Based Treatment Practices for Substance Use Disorders. In E. J. Power, R. Y. Nishimi & K. W. Kizer (Eds.), (pp. 104). Washington, DC: National Quality Forum.

Shain, M., Suurvali, H. & Boutilier, M. (1986). *Healthier workers: Health promotion and Employee Assistance Programs*. Lexington, MA: Lexington Books, DC Heath & Company.

Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. (HHS Publication No. (SMA) 14-4863). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.htm.

US Department of Health & Human Services. (2013). *Affordable Care Act Expands Mental Health and Substance Use Disorder Benefits and Federal Parity Protections for 62 Million Americans*. Washington, DC: U.S. Department of Health & Human Services. Retrieved from http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.pdf.

Wallace, P. & Bendtsen, P. (2014). Internet applications for screening and brief interventions for alcohol in primary care settings: Implementation and sustainability. *Frontiers in Psychiatry, 5*(151), 1-7. doi:10.3389/fpsyt.2014.00151

ABOUT SCREENING FOR MENTAL HEALTH, INC.

We envision a world where mental health is viewed and treated with the same gravity as physical health.

Screening for Mental Health, Inc. (SMH), the pioneer of large-scale mental health screening for the public, provides innovative mental health and substance abuse resources, linking those in need with quality treatment options. Our programs, offered online and in-person, educate, raise awareness, and screen individuals for common mental health disorders and suicide. Thousands of organizations worldwide including hospitals, military installations, colleges, secondary schools, and work organizations utilize our educational and screening programs which have reached millions ranging from teenagers to adults.

In 1991, I had the idea to begin screening for depression much like my colleagues in the medical field were screening for physical diseases like cancer and diabetes. It's important that we screen for mental illness because it allows us to identify these illnesses early on—making treatment more effective.

From that initial National Depression Screening Day in 1991, our programming and reach has expanded dramatically. We now offer education and screening programs targeted toward various demographics and include screenings for bipolar disorder, generalized anxiety disorder, posttraumatic stress disorder, eating disorders, alcohol use disorders, and suicide.

I encourage you to join us as we strive to have mental health viewed and treated with the same gravity as physical health.

Douglas Jacobs, M.D.

Founder & Medical Director

To learn more about screening for alcohol use at the workplace, call 781-239-0071.