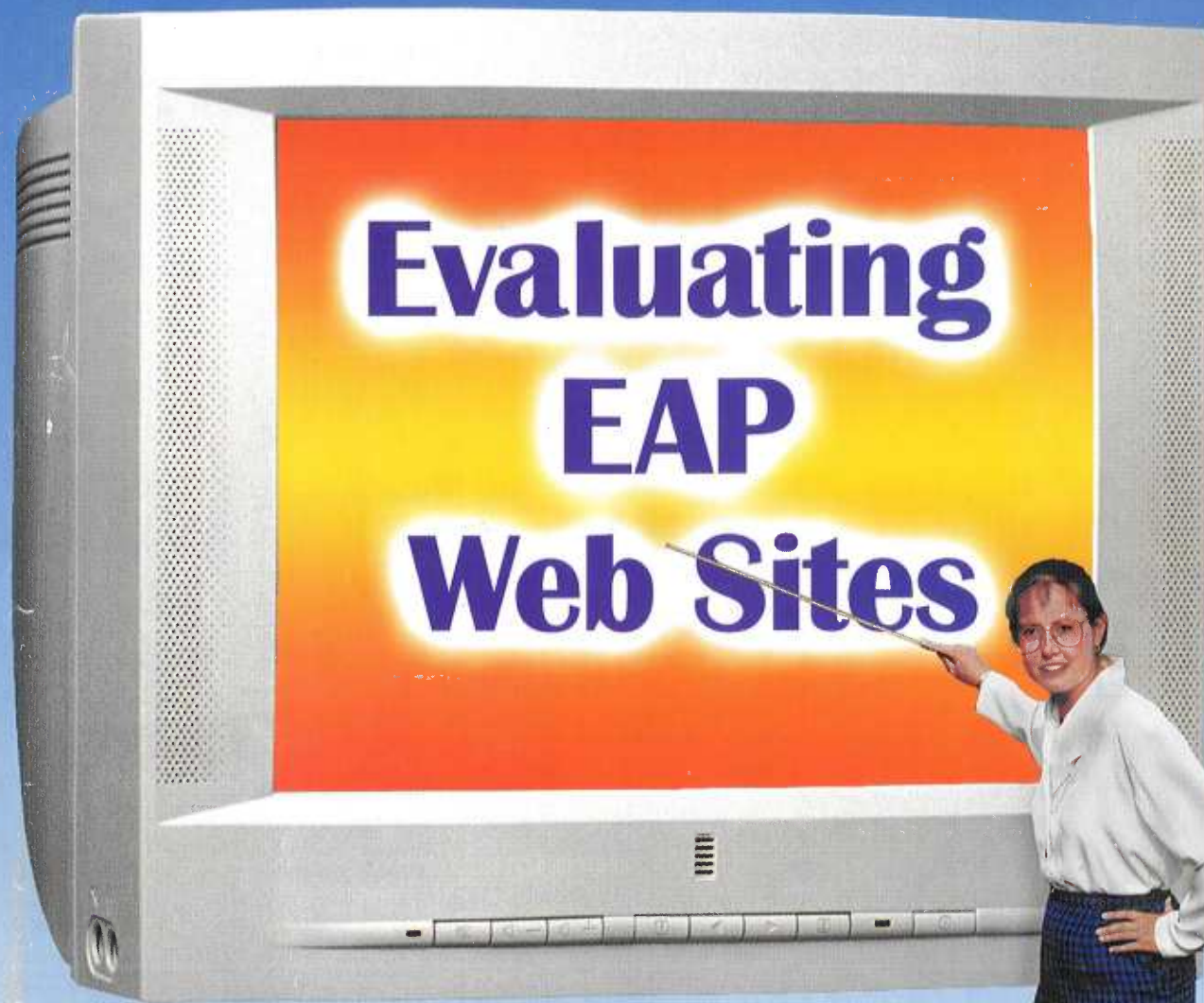


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Spring 2001

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IN HOUSE

Harm Reduction Is Not the Answer, It's the Question

There's a growing and dangerous cancer permeating the ranks of alcohol and other drug prevention professionals. It's called "harm reduction" and "drug reform."

These ideologies are based on the belief that people have a right to use drugs without regard to the social costs and that law enforcement and drug prevention efforts are more harmful than drug use. According to their literature, their theories were developed as a result of their frustration with the failures of restrictive drug policies.

In reality, harm reduction and drug reform would cause greater social harm and would protract the personal misery of countless users trapped by the addictive and destructive powers of drugs. And what about the young people who may never have used but now are told that it's OK to use drugs as long as they do it safely?

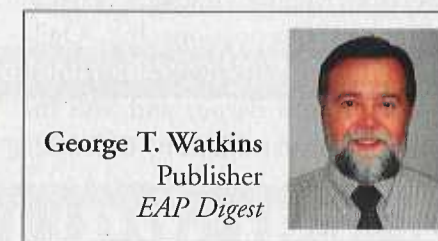
I have three main problems with harm reduction and drug reform. First is the political platform needed to support these philosophies in the public arena. Second is the impact they could have on prevention. Third is the technical experience found among their ranks. I'll address each in turn.

Where there's a harm reduction fire, there's a smoldering advocacy for drug legalization. Arguments for legalization are based on the belief that because people still use drugs even though it's illegal to do so, why not do away with the laws? Following this line of thinking, one might also say that because people are still going to commit murder even though there's a law against it, why not legalize murder?

Legalization of drugs in other countries has not proven effective. Just look at the high drug-use rates in Holland and Australia — not to mention the social problems that accompany those rates.

As for prevention, adopting the harm reduction approach would mean abandoning "no use" programs for "reality-

based drug education," an approach that teaches young people how to "safely" use drugs. Have we not spent considerable energy and money in the past few years researching and proving what's effective for helping young people to avoid drug use? None of the programs proven effective includes a "safe" use message. Giving up on no-use curricula and messages just because a few popular prevention programs were proven to be ineffective isn't the answer. Improving upon what we know works is a much more responsible, caring and effective approach to prevention.



George T. Watkins
Publisher
EAP Digest

My final problem with harm reduction and drug reform centers on the advocates of these philosophies. The harm-reduction ranks are NOT filled with medical doctors, teachers, substance abuse professionals, parents, addiction treatment researchers and administrators or ATOD prevention specialists. The people who publicly represent these ideologies are politicians like Govs. Jesse Ventura (Minn.) and Gary Johnson (N.M.) and mayors Kurt Schmoke in Baltimore and Willie Brown in San Francisco (where harm reduction is now public policy). They're billionaires like George Soros, whose Lindesmith Center think tank is headed by the godfather of the drug-legalization movement, Ethan Nadelmann. In other words, these individuals and others are meddling in matters in which they have no training or experience.

Unfortunately, these folks and others have managed to drive a Trojan horse into the ranks of otherwise well-intentioned

professionals on the forefront of alcohol and other drug prevention and treatment efforts. For example, the upcoming American Society of Addiction Medicine conference, an association of addiction medicine specialists, will feature a presentation on a program that tests for the safety of the drugs young people use at raves.

Where is the outcry? Why haven't the nation's established treatment and prevention professionals, associations and advocates taken a public position on harm reduction and its dubious philosophical approach?

The fact is we know what works: prevention, treatment and drug-law enforcement. But when these entities work independent of one another, neither prevention, treatment nor drug-law enforcement can be effective in seriously reducing drug use and abuse. We need to orchestrate the efforts of these approaches so that each can do its job, while supporting the other efforts at the same time. But embracing harm reduction as a policy would ironically leave us experimenting with approaches that most probably would lead to increased levels of drug use and its accompanying health, crime, economic and social problems. I don't think we can afford to experiment on human lives with an unproven prevention strategy.

For abstinence-based preventionists and those who have witnessed first-hand the damage to society caused by the addictive and destructive power of drugs, there is no doubt about the outcome of drug use. Harm reduction is not the answer. In fact, it raises one very important question: Can our youth and society afford to pay the price of this social experiment?

George T. Watkins
Publisher

MARKETPLACE

Magellan Health Services (MHS) of Columbia, Md. announced the sale of two subsidiaries. **CHC**, its Canadian EAP subsidiary, has been sold to the Thornhill, Ontario-based **Family Guidance International (FGI)**. Also, MHS's **National MENTOR** subsidiary has been sold to MENTOR's management team and an investment firm. MHS is the nation's leading managed care company, providing services to more than 68 million people. (Erin Somers, 410-953-1218)

Robert T. Dorris & Associates has expanded its range of work/life services available for its clients. These services include, among others, child and elder care resource and referral, adoption services and special-needs services. Dorris has provided EAP and work/life programming to client companies since 1974. (Michelle Starkman, 1-800-436-7747)

FamilyCare America has launched a new service called Customized Care-

File. The service allows users to enter information regarding their caregiving situation onto the company's Web site, www.familycareamerica.com, then receive how-to articles, planning forms and resource lists tailored to their situation. (David Raine, 804-342-1246)

Boston-based **Circles**, which provides personal services to employees such as making restaurant reservations, locating concert tickets or booking family vacations, has added 13 corporate clients to its book of business. The company now boasts 80 clients and 1.3 million members. Among the new clients are answerthink, Aspect, Golin/Harris, Kirkland & Ellis, Manhattan Associates, Mentor Graphics, Navigator Systems, Occupations, Inc., Ogilvy & Mather, Openwave, Rambus, Salomon Smith Barney and SAS Institute. (Jennifer Marino, 617-622-6561)

Westport, Conn.-based **LifeCare.com**, formerly DCC, has folded all of its

Internet-based work/life services into one product, **LifeCare.com**. The product combines more than 60,000 pages of content with a provider search, ask-the-expert, on-line educational seminars and other functions that tailor online resources to an employee's work/family needs. (Jane Levene, 203-291-3787)

Market research and years of experience in providing services to small and large banks has led **Horizon Behavioral Services (HBS)** of Lewisville, Texas, to develop a specialized EAP service for banks. The service folds EAP, work/life, training, consulting, optional drug testing, CISD services, and pre-employment and screening programs into one service. HBS is a subsidiary of Horizon Health Corporation, also of Lewisville. (Paulette Wellisch, 972-420-8323)

Send items to Marketplace, *EAP Digest*, 1270 Rankin Dr., Suite F, Troy, MI 48083-2843 or fax to 248-588-6633. ■

TRANSITIONS

The Austin, Texas-based **Resources For Living (RFL)** announced two appointments to its business development office. **Raymond F. Mitchell** will serve as vice president of business development, eastern region, and **Carol Mathis** has been named vice president of business development, western region. Mitchell had been senior vice president of workplace services for **ValueOptions**, and Mathis had been an EAP account manager at **MHN**. RFL provides telephone and Internet coaching and counseling services through contracts covering more than 2.5 million lives.

Horizon Behavioral Services (HBS) has named **Mary Ellen Cleary** as director of EAP sales for emerging business customers (25-999 employees) for nine southern and southeastern states. Cleary had been vice president of business development for **Value Health International** in Munich, Germany. HBS is the EAP and managed care subsidiary of the Lewisville, Texas-based **Horizon Health Corporation**.

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Exam Date: December 8, 2001

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- **60 PDHs** (Professional Development Hours) with at least 36 of them in content areas 3 and/or 4 (see PDH requirements below); AND
- **24 hours of CEAP advisement spread out over at least six months**

Option 2:

- **Graduate degree in an EAP-related discipline** (or equivalent outside the United States); AND
- **2,000 hours of work experience in an EAP setting**, which must have been gained over a minimum of two years and within seven years of the date of the application for the CEAP exam; AND
- **15 PDHs** (Professional Development Hours) with at least nine of them in content areas 3 and/or 4 (see PDH requirements below); AND
- **24 hours of CEAP advisement spread out over at least six months**

PDH Requirements for Both Options:

- At least 60 percent of total PDHs must be within content areas 3 and/or 4
- No PDHs may be earned by writing sample exam questions; PDHs must be from training occurring November 11, 1995, or later

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You've Got an Open Bar!

How's this for irony: The Association of Work/Life Professionals (AWLP) sought sponsorships for two open bars during its three-day conference in Orlando in February. That's *open* bars, not *cash* bars. One \$40,000 sponsorship provided attendees with a margarita machine and free beer during an open reception. An additional \$65,000 sponsorship provided attendees with free beer and wine during an evening gala event. The irony being that a number of EAP professionals would say alcohol is probably the single greatest threat to the quality of an employee's work/life. To many EAP professionals, the idea of a cash bar seems inappropriate and an open bar, well, inconceivable. EAP roots reach back to the occupational alcoholism movement of the 1950s. Work/life is a recent phenomenon by comparison. But in recent years, EAP services have been included under the work/life umbrella. So why wouldn't the work/life people be more respectful of what EAPs stand for? Maybe they're not clear about what EAPs have known all along — that employee substance abuse costs employers millions in lost productivity, higher healthcare claims and other related costs. So how about at next year's conference, the AWLP people do away with the bar thing altogether and invite a few EAP professionals to share stories of broken families, parents struggling with FAS-affected children and incidents of alcohol-related child abuse. These are real work/life issues, after all, though not as entertaining as an open bar.

Food, A Massage and an EAP — But the Massage May be Optional

When Alison Munn, HR manager for a Denver television station, arrived at her office the afternoon of April 20, 1999, she expected an afternoon like

any other. But she got just the opposite. That afternoon, radio and TV stations across the country had broken into regular programming to carry news coverage of the student attack on Columbine High School, and Munn's station, KUSA, was the source of much of the live footage the country was watching. This was Munn's first job in HR, and her first critical incident. She knew KUSA employees would need to have their basic needs met, that they needed to be as comfortable as possible, seeing as newsroom staff were responsible for informing the nation of this major incident. According to an article in *HR Magazine* (Dec. 2000), she first called a caterer, knowing that employees probably would not leave the station for some time. She also called in a masseuse to give employees massages, a stress reliever, no doubt. She also called the station's EAP, which sent three counselors who remained with staff for several days. There's a lesson in this for all EAPs: Account managers should provide each client company with a phone list of resources to call in the event of a critical incident. Develop the list with the client company, being certain to cover all necessities, such as local caterers, police, fire and hazmat departments, and, of course, the EAP. The list can be formatted like a decision tree — "If *a* happens, then call *b* and *c*." In many circumstances, the EAP will be a priority. In some, a caterer will come in handy. As for the masseuse, well, that may be optional.

Incestuous Reunions: Acting Out with Adult Children of Adoption

In a recent issue of *The Carnes Update*, noted sexual addiction researcher Patrick Carnes, PhD, details a concern that may arise when adults who were given up for adoption as children meet up with their biological parents: incest.

Perhaps to make up for their guilt over abandonment, perhaps to reconcile years of absence, some biological parents have in Carnes' words a "profound and primordial" sexual attachment to their adult child of an adoption. Carnes has had six such cases in the past year, and his *Update* describes four of them. In one, a biological mother with no history of sexual acting out had compulsive sex with her adopted son within hours of their first meeting. Two cases involved adopted daughters having sex their biological fathers. The fourth case involved a marriage soured by a mother's overwhelming thoughts of sex with the son she had given up for adoption 25 years earlier. For more information on this phenomenon, contact Carnes at The Meadows, 1655 N. Tegner St., Wickenburg, AZ 85390 or visit www.meadows-inst.com.

Environmentalists and Drug Prevention Folks: Two Peas in A Pod

Anyone whose work revolves around drug prevention or interdiction may find unlikely allies among environmentalists. A recent *Sierra* (Jan./Feb., 2001), the magazine of the environmentally minded Sierra Club, details efforts among law enforcement officials to crack down on people who set up meth labs in rural areas, including state and national parks. Meth labs have two by-products that make the move to rural areas necessary. One is the stench. Meth lab fumes smell like rotten eggs, which places meth makers at risk of being found out in populated areas. Toxic chemicals are the other by-product. Every pound of meth produced generates up to six pounds of toxic waste. This has led to a phenomenon known as "trunk labs," so called because meth makers place everything they need into a car trunk, drive to a rural area, make meth and leave their waste behind. Ac-

ording to the Drug Enforcement Administration, 48% of meth lab busts in 1995 took place in Podunk towns and park systems, mostly out west. When discovered, the labs are a major waste removal hazard. One site required removing tons of soil and a quarter-ton of toxic chemicals, seven truckloads in all. Labs in operation for a long time can kill nearby trees and wildlife. If chemicals are dumped in rivers or streams, the damage can threaten nearby farms and communities. Quoting one law enforcement officer on the hazards associated with meth lab busts, "I would rather investigate a homicide than a meth lab."

PMA: Like Ecstasy, Only Deadlier

It may look like ecstasy, may give the same high as ecstasy, and may be sold as ecstasy, but it's not. It's paramethoxyamphetamine (PMA), an ecstasy knock-off that's making its way into the US after surfacing in Australia and Canada, according to the Drug and Alcohol Testing Industry Association. PMA gives users a hallucinogen-like, stimulant-like high, much like ecstasy. But PMA is weaker, which leads users to take more of it, sometimes fatally. In sufficient quantities, PMA raises body temperature. At 103 degrees, brain damage occurs. At 104, the body goes into a coma. At 106, internal organs shut down. PMA comes in a beige, white or pink powder. Research suggests that chronic PMA users develop a tolerance and that physical dependence is possible.

Insurer Offers Workplace Violence Insurance

Willful and intentional acts of violence are not covered by general liability policies. That's why Donald Cleveland, managing director of a department of Meadowbrook Insurance Group, developed "Violence Guard," an insurance product that helps cover employer expenses related to workplace violence. In addition to liability protection, Vi-

olence Guard covers business losses incurred during the police investigation and clean-up; a \$50,000 death and \$25,000 medical benefit for innocent third parties and employees; a \$100,000 crisis fund to cover post-incident psychological counseling, special investigations and media relations expenses; and a \$25,000 reward for information leading to the arrest and conviction of the responsible party. For information, reach Cleveland at 954-246-2203 or visit www.marketplaceresources.com.

Geocoding: Targeting Prevention and Intervention in the Workplace

Might there be a reason why illicit drug use is nearly two-and-a-half times more prevalent in southern states than in the northeast, or that rates of heavy alcohol use declined in all regions but the northeast between 1994 and 1997? A new method of scientific inquiry called geocoding may hold the answer. Geocoding correlates cultural, demographic and social factors to determine why alcohol and other drug use may be higher in some communities than others. With this information, prevention specialists and lawmakers can tailor their strategies to reduce the negative consequences of use in each area they serve. For example, geocoding correlated the availability of alcohol to single-vehicle nighttime crashes. With information gleaned from geocoding studies, EAPs that serve organizations that have locations in multiple states could tailor their workplace prevention and intervention efforts to each location. (National Institute on Alcohol Abuse and Alcoholism, *Alcohol Alert* No. 48)

An Unlikely Riverboat Gambling Problem

Study after study has linked gambling with bankruptcies, broken families, compulsive gambling, depression and suicide. Now, throw drunk driving into the mix. A study by the Louisiana Insurance Commissioner reveals that the highest rates of alcohol-impaired driv-

ing crashes takes place in parishes (the equivalent of counties in that state) that surround the state's riverboat casinos. It appears that some riverboat gamblers partake in too many free drinks and, without the option of walking back to a hotel room, get in their cars and drive home — or try to, at least. Join Together detailed the account of one gambler who, on the way home from a Louisiana riverboat casino, drove the wrong way on an interstate and killed three. The gambler survived, blowing a .259 at the scene. Similar accidents have been reported near riverboat casinos in Indiana, Illinois and Mississippi, three of the six states that have approved riverboat casinos (Iowa, Louisiana and Missouri are the other three). EAP professionals who serve clients in any of these states, or the states that border them, would be doing a service by educating workers about the problem.

No Traffic Light on Prevention

Steven Soderberg's "Traffic" is an excellent study of the problems associated with the nation's war on drugs. The movie weaves several storylines on the impact of illicit drugs on dealers, users, traffickers, law enforcement officers and the people who love them. One of the most telling scenes comes after the nation's newly appointed director of the National Office of Drug Control Policy, played by Michael Douglas, concludes a task force tour of border-patrol and interdiction installations near the Mexican border. On the plane ride home, surrounded by perhaps a dozen aids, he asks why addiction treatment isn't represented on the task force. No one has the answer, so he asks that someone from treatment be appointed to the team. But there's another omission: at no point in the movie, not once, is prevention identified as a key instrument in the national drug-control effort. It's an unfortunate omission to an otherwise brilliant production. ■

NOTABLY

According to "Mental Health: A Report of the Surgeon General," more than **28% of all adults have a diagnosable mental or substance abuse disorder**. However, 67% of these adults do not receive treatment in the first year of their illness due to time constraints, inconvenience or the stigma attached to their illness. (www.surgeongeneral.gov) ...**Adults with a probable depressive or anxiety disorder** are more likely to receive appropriate care if they first visit a mental health specialist, not a primary care provider (PCP). Of those who visited a PCP, only 19% received the right care compared to 90% of those who visited a mental health specialist. The study was conducted by West Los Angeles Veterans Healthcare Center researchers and involved telephone interviews with more than 1,600 adults. (*Archives of General Psychiatry, 2001; 58:55-61*)...A poll of seniors (average age, 74) found that **more than one-third turn to spiritual strategies to relieve stress**. Prayer topped the list (used by 84%) followed by meditation (32%), imagery (16%) and religious counseling (14%). Exercise, used by 70%, was the most preferred physical remedy. (University of Florida Health Science Center)...**Worthwhile reading:** "Drug Dependence, A Chronic Medical Illness" by Tom McLellan, PhD, David Lewis, MD, Charles O'Brien, MD, PhD, and Herbert Kleber, MD, from the October 4 *Journal of the American Medical Association*. The article describes many of the similarities between drug dependence and other diseases in an attempt

to dispel some of the bias and stigma attached to drug dependence. For example, while some 40% to 60% of drug-dependent individuals resume drug use within a year after treatment, these are still better percentages than diabetics, asthmatics and individuals with hypertension, less than 30% of whom adhere to dietary or behavioral recommendations that would prevent a reoccurrence of their disorder... Employers that **manage disability cases**, involve line supervisors in absence management and designate an internal absence manager have one-fourth the absence rate of companies that don't employ these three strategies (1.4% versus 5.3%) (Washington Business Group on Health/Watson Wyatt Worldwide)... For the second year in a row, benefits specialists report **rising healthcare costs** as their greatest concern while retirement issues top the list of employee concerns, according to an International Society of Certified Employee Benefit Specialists (ISCEBS) sponsored survey. Healthcare costs were a concern among 70% of benefits specialists. Among employees, most (71.1%) were concerned about evaluating their retirement investments (71.1%) and plans (67.9%) and other ways to save for retirement (58.6%). There was one bright spot for health-promotion-minded EAP professionals: more than half (53.6%) of the employees surveyed want more information about health risks and how to control them. (ISCEBS, 414-786-8771)... Last year, the US Department of Agriculture (USDA) revised its **US Dietary Guidelines**, a portion of which cov-

er alcohol consumption. Among the changes are a line that alcohol use increases the risk of breast cancer and a rewrite of the dubious claim that "drinking is associated with a lower risk for coronary heart disease in some individuals." That one line was exploited by the wine industry to fuel sales, but the research behind the claim was spurious (see *EAP Digest*, Summer 2000). For the complete guidelines, go to www.usda.gov/cnpp/Pubs/DG2000. The USDA issues new guidelines every five years... Interviews and case reviews reveal that **employees and dependents showed significant improvement** in the problems that led them to use the Minneapolis-based Ceridian's integrated EAP/work life service. Some 165 individuals who had used Ceridian's LifeSource program were used for the study. These individuals reported that their ability to manage work-related stress improved 42%; personal stress management improved 44%; work performance improved 33%; attendance improved 27%; and relationships with co-workers and supervisors improved 26% and 23% respectively. The research was conducted by graduate students at Baltimore's University of Maryland School of Social Work. (Amy Gage, 952-853-4147)... From interviews with current and former users, researchers at Toronto's Centre for Addiction and Mental Health identified the following **10 reasons why people discontinue problematic alcohol or other drug use** without the aid of treatment: health concerns; change in living situation; negative role models;

pressure/advice; intrapsychic change; did not like the effect; religion/spiritual reasons; finances/cost; and switched to something cheaper. The drugs used by respondents included alcohol, tobacco, marijuana and cocaine. (*Journal of Contemporary Drug Problems*)... In coming decades, **expect more people to be depressed and alcohol or other drug abusers**, say Case Western Reserve researchers who studied anxiety in children. Using anxiety test scores from children over several generations, researchers found that today's typical young person is likely to have a higher anxiety score than child psychiatric patients of the '50s. Because childhood anxiety is a marker for adult onset depression and substance abuse, the researchers warn that their findings may be evidence of an impending "Age of Anxiety." (American Psychological Association)... **Call it Techno-parenting or Parenting by Playstation**, but don't call it healthy, says the author of "The Superman Syndrome: Why the Information Age Threatens Your Future and What You Can Do About It" (1st-Books Library, San Luis Obispo, Calif.). Author Robert Kamm uses today's research on parents and young people to shed light on tomorrow's problems. For instance, most couples today work 246 hours more each year than parents a decade ago, which leaves many children alone for extended periods. An estimated 15 million children, many of them elementary-school aged, are left alone any given weekday. To make up for the gap — and the guilt — many parents buy their children the most current electronic games to bide their time. But this absence of authentic parenting has, among other things, led to a rise in the number of youth suicides, children taking antidepressant medica-

tions and young people turning to alcohol or other drugs. But just wait another 30 years, cautions Kamm. When these children become adults,

today's epidemic of introversion will lead to social cataclysm. (www.1stbooks.com).

A World of Stress



The International Labour Organization (ILO), the United Nation's agency concerned with working conditions and labor rights around the world, recently released a study on the impact of workplace stress in five countries: the US, Britain, Finland, Germany and Poland. Among their findings:

- By 2020, stress and mental disorders will replace road accidents, AIDS and violence as the primary cause of lost work days. In the US alone, work-related mental well-being problems are responsible for more than 200 million lost work days annually.
- Forty percent of workers complain their job is very or extremely stressful.
- Unrealistic deadlines, poor management and inadequate childcare options are the cause of most on-the-job stress.

Source: www.ilo.org

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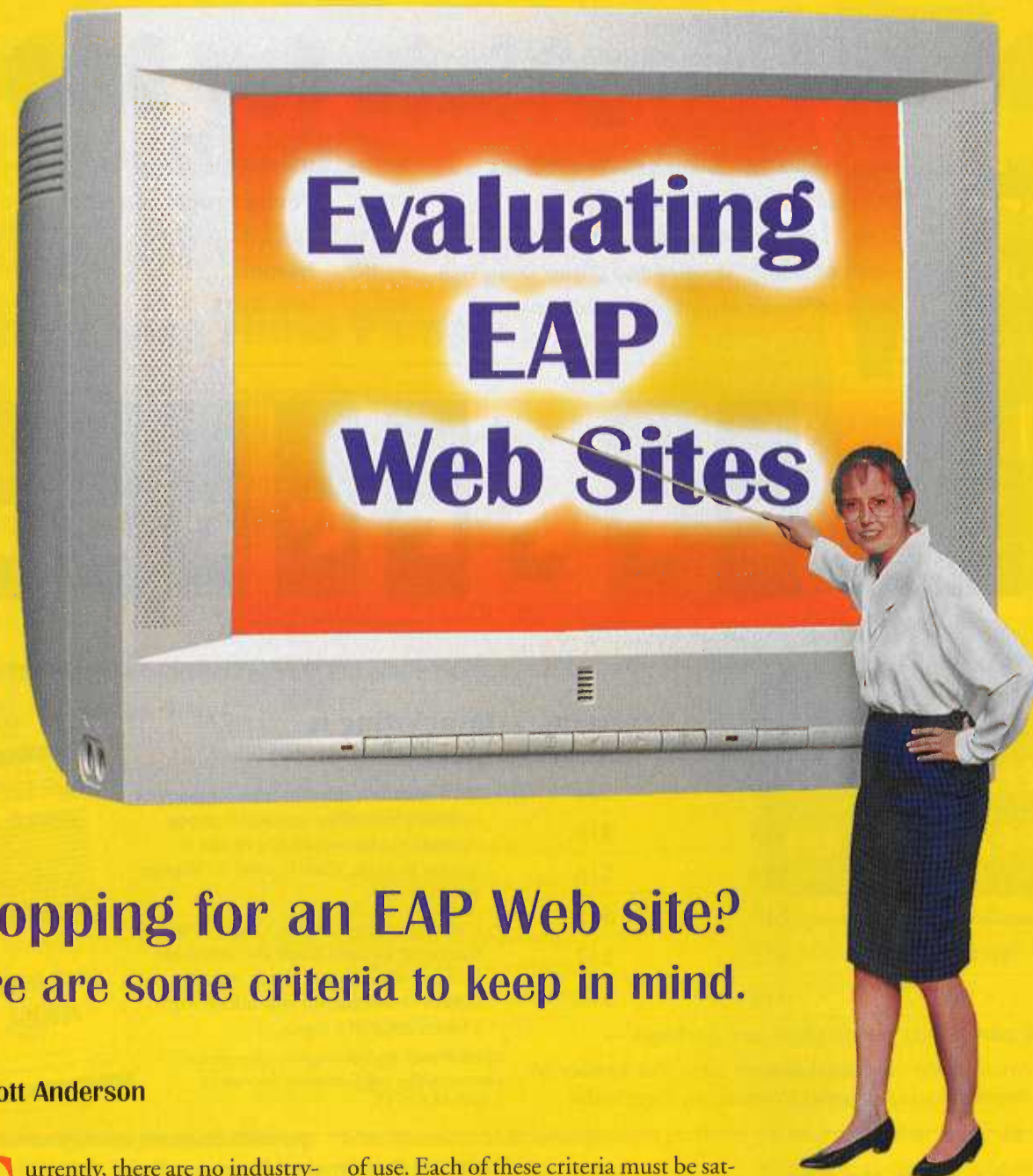
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Shopping for an EAP Web site? Here are some criteria to keep in mind.

By Scott Anderson

Currently, there are no industry-wide standards with which to judge a Web site. The medium is so new and the technology is moving so fast, it's like hitting a moving target.

So what makes for a good site? To answer this, Peter Morville, CEO of Argus and Associates, an Ann Arbor, Mich.-based Web consulting firm and co-author of the acclaimed "Information Architecture for the World Wide Web" (O'Reilly & Associates, 1998) turns to librarians. That's because beyond all the hype of the Internet as a revolutionary new medium, the basic ways in which people find and process information remain the same. That is, people still crave organization, functional design and ease

of use. Each of these criteria must be satisfied when evaluating an EAP Web site.

Organization

Organization is the key criterion for judging a site. Just like a library, a site should be structured so that new and veteran users alike can access the contents easily. How information on a site is organized is called "information architecture." How users access information as they click from broad categories to specific subcategories of information is called "information hierarchy."

The design of a table of contents on the home page affects navigation. Consider whether your route to information occurs alphabetically, geographically,

chronologically or topically. Each of these hierarchies is effective when used correctly, but there is widespread agreement that a top-down approach is the most user-friendly. For example, consider the following top-down approach, with categories and subcategories:

ANXIETY

Panic Disorder

- With Agoraphobia
- Without Agoraphobia

Phobias

- Specific phobia
- Social phobia

It's fine to use varying routes to the same information. But the hierarchy should not switch midway through. Each pathway should lead to a destination, not to more pathways. Ambiguous language and organization make it too difficult to navigate.

One Web master uses finding information about a tomato as an example. A tomato is a red or yellowish fruit with a juicy pulp, used as a vegetable, but it is classified botanically as a berry. This example brings up a host of classification issues. Should tomato be placed under fruit, berry, vegetable or all of the above? The answer is to try to find several pathways to the information. Consider whether the EAP site does this effectively.

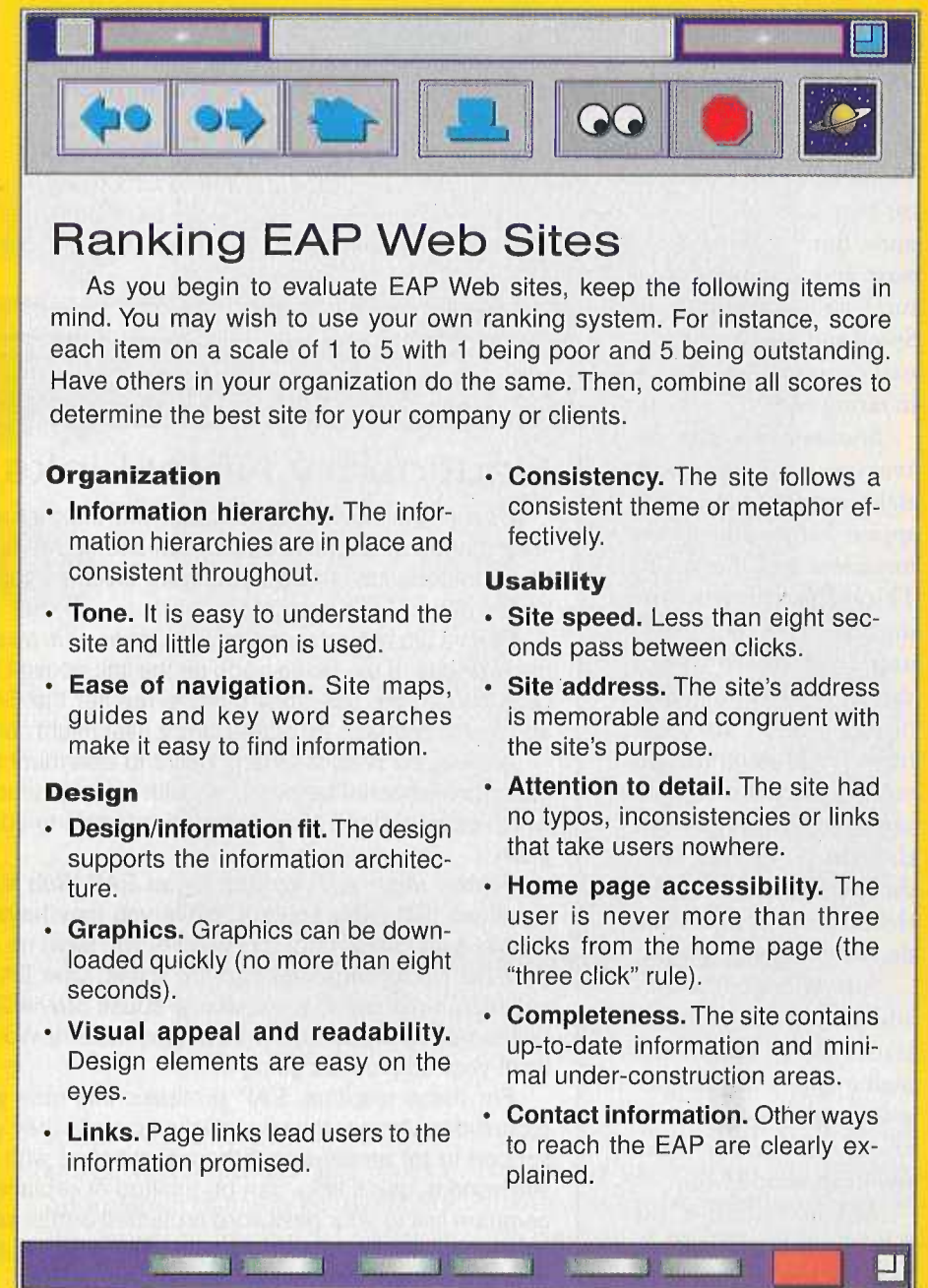
When evaluating a site, also consider the tone of its language and whether it relies too heavily on jargon or field-speak. It's generally assumed that the burden is on the site designer to communicate in the language of the user, not vice versa. This is especially critical for EAP sites, given the nature of EAP work. For example, sites that use too many *DSM* terms early in the hierarchy may be over the heads of most users. Consider a parent looking for solutions to a child's disruptive classroom behavior. Would the parent be more likely to click on "problems in school" or "conduct disorder"?

Another effective means of organization is the site map, a consideration closely linked with usability. Sites should have the "three click" rule. That is, it should never take more than three clicks to get back to the site's home page. Anything more has been proven to frustrate users to the point of causing them to exit the site. A site guided tour also helps convert first-time users into more frequent users and helps to improve a site's overall "stickiness" (a site's ability to keep and hold a user's attention).

Design

Design is often a subjective issue; what works for some people may not work for others. But effective sites share several characteristics. When critiquing design, take into account the following questions:

- Is the information hierarchy reinforced by the design so the user becomes increasingly familiar with



Ranking EAP Web Sites

As you begin to evaluate EAP Web sites, keep the following items in mind. You may wish to use your own ranking system. For instance, score each item on a scale of 1 to 5 with 1 being poor and 5 being outstanding. Have others in your organization do the same. Then, combine all scores to determine the best site for your company or clients.

Organization

- **Information hierarchy.** The information hierarchies are in place and consistent throughout.
- **Tone.** It is easy to understand the site and little jargon is used.
- **Ease of navigation.** Site maps, guides and key word searches make it easy to find information.

Design

- **Design/information fit.** The design supports the information architecture.
- **Graphics.** Graphics can be downloaded quickly (no more than eight seconds).
- **Visual appeal and readability.** Design elements are easy on the eyes.
- **Links.** Page links lead users to the information promised.

- **Consistency.** The site follows a consistent theme or metaphor effectively.

Usability

- **Site speed.** Less than eight seconds pass between clicks.
- **Site address.** The site's address is memorable and congruent with the site's purpose.
- **Attention to detail.** The site had no typos, inconsistencies or links that take users nowhere.
- **Home page accessibility.** The user is never more than three clicks from the home page (the "three click" rule).
- **Completeness.** The site contains up-to-date information and minimal under-construction areas.
- **Contact information.** Other ways to reach the EAP are clearly explained.

how content is organized?

- If a user needs specific information, is access fast and direct?
- Is the user overwhelmed with too much information? The goal is to help, not intimidate, the user.

A host of graphic design problems impede the usefulness of many Internet sites. One complaint centers on sites that use huge image files that take a long time to download. Most Web masters now bury heavy graphics inside the site or condense the graphic to a thumbnail that users can click on for a larger view.

Crowding is another problem. Pages

crowded with text, links, graphics and other components make it harder for users to find information. Moderation is the key. While many designers forget that white space is as important a component as anything else, pages of text without any visual relief are difficult on a viewer's eyes.

Also consider the background. Black type on a white or light background is best, not the other way around. The printed word in dark lettering is still the best representation of written language.

Finally, let your eyes be the judge. If a design feature doesn't work for you, it

probably isn't working for others.

Usability

Even if it's the best site in the world, if you can't navigate it, it's worthless. Think of a commercial sports car. The car may go from zero to 60 in 2.2 seconds, but if it doesn't have comfortable seats and ergonomic features, it's headed for scrap. Speed and usability are extremely important factors in rating sites.

Studies show that the average user waits just eight seconds for a link to appear before s/he grows impatient and moves on. This is especially true during the early stages in a user's experience with a site. As the user progresses further into the site's features, larger graphics and more detailed illustrations can be used that take more time to download. But those bells and whistles should be many layers into the site experience, if at all.

Also, consider the site's address. Does it make sense? Is it somewhat memorable? For example, www.eapweb.com is easier to remember than www.eap.web304.com.

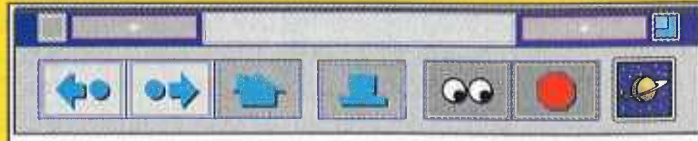
As you "test drive" the EAP site, make certain you get what you are told you'll be getting when you open a link. For instance, if a link reads "click here for definitions," that better be the case. Average users have to contend with enough bait-and-switch on the Web. It shouldn't be a part of their experience on an EAP site.

The site also should be current. Check articles, surveys and other items for a posting date. Materials posted in 1997 don't have the same appeal as articles posted in December 2000.

Also, note the attention to detail — or lack thereof. Does the site have typos, broken links, out-of-date content or any

other problems that hamper the experience? The presence of any one of these compromises the integrity of the entire site.

You should easily be able to navigate the site without having to refer to a history folder. Sites should have built-in "home" and "back" links. A site also



Cautionary Note: Links

One of the obvious benefits of the Internet are the links that allow users to travel from site to site for additional information. But do you want links on your EAP Web site?

From a usability standpoint, links take users away from the EAP site. If the home page on the link doesn't have a back button, the user may have to reenter the EAP site address to get back, an added step a user might not make.

Also, some links may take users to treatment providers or professional associations with referral directories, which could reduce the number of referrals to your program.

Finally, when you contract for an EAP Web site, you purchase that site's content. While you may have some control over the content on that site, you have no control over the content that appears on a link. One EAP Web site featured a link to a substance abuse prevention site sponsored by the alcoholic-beverage industry. Would you want your employees going there?

For these reasons, EAP professionals may want to reconsider whether they want links on a site they've subscribed to for employees. When negotiating with a Web site vendor, ask if links can be omitted or replaced by a common link to your password protected e-mail address. It's the only way to ensure that the content you subscribe to is the content employees get.

— Brent Chartier, editor, EAP Digest

should have an effective search function, through key words, subject categories (such as "depression update" or "news for women") or other options.

You should also click on every link possible. Areas that are "under construction" or otherwise unavailable may point to a site that is "all home page and no go." If a user constantly hits these roadblocks, frustration can easily start to mount.

The site should have easily accessible links to application software that enables download. For example, if Acrobat Reader is needed to download a self-assessment, links to retrieve that software should be there.

Each site also may have an e-mail link to the Web master or a main contact for content-related questions. Drop this person an e-mail and see how long it takes before you receive a response. The response time is an indication of this Web vendor's commitment to its customers.

Finally, many sites now tailor their content through the use of architectures designed to support multiple audience profiles or through technologies that allow users to "design" their own site based on their personal interests. These sites demonstrate that their designers know their users aren't all the same. This is a user-sensitive function to seriously consider.

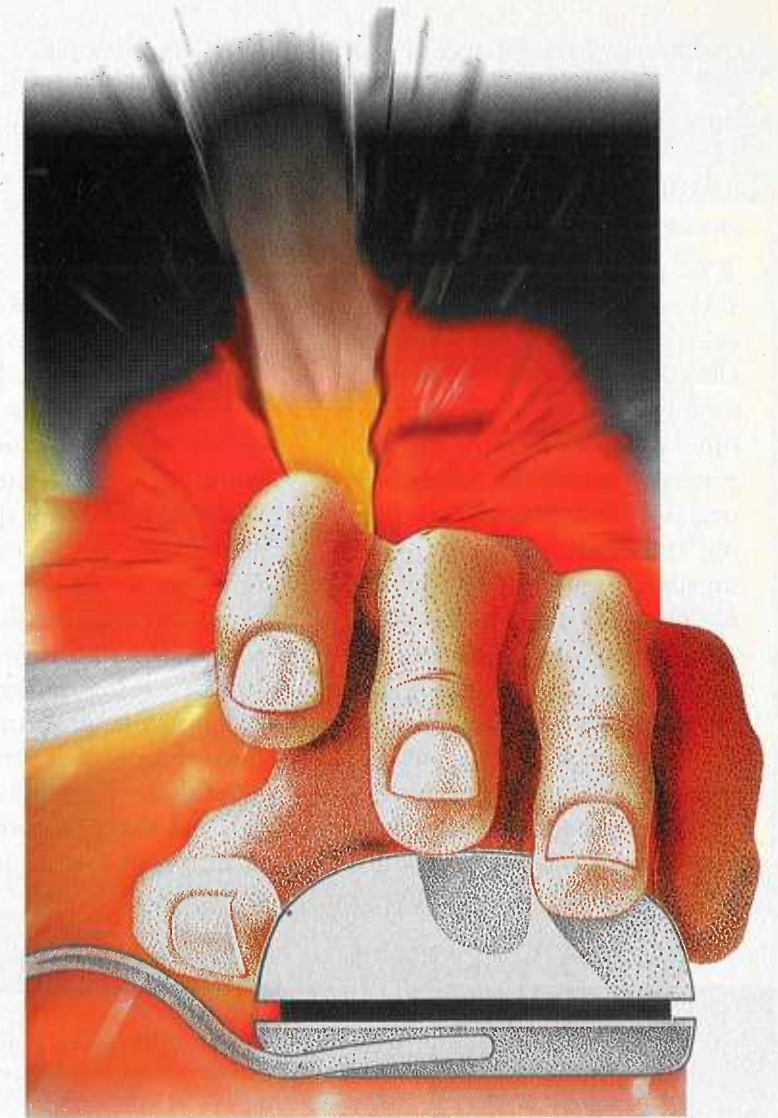
The conclusion: It's yours to decide

Choosing what works and what doesn't work on the Internet isn't a job for a 16-year-old or a tieless information technology junkie. It's up to everyday Internet users and consumers to make up their own minds about what makes for an effective site.

As you browse the Internet, pay attention to site devices and layouts that appeal to you, being mindful of the site's ultimate users — employees. Generally, the rules of organization, design and usability have been tried and tested — even in the fast-paced world of the Internet. But these rules only serve as a guide. The opinion that matters most, of course, is yours.

Scott Anderson is technology writer for *The Ann Arbor News, Ann Arbor, Mich.* ■

Choosing the Best Site



By Dan McCarthy, PhD

(Editor's note: Most EAP Web sites are provided as a service through an EAP vendor. If a prospective EAP vendor offers a Web-based EAP component, Dan McCarthy, PhD, senior vice president of e-health implementation for Magellan Behavioral Health, recommends asking the following questions to ensure you get the best site for your company and its employees.)

Privacy

- *Is the site's privacy policy evident?* Sites that post this policy may do so under a "Click here for privacy policy" link on the home page.
- *What security procedures are in place to protect visitor confidentiality?* Despite occasional news reports of hackers having infiltrated seemingly failsafe Internet sites, there are

steps Web managers can take to ensure visitor privacy and protect information that may be shared. As the answer to this crucial question may include lots of computer jargon, consider bringing along someone from the MIS department or ask for a print-out of the site's security procedures so that you may share it with MIS staff for their comments later.

Ethical issues

- *Does the site resell information obtained from its visitors, such as visitor e-mail addresses?* No EAP Web site should resell information it obtains from visitors. If a site does, it could risk violating privacy rights related to medical records. The rule of thumb is to treat information a

visitor shares on an EAP Web site with the same respect for confidentiality as the information shared in a counseling session.

- *Has the site been accredited and by whom?* EAPs with Web-based services want these services to be seen as credible. Also, consumers want assurances that a site offers accurate and reliable information. To meet the needs of both groups, several organizations have begun accrediting online health-related information sites to ensure that these sites employ best practices with respect to industry norms and ethical considerations. Before meeting with the vendor, it will pay to learn about these accreditations, specifically, which groups offer them, which ac-

creditations have the most respect and the standards the accrediting authority uses when reviewing a site. Then, ask if the site holds such an accreditation or if the vendor in the process of being accredited.

- *What is the site's revenue model?* An EAP site typically works under the subscription model and access is included in the payment made for the total EAP. However, there are four other ways in which the site could generate revenue: by selling products and "click throughs"; by showing banner advertisements; by selling space for product logos or product placement; and by having another organization sponsor a section or page. These revenue models are acceptable if they offer convenient solutions and are consistent with the EAP. If, however, the products or services being sold are inconsistent, it could be viewed as "double dipping" and may conflict

with your overarching philosophy. Remember, the EAP site you chose is a reflection of your organization's values.

- *Should the site disclose its relationship with sponsors?* More than likely, an EAP Web site won't feature advertisements. It may, however, have subtle sponsorships that should be disclosed to the purchaser and all visitors. Here is an example of how a sponsorship might work: An area of a site devoted to smoking cessation is sponsored by a pharmaceutical company that produces a nicotine replacement product. Under condition of sponsorship, the information offered on smoking cessation places particular emphasis on nicotine replacement therapy as an effective method of quitting. Although this is legal, and may even offer good advice, a good site will fully disclose such sponsorships.

Content and customization

- *Can the site be personalized for your employees?* Personalization allows the site to be more friendly and interactive. A site that is personalized may rotate or push content to a user based on demographics such as age, gender or expressed interests. While personalization is usually a good thing, it can make users of an EAP site uncomfortable. The user may feel that his/her anonymity could be compromised if the site asks for too much personal information about him/her. To solve this problem, personalized features should be offered as an option, but not required to navigate the site.
- *Can the employer customize the content for employees?* Some EAP Web sites offer a standard "one size fits all" approach. Better sites allow you the opportunity to enable or disable features according to your organization's culture and philosophy. Some may even offer space where you can post company specific information on health fairs, benefit meetings and other programs and services relevant to the EAP and the workplace.
- *Is self-service available?* The Internet has become a useful resource for consumers seeking healthcare information and services, and an EAP Web site should offer that same convenience. Ask if a visitor can arrange to speak with an EAP professional via e-mail or face-to-face. Also ask if the site has a "provider locator" feature whereby visitors can evaluate, select and make appointments with local providers for such services as legal or financial assistance, child care or behavioral healthcare services.

Dan McCarthy, PhD, oversees Magellan Behavioral Health's EAP Web site, MagellanAssist. For information on MagellanAssist, call 1-800-458-2740, ext. 1250.

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Drug Testing Controversy



Validity Test RESULTS

- Diluted
- Substituted
- Adulterated



HHS orders the cancellation of as many as 300 validity tests due to clarification in reporting requirements.

by Brent Chartier

On the eve of releasing its first overhaul of drug testing guidelines since 1991 (see sidebar), the US Department of Transportation (DOT) issued an order canceling the results of as many as 300 validity tests conducted at 40 labs. The cancellation order followed a US Department of Health and Human Services (HHS) special investigation into practices at each of the nation's 76 labs certified to test for DOT-regulated industries.

The cancellation order came about due to a clarification in the ways labs were to report the results of their validity tests to Medical Review Officers (MROs). However, the 300 individuals whose urine samples were ruled "substituted" between September 1998 and at least July 1999 were still subjected to disciplinary action by their employers. For many of these individuals, that discipline may have included dismissal.

Validity testing on the hot seat

The problem arose last September when five Delta Airline employees – four flight attendants and one pilot – were removed from their jobs after Delta's contracting lab reported that each had provided a "substituted" sample. A substituted sample is one in which the employee has provided a sample of something other than human urine, pre-

Highlights of the New DOT Drug and Alcohol Testing Procedures



The US Department of Transportation (DOT) issued its revised rule governing drug and alcohol testing procedures (49 CFR Part 40) last December. The following are some of the key provisions of the new rule, which go into effect August 1 for companies with DOT-covered employees.

Validity testing. Medical review officer (MRO) review of substitution and adulteration test results and split specimen testing for these results took effect January 18, 2001. Validity testing will become mandatory August 1, 2001, for all specimens, based on amendments to the US Department of Health and Human Services (HHS) Mandatory Guidelines that are expected to be issued by that time.

Stand-down. Temporarily removing employees from safety-sensitive duties after a confirmed positive, adulterated or substituted laboratory test result, but before the MRO has verified the result (stand-down) is generally prohibited. However, employers can request a waiver permitting stand-down. Waiver requests must include a written stand-down policy providing, among other things, for confidentiality of information about the test, paying workers during the stand-down period and expunging records of the confirmed test result if the test is verified negative or cancelled.

Role of consortial/third-party administrators (C/TPAs). With some exceptions (e.g., transmission of medical information from MROs to employers, transmission of substance abuse professional [SAP] reports to employers), employers may choose to have drug test results and other information transmitted to them via a C/TPA or directly from the MRO or other person who generates the information. C/TPAs are not "employers" for purposes of the rule and, except with respect to self-employed individuals like owner-operators, cannot play the "designated employer representative" role for employers.

Public interest exclusions (PIE). The final rule includes a PIE mechanism designed to protect the public from the effects of serious noncompliance by service agents. A service agent who engages in serious misconduct could be excluded from participating in DOT-required drug and alcohol testing for a period of time. In response to comments, the final rule's PIE provision lists examples of non-compliance that could subject a service agent to a PIE proceeding and provides extensive administrative due process to ensure fairness. The PIE provision went into effect January 18, 2001.

Training. Part 40 includes enhanced training requirements for collectors, breath alcohol technicians (BATs), screening test technicians (STTs), MROs and SAPs. This includes initial ("qualification") training, refresher training every five years for collectors, BATs and STTs; continuing education for MROs and SAPs; and, "error correction training" for collectors, STTs and BATs following a mistake that results in a test being cancelled.

SAPs and the return-to-duty process. All positive tests and refusals to test will have a consequence. SAPs must require education or treatment in all such cases. The return-to-duty process is mandatory following any violation of the rules, including a positive on a pre-employment test. The number of follow-up tests remains the same as under current rules: a minimum of six tests in the first 12 months following return to duty. Employers may, but are not required to, monitor aftercare for employees who have returned to work following a violation. Return-to-duty process and follow-up testing requirements continue to apply even if workers change jobs or have a break in service.

Collection process. All collections will be split specimen collections. A collection under direct observation will be required following a situation in which a test is cancelled because the split specimen was unavailable, but not following a negative dilute test result. Otherwise, direct observation testing is the same as under the current rule. An employee's decision not to drink fluids in a "shy bladder" situation will not be regarded as a refusal to test. Collectors will not require employees to remove boots, but will require employees to display the contents of their pockets.

Other issues. Employers will be required to obtain, from an applicant's previous employers over the past two years, drug and alcohol testing information. The new rule takes steps to authorize greater use of electronic means of transmitting and storing data. The new rule mandates use of new, clearer drug and alcohol testing forms, as well as a standard urine collection kit.

sumably in an attempt to test negative for drugs. A substituted test is considered a "refusal to test" and is grounds for dismissal in many companies. Also, under guidelines issued in 1998, employees who submitted a substituted sample had no rights to appeal; although a split sample was taken from the employee, if one sample was ruled substituted, the employee could not request a test of the second sample. In contrast, an employee who tests positive for drugs can request that the second sample be tested at a lab of his/her choosing.

The test to determine whether a sample has been substituted is called "validity testing." Prior to 1998, labs could conduct validity tests, but the practice was not regulated. The growing problem of substituted samples led DOT to issue rules allowing labs to voluntarily conduct validity tests.

However, as a certified employ-

ee, it was within the Delta pilot's purview to conduct an independent investigation of Delta's contracting lab. That investigation, which was conducted with the aid of the Delta Air Line Pilots Association (DALPA), concluded that the lab was improperly reporting its validity tests.

The DALPA investigation found other irregularities with Delta's contracting lab, leading the Federal Aviation Administration to settle with the pilot. It also led HHS to cancel the test results of all five Delta employees and to audit procedures at each of the 76 certified labs. As a result of that investigation, HHS ordered the results of some 300 validity tests cancelled and asked employers to notify the employees and "take any appropriate personnel action." (Refer to the *Federal Register* for Dec. 19, 2000, page 79481-79482 for more information on the HHS investigation of certified labs.)

Controversy over reporting requirements and creatinine levels

The validity test controversy centers on two issues, how labs were required to report their validity test findings and the science that goes into determining what constitutes a valid sample of human urine.

The validity test guidelines issued by HHS in September 1998 stated that a validity test must measure creatinine, a waste product formed by a substance called "creatinine," which is found in muscle tissue. Under these guidelines, a urine sample with a creatinine concentration greater than 5 milligrams per deciliter would pass the validity test. If the concentration was 5 mg./dL or lower, it would fail, whereupon a lab would need to conduct another test called specific gravity. A sample that failed both tests would be ruled substituted.

John McCarty, executive vice president and chief financial officer for Lenexa, Kan.-based LabOne, one of the nation's largest drug testing labs, says labs that voluntarily chose to conduct validity tests under the September 1998 guidelines were only required to report creatinine levels in whole numbers. However, in July 1999, HHS issued a clarification that required labs to report creatinine levels to the nearest decimal. As such, samples that registered creatinine concentrations of 5.1 or 5.4 under the 1998 guidelines would fail a validity test because each sample would register a 5. Under the 1999 guidelines, however, these same samples would pass a validity test. The HHS special investigation that followed the problems at Delta found that 40 of the 76 certified labs had been reporting creatinine results in whole numbers at least between September 1998 and July 1999. In defense of the practice, however, McCarty says labs "were just doing what we were told."

Whether 5 mg./dL is an appropriate benchmark for a substituted test is

also subject to debate.

Critics believe HHS used a relatively small, mostly male sample when it set the creatinine concentration threshold for validity tests. HHS says it arrived at the 5 mg./dL figure after reviewing 47 studies. However, the Air Line Pilots Association (ALPA) says only three of the studies used both a creatinine and specific gravity test to determine the appropriateness of validity testing. What's more, of the 18 subjects represented in these three studies, only three subjects were female, a fact that doesn't sit well with the Association of Flight Attendants (AFA).

Heather Healy, director of AFA's EAP, says three female subjects is hardly a representative sample. She also says research suggests creatinine levels differ between men and women. Until appropriate creatinine levels for both genders can be established, she says every test ruled substituted should be suspect.

The founder and chair of the American Association of Medical Review Officers, Ted Schults, also takes issue with the 5 mg./dL creatinine figure. According to ALPA, he told attendees at a Substance Abuse Program Administrators Association conference last year that several medical conditions can lower creatinine concentrations, including sickle cell anemia, kidney disease, diabetes and hypertension.

DOT stands by the 5 mg./dL creatinine figure developed by HSS, however. From the Dec. 19th *Federal Register*, which reports on all matters of federal law, "nothing suggests that there is anything wrong with the criteria and methods for validity testing."

Regardless, under the new drug testing guidelines that take effect August 1, an MRO must review all substituted specimens and validity testing will become mandatory. Split specimen sampling for validity tests became mandatory earlier this year. ■

Chartier is the magazine's editor.

Furthermore

Resources for today's EAP professional

■ The folks at American Business Publishing (ABP) have done it again, releasing their second edition of "The Employee Assistance Program Management Yearbook." The all-new edition features information on benchmarking, on-line resources, screening tools, tips for vendor selection and much more. It sells for \$189 (S&H extra) through ABP at 1-800-516-4343 or visit www.healthresourcesonline.com.

■ The National Council on Alcoholism and Drug Dependence (NCADD) Web site — www.ncadd.org — features links to nearly 100 local affiliates, a facts section for the most current information on addiction and its treatment, an area where visitors can have their questions answered by NCADD's medical/scientific committee, and much more.

■ Claudia Black, PhD, has written a new relapse-prevention workbook for those in recovery. "A Hole in the Sidewalk: The Recovering Person's Guide to Relapse Prevention," sells for \$16.95 through The Meadows Institute (1-800-632-3697), the Wickenburg, Ariz., treatment center where Black is a senior fellow. The workbook includes sections on overconfidence, resentments, relationships, anger and priorities.

■ "Emerging Trends for EAPs in the 21st Century," published last year by Haworth Press, received a stunning review from *EAP Digest* reader and Arizona State University Professor of Human Health, William Mermis, PhD. "[The book's editor] Dr. Nan Van Den Bergh and her colleagues have written an excellent book [on the] major challenges, emerging trends and future directions for EAPs." Softcover price is \$24.95 (\$5 for S&H). To order, call 1-800-342-9678 or visit www.haworthpressinc.com.

■ The *Wellness Program Management Advisor*, a monthly newsletter published by American Business Publishing, features success stories, relevant how-tos and unique ideas for promoting wellness at work. New subscribers are eligible for the annual introductory subscription price of \$187, \$50 off the regular price. Order by calling 1-800-516-4343 or visit www.wellnessjunction.com and follow the links.

■ St. Louis-based The Benfield Group consults with employers who are developing online health promotion efforts. The Group's Web site, www.ehealthmanagement.com, provides a wealth of information to help employers determine what services they may need, what vendors are available and how electronic health promotion can be folded into bricks-and-mortar services. Visit the site or call Chuck Reynolds at 1-800-883-9665, ext. 106.

■ James Fearing's "Workplace Intervention: The Bottom Line on Helping Addicted Employees Become Productive Again" is available from the Hazelden Foundation. The 208-page book sells for \$14 and features a new workplace intervention technique, a resource guide and more. Call 1-800-328-9000 or visit www.hazelden.org for ordering information.

■ Tampa, Fla.-based Marketdata Enterprises has released a comprehensive analysis of the state of the addiction treatment field today. "The Drug & Alcohol Treatment Centers Industry: A Market Research Analysis (3rd. ed.)" features 148 pages of analysis and forecasts through 2004. The survey costs \$1,495, but sections can be purchased for between \$12 and \$20 a page. For information, call 813-931-3900 or visit www.mkt-data-ent.com. ■

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