

OSAP PREVENTION RESOURCE GUIDE

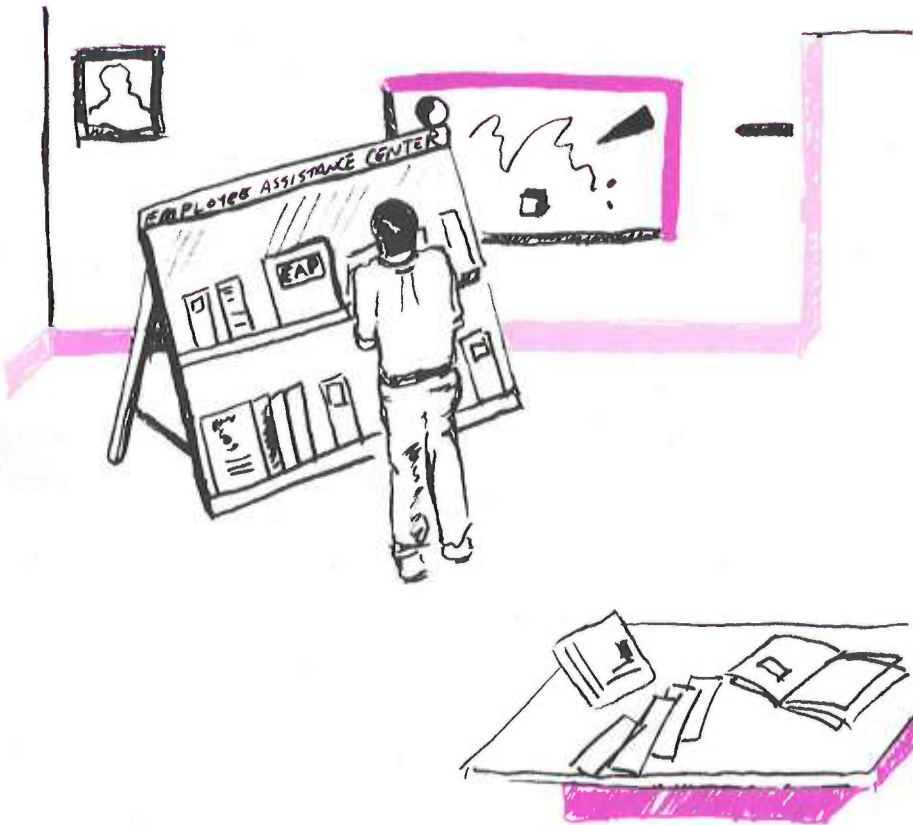
Drug-Free by the Year 2000

EMPLOYEE ASSISTANCE PROGRAMS

July 1992

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This OSAP Prevention Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. This Guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in updated editions, please write to the **OSAP's National Clearinghouse for Alcohol and Drug Information (ONCADI), P.O. Box 2345, Rockville, MD 20847.** The listing of materials or programs in this Resource Guide does not constitute or imply endorsement by the Office for Substance Abuse Prevention, the Public Health Service, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Prevention Materials for Employee Assistance Programs

EAP Manual: An Informational Guide to Implementing and Maintaining an Employee Assistance Program in the Workplace

Pontius, P. Y.

Organization: Business Council of New York State, Inc.
Sponsor/Endorser: New York State Division of Alcoholism and Alcohol Abuse
Format: Booklet
Length: 23 Pages
Context: Stands Alone
Topic: Alcohol/Drugs and Intervention/Treatment
Mode of Delivery: Self-Instructional
Target Audience: Policymakers/Administrators and Employers
Readability: Average
Availability: Business Council of New York State, Inc., 152 Washington Avenue, Albany, NY 12210; 518-465-7511

Describes the reasons for having an EAP and how to start one. Offers different models of EAPs and results of studies of program (and cost) effectiveness. Sample contracts and policy statements are provided.

EAP Manual: A Step-by-Step Guide on Implementation and Maintenance of a Chamber of Commerce or Business Association Employee Assistance Program

Pontius, P. Y.

Organization: Business Council of New York State, Inc.
Sponsor/Endorser: New York State Division of Alcoholism and Alcohol Abuse
Format: Booklet
Length: 24 Pages
Context: Stands Alone
Topic: Alcohol/Drugs and Intervention/Treatment
Mode of Delivery: Self-Instructional
Target Audience: Policymakers/Administrators and Employers
Readability: Average
Availability: Business Council of New York State, Inc., 152 Washington Avenue, Albany, NY 12210; 518-465-7511

Includes a definition of EAPs with three comparative models. Justifies the role of EAPs and how they benefit a chamber/business association. Suggests where to go for additional help and lists New York State resources.

New York State AFL-CIO Starting an Employee Assistance Program: A Guide for Unions and Councils

Winick, C.

Organization: NYS - AFL-CIO, Community Services Department

Publication Date: 1986

Format: Booklet

Length: 22 Pages

Context: Stands Alone

Topic: Alcohol/Drugs and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Employers and Labor/Trade Unions

Readability: Average

Availability: NYS - AFL-CIO, Community Services Department, Attn. Donald Skaarup, Director of EAP Services, 100 South Swan Street, Albany, NY 12210; 518-436-8516

Describes an EAP from conception through its final stages of evaluation by the employer. Provides approaches for handling employee problems and the role of assessments and referrals. Resources and support lists are also provided.

Employee Assistance: Policies and Programs

Milgram, G.G. (Ed.), and McCrady, B.S.

Organization: Rutgers - The State University of New Jersey, Center for Alcohol Studies

Publication Date: 1986

Format: Booklet

Length: 17 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Employers

Readability: Average

Availability: Rutgers - The State University of New Jersey, Center for Alcohol Studies, New Brunswick, NJ; 201-932-2190

Provides an overview of an employee assistance program. The EAP is defined, a history of EAPs is provided and details on how to structure an EAP are presented. References and additional readings are offered.

Employee Assistance Programs: A Manual for the Development and Implementation of Public-Sector EAPs

Organization: Central New York Coalition for EAPs

Sponsor/Endorser: New York State Division of Alcoholism and Alcohol Abuse

Format: Booklet

Length: 18 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Policymakers/ Administrators and Other

Readability: Average

Availability: Central New York Coalition for EAPs, City Office Building, 600 S. State Street, Room 105, Syracuse, NY 13202

Outlines how an EAP works and the history of EAPs as well as the differences between public and private-sector EAPs. Benefits, implementation, and evaluation are also included. Examples of effects of EAPs are provided.

Children of Alcoholics on the Job

Woodside, M.

Organization: Children of Alcoholics Foundation, Inc.

Year: 1986

Format: Booklet

Length: 16 Pages

Context: Stands Alone

Topic: Alcohol, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: A/D Prevention Professionals, A/D Treatment Professionals,

Setting: Worksite

Readability: Average

Availability: Children of Alcoholics Foundation, Inc., 200 Park Avenue, 31st Floor, New York, NY 10166; Payment Required—\$5

This is the first publication written especially for corporations and employee assistance programs about children of alcoholics in the workplace. It gives practical suggestions to reduce corporate health care and other costs.

The McGruffletter

Organization: National Crime Prevention Council, 1700 K Street, NW, 2nd Floor, Washington, DC 20006, Contact: Richard Kujawinski

Sponsor/Endorser: Office of Civil Prevention Programs

Format: Newsletter

Length: 8 Pages

Context: Stands Alone

Topic: Alcohol/Drugs

Mode of Delivery: Self-Instructional

Target Audience: Parents

Setting: Home

Readability: Easy

Availability: Essential Services Production, Inc., P.O. Box 2064, Princeton, NJ 08543-2064, produces the newsletter and handles distribution and production.

The publication is directed toward parents and covers a number of issues involving employee assistance programs and community efforts in preventing alcohol and other drug use.

Drug Abuse in the Workplace: Videotape Series

Organization: National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857

Year: 1989

Format: VHS Video

Length: 24 Minutes

Context: Part of a Program

Topic: Drugs and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Employees, Employers, and Policymakers/Administrators

Setting: Worksite

Availability: OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 1-800-729-6686; \$8.50 cost recovery fee.

This four-part videotape series addresses drugs in the workplace. *Drugs at Work* explains how drug use affects individuals and their performance in the workplace. *Getting Help* describes a series of responses to an employee with drug and/or alcohol problems and how an EAP can be used to help. *Drug Testing: Handle with Care* explains how a urine drug testing program can be incorporated into a drug-free workplace program. *Finding Solutions* describes how community involvement in drug-free workplaces can be beneficial. The videotapes all come with employee and employer Facilitator's Guides.

NIDA's Drug-Free Workplace Helpline

Organization: Press Office, National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857

Year: 1990

Format: Article

Length: 2 Pages

Context: Stands Alone

Topic: Alcohol/Drugs and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Employers and Policymakers/Administrators

Setting: Worksite

Availability: OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 1-800-729-6686

This flyer describes NIDA's drug-free workplace Helpline system, what it can do for organizations, what kinds of calls have been received so far, and how organizations learn about the Helpline.

Drug Abuse Curriculum for Employee Assistance Program Professionals

Organization: Office of Workplace Initiatives, National Institute on Drug Abuse, Rockville, MD 20847-2345

Year: 1989

Format: Manual

Length: 520 Pages

Context: Stands Alone

Topic: EAP-related drug abuse curriculum

Mode of Delivery: Self-Instructional

Target Audience: EAP Practitioners

Availability: OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 1-800-729-6686

This curriculum is designed to help employee assistance program (EAP) professionals in understanding and addressing employee drug abuse problems. The purpose of the curriculum is to upgrade the knowledge and skills of EAP staff regarding the role of the EAP in the identification, referral, and treatment of individuals evidencing problems associated with the use of drugs, and in the use of organizational initiatives for prevention, education, and training regarding drug abuse. Topics covered include the role of the workplace and the EAP in dealing with drug abuse, pharmacology of abused drugs, organizational implications, supervisor training, problem assessment, and case management.

Studies, Articles, & Reports on Employee Assistance Programs

Government Publications and Journals

Joining Forces to Assist Troubled Workers

Trice, H.M.; Beyer, J.M.; and Evans, B.L.

EAP Digest 8(6):26,69-70, 1988.

This article discusses the inception and development of the employee assistance program (EAP). It was begun to motivate workers with alcohol problems to improve performance rather than risk losing their jobs. EAPs have progressed from being informal arrangements between physicians and members of Alcoholics Anonymous (AA) to being considered an integral element in identifying and treating alcoholics. Some EAPs are sponsored by unions; others, by management. Joint EAPs, in which unions and management work together, are considered better than either of the preceding two types for several reasons: (1) Joint efforts are believed to be more effective in motivating workers' acceptance; (2) union representatives are perceived as more sensitive than management to alcohol abuse and other employee problems; (3) joint committee activities increase EAP visibility; and (4) informal communications

between management and unions enable more flexibility and better cost and procedure monitoring. 6 Ref.

How Alcoholic Employees Can Get Help

Brooks, B.

Indiana Medicine 80(11):1102-1104, 1987.

(Reprints available from Koala Centers,
11350 N. Meridian Street, Suite 330,
Carmel, IN 46032.)

The organization, methods, and effectiveness of employee assistance programs (EAPs) are discussed. While early EAPs emphasized the late stages of the disease of alcoholism, many of those in place today consider other health and behavioral problems, family members, and deteriorating job performance. By 1980, approximately 10 million employees were covered by EAPs. A clearly written policy for all EAPs should be required. Once the policies have been developed, case-handling procedures should be established. Most companies will insist that involvement in the EAP be kept separate from personnel records and that participation in an EAP should not affect promotions or raises. However, participation in an EAP should not protect an employee from disciplinary action if job performance is unsatisfactory. Recovery rates for EAPs have gone as high as 60 to 80

percent; savings on sick pay have reached as much as \$2 million a year. For many employees, an EAP may be the last hope for recovery. Information and hotline telephone numbers are provided.

Key to Designing a Successful EAP

Balzer, W.K., and Pargament, K.I.

EAP Digest 8(2):55-59, 1988.

Components of a needs assessment for an employee assistance program (EAP) are described. It is suggested that an EAP needs assessment is necessary, not only from the financial perspective but also from the perspective of providing properly integrated counseling services to employees and their families. The needs assessment will provide useful, systematically collected information for choosing the most appropriate EAP services and delivery systems to meet particular employee needs. The components of the needs assessment might include: company sources (employees, supervisors, union representatives, management), community sources (mental health, financial, legal, and drug rehabilitation counselors), direct and indirect sources (surveys, interviews, personnel and organizational records). These components should address both employee and company concerns (mental health, drug and alcohol dependence, personal problems, job satisfaction and performance). It is suggested that the savings resulting from a well-designed EAP will offset expenses incurred by the needs assessment.

EAP Guidebook to Building New Thinking Skills

Appelgate, G.; Hamlin, R.; and Rudd, F.

ALMACAN 18(4):16-20, 1988.

Employee assistance programs (EAPs) and a Skill Development Model for use with EAPs are discussed. EAPs affect individuals and entire organizations. By learning and teaching a re-thinking process, members of EAPs are able to achieve a higher recovery rate when working with substance abuse and emotional disorders. EAPs in southern California, using the Skill Development Model have achieved a recovery rate of over 85 percent. The process initially trains EAP professionals to become Master Teachers, who then assist in the training process for a larger group, the Certified Resources. The larger group, which may comprise 10 percent of the workforce, then assists in presenting Skill Development to the entire workforce. The emphasis is on using the skills on the floor in the every-day processes of working together and the final step may take 4 to 6 months to complete. The presentation to the entire workforce in a 2-day workshop is the beginning of a cultural change that will take place over the following year, as the role modeling, coaching, and teaching by the Master Teachers and resource staff become effective in defining the choices people can make, in rethinking strategies that can change out of control to in control and negative stress to opportunity.

Getting the Most from the Self-Help Network

Eisman, C.

ALMACAN 18(4):24-27, 1988.

The effectiveness of self-help groups is discussed. There is evidence that participation in self-help support groups may be linked to an improvement in symptoms of physical and mental illness. In addition to Alcoholics Anonymous and other groups for alcoholism and drug abuse, there are self-help groups available to help with death, divorce, physical abuse, parenting difficulties, psychological issues, overeating, and even sex addiction and overspending. The self-help group is a coming together of people to share a common problem and exchange emotional support and practical information. The primary source of help is the members themselves. The link between employee assistance programs (EAPs) and workplace self-help groups can be very effective. The major concerns of self-help groups in the workplace are confidentiality, sensitivity to employee's concerns, and assuring that employee participation is not reflected on employment records. It is noted that on-site self-help groups have worked in some locations and not in others. It is suggested that self-help groups can help reduce use of professional services and can develop independence and self-direction.

Employee Assistance Programs: A Primer for Buyer and Seller

Dixon, K.

Hospital and Community Psychiatry
39(6):623-627, 1988.

(Reprints available from Dr. Keith Dixon,
Vista Hill Foundation, Suite 100, 3420
Camino del Rio North, San Diego, CA
92108.)

Criteria are provided for evaluation of the following aspects of employee assistance programs (EAPs): policy development, employee orientation, supervisor training, availability during nonbusiness hours, assessment and diagnostic services, crisis counseling, referral, quality assurance, program evaluation, and cost. Many larger corporations as well as smaller companies now sponsor or contract with groups of mental health professionals to provide EAPs. These programs deal with psychiatric disorders, alcohol and drug addiction, and stress-related problems. Factors that have influenced the increasing demand for EAPs include corporations' concern for employees with mental health problems, a desire to contain rising health costs and reduce corporate losses, and the need for effective supervisory systems for managing troubled employees. Most programs are broad-based, covering services that may be less clinical and more preventive, including health risk appraisal, diet and nutritional counseling, stress reduction training, biofeedback, exercise instruction, and parenting. A large number of the centers have expanded into fully integrated mental health care delivery systems, and it is conjectured that the organizational distinction between EAPs and mental health maintenance organizations (HMOs) may soon disappear. 18 Ref.

Growth and Transformation in Workplace Alcoholism Programming

Roman, P.M.

In *Recent Developments in Alcoholism*, edited by M. Galanter, 131-158. New York: Plenum Press, 1988.

The origins of contemporary workplace programs providing assistance to employees with alcohol-related problems are described. First, the emergence of employee alcoholism programs and major changes in definitions and formal reactions to alcohol problems are considered. Nearly all intervention strategies follow the broad outlines of the employee assistance program (EAP) design: basic programs based within a work organization and staffed by an organization employee; external-program models characterized by the presence of a formal contract with an external agency; programs based in a labor organization; and programs for members of a profession. The success of these programs is described with findings from a survey of 480 private company sites. Increasing rates of self-referral for assistance with alcohol problems are noted, indicating that self-referral is a major component of workplace intervention programs. Basic research knowledge is summarized, together with a projection of new studies considered to be critical for maximizing the effectiveness of alcoholism intervention in workplace programs. Throughout, the large-scale impact of workplace programming is emphasized, with an urging for greater attention to these activities by the alcohol research community. 38 Ref.

Posttreatment Follow-up, Aftercare, and Worksite Reentry of the Recovering Alcoholic Employee

Foote, A., and Erfurt, J.C.

In *Recent Developments in Alcoholism*, edited by M. Galanter, 193-204. New York: Plenum Press, 1988.

The literature on the impact of aftercare and followup, particularly of employed alcoholics, is reviewed. While the long-term nature of recovery from alcoholism is well known, most studies on aftercare cover short posttreatment periods and the data suggest that 6 months is too short a period for adequate aftercare. The prevention of relapse is a posttreatment activity and the prime objective of aftercare, and the employment problems of alcoholics have not been adequately covered as it has been assumed that patients will make a smooth transition into the work world after treatment. A nontraditional system of aftercare assumes that the provider must seek out the patient if the service is to be effective. Although employed alcoholics tend to show higher recovery rates than unemployed ones, the rates of relapse among employed alcoholics are still high. It is suggested that worksites and employee assistance programs (EAPs) should pay more attention to followup and aftercare, and that additional research is needed to examine the effects of different types of aftercare content; the impact of followup aftercare on relapse prevention; and the cost effectiveness of various aftercare and relapse prevention strategies. 46 Ref.

New Occupations and the Division of Labor in Workplace Alcoholism Programs

Blum, T.C.

In *Recent Developments in Alcoholism*, edited by M. Galanter, 205-221. New York: Plenum Press, 1988.

The development of employee assistance programs (EAPs) as a new occupation is described. The employee assistance specialty has recruited individuals from existing occupations and is in the certification process. The certification boundaries assure that those with clinical training must have competency in alcohol and drugs, an area often omitted or poorly covered in many clinical training programs. However, technical developments in the workplace have produced more rationalized and bureaucratic alcohol interventions, and the relationship of EAPs and treatment agencies has been influenced by the availability of third party insurance payments and treatment facilities appropriate for employed individuals. With the innovation of job performance deterioration as an indicator of personal troubles came a necessity for careful policy formulation in EAP implementation and the need to broaden the focus to include problems other than alcoholism. The standards for the development of new programs cover policies and procedures, administrative functions, education and training, resources, and evaluation. It is suggested that with so many practitioners whose experience can determine the training necessities, the occupation is ready to make its claims. 24 Ref.

EAPs and Managed Care: A Blurring of the Lines

Lee, F.C.

EAP Digest 8(5):20, 75, 1988.

The evolution of employee assistance programs (EAPs), benefit plans, and cost-containment strategies is discussed. It is suggested that the battle lines are forming between individualized treatment plans and "cookie-cutter" approaches to rehabilitation. The firms that can offer high quality managed mental health programs that include all available services will be in high demand by employers. EAP firms are forming relationships with case management firms. The problems that arise when case management and EAP firms are combined are enumerated: order of responsibility, reporting, referrals, expertise, continuity, evaluation, and costs. It is suggested that as managed care environments develop, EAP practitioners will move to the more comprehensive programs and the number of free-standing EAPs will be limited.

Managed Mental Health Care: What It Is and How It Works

Sims, L.S.

EAP Digest 8(5):32-38, 63-74, 1988.

Six professionals from the field of managed health care were interviewed: John J. Dolan, Richard T. Hellan, Ron Holman, Kenneth A. Kessler, David McDonnell, and Lee Wenzel. The following aspects of managed mental health care were addressed: the concept of managed care; the key components of managed care; the set up, management, and providers of case management pro-

grams; the implications of the managed care system for the provision of mental health and chemical dependence services; the differences between managed care systems and traditional indemnity insurance plans and health maintenance organizations (HMOs); the benefits of case management; employee advocacy; the drawbacks of case management; case management and employee assistance programs (EAPs); confidentiality in case management; health care costs in case management; medical/surgical benefits and case management; quality of care; referral methods; and the future of managed care in the delivery of mental health and chemical dependence treatment.

Work Reentry Contracting: An Essential Component in Treating the Employed

Morse, G.A.

Professional Counselor 3(2):47-48, 1988.

The recovering client's system of personal and social support after treatment is often inadequate in the workplace. Work reentry contracting involves the recovering person (or client), one or more treatment center counselors, and one or more significant people from the employing entity. In stage 1, "increasing staff's industrial awareness," one or more staff members become familiar with the workplace realities the client faces. Convincing the client of the worth of reentry contracting is stage 2; it should be presented as an option, never forced. Stage 3 is the contracting meeting to set up contact between treatment staff and the employee assistance program (EAP) counselor or employer. Possible contract responsibilities of the client, the employer, and the treatment

center are listed. Possible payoffs of work reentry contracting for treatment centers are outlined.

EAP's: Notes for a History in Progress

Bickerton, R.L.

Alcohol Health and Research World
12(4):316-321, 1988.

(Reprints available from OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345.)

This article describes the development of employee assistance programs (EAPs) in the United States. "Occupational programming" began some 50 years ago. The 1944 founding of the National Committee for Education on Alcoholism, which became the National Council on Alcoholism (NCA) in 1949, was a significant influence. A decade later NCA began efforts with industry on programs reflected in current EAPs. The work of such notables as Lewis F. Presnall, Ross A. Von Wiegand, and Leo Perlis is reviewed, including the Chino Mines program and AFL-CIO involvement. Labor and management emphasized common objectives, although their viewpoints differed. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) began new activities on occupational alcoholism and EAPs in the 1970s. NIAAA trained occupational program consultants (OPCs) to conduct employee assistance programming. Program highlights are listed.

Occupational Arena: Flying High but Sober

Stoil, M.J.

Alcohol Health & Research World 12(3):228, 1988.

(Reprints available from OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345.)

Alcohol consumption by commercial airline pilots is discussed. The Federal Aviation Administration prohibits any pilot from flying within 8 hours of ingesting alcohol or flying under the influence of alcohol. Individual air carriers impose additional prohibitions against alcohol consumption. These rules are enforced through direct observation of cockpit crews during preflight check-in. Airline safety depends on detection and treatment of active alcoholism as well as on detection of preflight drinking, since it is thought that practicing alcoholics may suffer a critical loss of reaction time, even when their blood alcohol levels do not indicate recent consumption. A successful employee assistance initiative may contribute to the near absence of alcohol involvement. Lead responsibility for the commercial pilot program now rests with the Aeromedical Office of the Air Line Pilots Association, located in Denver. In addition, a self-help organization, Birds of a Feather, has been endorsed by Alcoholics Anonymous (AA) which offers a support program.

Traynor v. Turnage: Where Do We Go From Here?

Darling, E.J., and Smith, R.E.

EAP Digest 9(1):11, 65-66, 86, 1988.

This article clarifies the implications of the recent U.S. Supreme Court decision that classified alcoholism as "willful misconduct" and thereby rejected two veterans' requests to extend their 10-year period of eligibility for veterans' educational benefits. Employee assistance program (EAP) professionals must combat that part of the Court's decision that referred to authorities being "sharply divided" on whether or not alcoholism is a disease. EAP practitioners are encouraged to write representatives and senators, telling them that alcoholism and other drug dependencies are indeed diseases and that much progress has been made in treating and preventing them. Authorities should be urged to support the National Council on Alcoholism (NCA) and the National Association of Addiction Treatment Programs (NAATP). Legal remedy is required to enable veterans ill with alcoholism to receive their benefits without difficulty and to ensure that the insurance industry does not try to restrict coverage using the Court's decision. 12 Ref.

Beyond Testing: Coping With Drugs at Work

Wrich, J.T.

EAP Digest 9(1):55-63, 1988.

This article discusses efforts to deal with drug abuse through drug testing initiatives (DTIs) in the workplace. Broadbrush employee assistance programs (EAPs), in existence for more than 15 years, have largely been ignored in this effort although they are very effective in cutting absenteeism, encouraging recovery, minimizing relapse, reducing treatment costs, and bettering productivity by drug abusers and alco-

holics. More than 35 percent of the country's largest companies have DTIs, and more are beginning them. The author believes, however, that they are based on questionable assumptions. The history of how companies have dealt with alcoholism is outlined, especially broadbrush EAPs, begun by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1972. Significant benefits of EAPs are described and the problems of working with DTIs are discussed.

The Effective EAP: Maximizing Utilization

Fisher, P.D.

EAP Digest 96(3):22, 78, 81, 1989.

Ways to maximize employee assistance programs (EAPs) are described. EAP professionals can use a number of techniques, including attitude, presentation, education, and establishment of a task force to help enlist the cooperation of top management. Medical professionals within the organization play key roles in EAP use by being alert to signs of chemical abuse and giving appropriate referrals. Union officials can also play a role in employee use of EAPs. It is concluded that EAP professionals can establish effective programs and can create a referral cycle that will maximize EAP use.

Does Coercion Work? The Role of Referral Source in Motivating Alcoholics in Treatment

Alcoholism Treatment Quarterly 5(3/4):5-22, 1988.

The evaluation of the effectiveness of coercion in alcoholism treatment has been a neglected issue. The underlying principle of the employee assistance model, the threatened loss of a desired benefit, is used in an inner-city outpatient program to keep alcoholics in treatment by establishing "therapeutic contracts" with referral sources. This study finds that patients' recovery (6 months uninterrupted stay plus maintenance of abstinence) is significantly and positively related to coercive referral sources (family, job, and welfare). Also, different referral sources are effective for different types of patients, according to the core-identity variables of sex, ethnicity, birth region, and age. This information can be used to enhance the chances of recovery of attrition-prone patients. 33 Ref.

Survival Analysis to Explore the Characteristics of Employee Assistance Program (EAP) Referrals that Remain Employed

Macdonald, S.; Albert, W.; Maynard, M. and French, P.

International Journal of the Addictions 24(2):113-122, 1989.

(Reprints available from S. Macdonald, Addiction Research Foundation, University of Western Ontario, Graphics Building, London, Ontario, N6A 3K7.)

This study examined characteristics of referrals to employee assistance programs (EAPs) associated with subsequent termination of employment. As well, relationships between characteristics of the referrals and program characteristics were explored. Longitudinal data were collected at several time periods for 163 referrals to EAPs from five organizations. Survival analysis was conducted to determine which vari-

ables were associated with termination of employment. Females, cohabitating couples, and employees who worked for the organization for 5 or more years were most likely to remain employed. One interesting finding was that people with alcohol problems were significantly more likely to be formal referrals. 12 Ref.

Employee Assistance Program Utilization and Client Gender

Brodzinski, J.D., and Goyer, K.A.

Employee Assistance Quarterly 3(2):1-13, 1987.

The relationship between use of employee assistance programs (EAPs) and client gender is discussed. The study group included 15,000 Federal employees and their dependents from the Washington, DC, metropolitan area, with 1,162 individuals who used an EAP actually responding. The results of the study revealed that males self-referred to an EAP less often than had been expected, while females self-referred more often than expected. In addition, women use the EAP for less intrusive problems such as family, eating disorder, financial and legal problems while men are referred to the EAP by their supervisors for chemical dependence. It is suggested that these differences may be related to differences in socialization of men and women in the United States. 21 Ref.

Employee Assistance Program Evaluation in a Federal Government Agency

Maiden, R.P.

Employee Assistance Quarterly 3(3/4):191-203, 1988.

The cost-benefit and cost-effectiveness evaluation of the U.S. Department of Health and Human Services Employee Counseling Services program is discussed. Headings within this article include: (1) economic impact of the troubled employee; (2) legislative impetus for Federal Agency Employee Assistance Programs (EAPs); (3) the Health and Human Services (HHS) commitment; (4) development of the evaluation plan; (5) use of control groups; (6) client tracking system; (7) maintaining confidentiality; (8) cost-effectiveness and cost-benefit analysis; and (9) evaluation findings. It is concluded that implementation of this program supports the findings that an employee assistance program can result in a healthier and more productive work force. 13 Ref.

Drug Abuse: A Westinghouse Corporate Perspective

Curtis, E.C.

In Workplace Drug Abuse Policy: Considerations and Experience in the Business Community, edited by J.M. Walsh, and S.W. Gust, pp. 79-88. Rockville, MD: Department of Health and Human Services, 1989.

(Reprints available from the publisher. Order DHHS publication number (ADM)89-1610.)

The corporate alcoholism and substance abuse policies and procedures of the Westinghouse Corporation are discussed, with a focus on security observations and drug screening. The benefits of drug screening are supported by reports from the Pacific Gas and Electric (PGE) which experienced a 40 percent decline in the rate of serious injuries following institution of screening programs. Therefore, Westinghouse, being committed to the health and safety of its employees and recognizing that drug

and alcohol abuse are widespread social problems, has instituted a program that includes supervisor intervention, replacement assessment, and drug screening. The corporate procedure includes alcohol and other drug abuse and prescribes actions to deal with substance abusing employees, including employee assistance programs. The goal of the program is to detect evidence of substance abuse, determine prevalence, and deter employee misuse of controlled substances.

Development of an Employee Assistance Program at Washington Metropolitan Area Transit Authority

Thorne, C.L.

In *Workplace Drug Abuse Policy: Considerations and Experience in the Business Community*, edited by J.M. Walsh, and S.W. Gust, pp. 89-96. Rockville, MD: Department of Health and Human Services, 1989.

(Reprints available from the publisher. Order DHHS publication number (ADM)89-1610.)

The employee assistance program of the Washington Metropolitan Area Transit Authority (WMATA) is discussed, with an emphasis on problems of substance abuse. Following union negotiations and extensive review of alcohol and drug abuse problems, WMATA implemented an employee assistance program (EAP). The program provides for employees who volunteer for its services and for employees who test positive for drugs or alcohol following an incident or accident on the system. Employees in rehabilitation for alcohol abuse remain 30 days minimum in the program; marijuana abuse, 90 days minimum; and cocaine, PCP, heroin and

other drug abuse, 180 days minimum. It is concluded that the program is currently effective, due to well-planned and executed procedures. Cooperation between management and labor is crucial to the success of such a program, if it is to address company concerns while safeguarding employee rights.

Alcohol Impaired University Professors: A Problem Until the 21st Century?

Caliguri, J.P.

Journal of Alcohol and Drug Education
35(1):78-83, 1989.

The effects of work obsession and alcoholism in the academic community, with an emphasis on higher education professors, are discussed. Headings within this article include: (1) alcohol abuse; (2) employee assistance programs; (3) the psychology of control in people; (4) stages of adulthood; and (5) futuristic implications. In the current society, where the needs for expertise, consulting, government service, and conference activities add to the heavy work-load of the professorate, it may be difficult for professors to keep up in their field of knowledge as the knowledge base expands. Health facilities and hospitals, along with primary care centers will increase the emphasis on self care, prevention, and education. 7 Ref.

Supervisory Attitudes Toward Impaired Workers: A Factor Analytic Study of the Behavioral Index of Troubled Employees (BITE)

Bayer, G., and Gerstein, L.

Journal of Applied Behavioral Science
24(4):413-422, 1988.

The Behavioral Index of Troubled Employees (BITE), an instrument related to employee assistance programs (EAPs) that concerns information on supervisors' opinions of various behaviors associated with troubled workers, is evaluated. The BITE is a 32-item questionnaire that measures supervisors' attitudes toward troubled employees, those who might become involved in occupational alcoholism programs or employee assistance programs. The study group included 237 supervisors from two companies in the automotive industry who responded to the BITE. The results, which revealed characteristics of supervisors' attitudes, suggested that the BITE includes four valid and reliable factors: industriousness, resistance, acrimoniousness, and disaffection. These factors contribute to the understanding of how supervisors recognize troubled workers. 34 Ref.

Working Under the Influence (WUI): Correlates of Employees' Use of Alcohol and Other Drugs

Hollinger, R.C.

Journal of Applied Behavioral Science
24(4):439-454, 1988.

Major theoretical perspectives on employees' substance abuse are presented. Data from an anonymous mail survey administered to 9,175 employees of 47 organizations in 3 industries were analyzed with a focus on age, gender, social interaction with coworkers, and job satisfaction. The study results indicate that those employees most likely to work while under the influence of alcohol or drugs are males under the age of 30 who feel unhappy about their jobs and who socialize frequently with coworkers away from the place of employment after hours. Previous studies of the construction industry were successful in motivating employees with substance abuse problems to obtain treatment in order to save their jobs. However, it is concluded that current Employee Assistance Programs (EAPs) may have to reconsider their programs in light of younger employees who may not share the fear of losing their employment and may come to work under the influence of alcohol or other drugs. 56 Ref.

Perceptions of an Employee Assistance Program and Employees' Willingness to Participate

Harris, M.M., and Fennell, M.L.

Journal of Applied Behavioral Science
24(4):423-438, 1988.

Perceptions of an employee assistance program (EAP) and employees' willingness to participate in EAP activities were assessed in a sample of 150 employees of a white collar firm, with a focus on attitudes, perceptions, and willingness to use various resources for help. Study results suggest that men and women are equally willing to use EAPs. However, their attitudes and per-

ceptions are influenced by their familiarity with the program in the case of women and by perceptions of program effectiveness, personal attention, and controls in the case of men. It is noted that familiarity may be easily enhanced through newsletters and brochures. Organizations can influence and direct these factors to increase employee participation in their EAPs through efforts of management and program personnel.

Purveyor Organizations and the Implementation of Employee Assistance Programs

Blum, T.C., and Roman, P.M.

Journal of Applied Behavioral Science
24(4):397-411, 1988.

Purveyor organizations, which market employee assistance programs (EAPs) to others are discussed, with a focus on the ways they influence the implementation of EAPs. The study group included 724 occupational program consultants from purveyor organizations who responded to a survey addressing various components of EAPs. The study results supported the hypothesis that the greater the purveyor's integration of and control over its subunit for EAP service delivery, the more relationships the purveyor will have with treatment organizations and the higher its level of sociopolitical acceptability, the more successful it will be in implementing EAPs. It is suggested that organizations implementing EAPs should integrate EAP subunits with other company functions and should take into consideration networks with other community resources. Equally important is develop-

ment of managerial strategies to guide and control the EAP service delivery units. 40 Ref.

Ideology and Referral Categories in Employee Assistance Program Research

Sonnenstuhl, W.J.; Staudenmeier, W.J., Jr.; and Trice, H.M.

Journal of Applied Behavioral Science
24(4):383-396, 1988.

The use of cultural referral categories in studies of alcohol treatment programs is discussed in this review of the medical and psychiatric literature. Headings within this article include: (1) conflicting ideologies and referral categories: a historical context; (2) supervisory referral: the job performance model; (3) peer referral: union reaction to the job performance model; (4) self-referral: counselors' reactions to job performance; (5) the ballooning of the self-referral label and its social consequences; (6) the use of cultural categories in employee assistance program (EAP) outcome studies; and (7) constructing a grounded theory of seeking help from an EAP. It is concluded that when clients are admitted to an EAP, they should be asked about all other interventions they have experienced, which may help determine those methods that work best in a given work environment. In addition, knowledge of those interventions that have been effective might be useful in determining what motivates employees to seek help and in designing therapy strategies that take advantage of previous client experiences. 68 Ref.

Contrasting Employee Assistance, Health Promotion, and Quality of Work Life Programs and Their Effects on Alcohol Abuse and Dependence

Sonnenstuhl, W.J.

Journal of Applied Behavioral Science
24(4):347-363, 1988.

The effectiveness of employee assistance programs (EAPs), health promotion programs (HPPs), and quality of work life (QWL) efforts are compared, with a focus on their theoretical background, their methods, and their effectiveness in treating alcohol abuse and alcoholism. It is noted that although the three programs have the common goal of improving employees' well-being and increasing productivity, they are basically competing social movements. As such, they are characterized by different beliefs about what should be changed and have different orientations towards prevention and treatment of alcohol abuse and dependence. EAPs are based on social learning theory and use a dual strategy of confrontation and counseling; HPPs have been primarily a means of improving health and containing health care costs by teaching adoption of healthy living habits; and QWL stresses the restructuring of jobs and work place relationships to enhance morale and productivity. 118 Ref.

Substance Abuse and the Work Place, with Special Attention to Employee Assistance Programs: An Overview

Steele, P.D.

Journal of Applied Behavioral Science
24(4):315-325, 1988.

Substance abuse in the work place is discussed in this brief review of the literature, with a focus on employee assistance programs (EAPs). Headings within this article include: (1) substance abuse in the work place as a social issue; (2) causes; (3) consequences; (4) responses; (5) substance abuse in the work place and social influences; (6) societal influences; (7) organizational influences; (8) program influences; and (9) future directions for research and theory. It is noted that research has focused on larger firms and their substance abuse problems, which may create a bias in the understanding of drinking and drug problems in the work environment. It is suggested that future research studies should include the secondary employment sector, with its different organization structure, work group characteristics, work history, and substance abuse patterns. 55 Ref.

Management Perspectives on Alcoholism: The Employer's Stake in Alcoholism Treatment

Bernstein, M., and Mahoney, J.J.

In Alcoholism and Chemical Dependency in the Workplace, edited by C. Wright, 223-232. Philadelphia: Hanley and Belfus, Inc., 1989.

The role of the employer in alcoholism treatment is discussed. Headings within this article include: (1) direct and indirect costs of illness and injury; (2) from occupational alcoholism programs to employee assistance programs (EAPs); (3) employee assistance programs, including expansion of benefit plans; (4) the health care cost crisis; (5) costs of alcoholism; (6) employer responses; (7) managed mental health care; (8) proposed approach; (9) occupa-

tional medicine and the cost of care; and (10) the alcoholic employee. It is concluded that in those organizations where management is sensitive to alcoholism and alcoholism treatment, the prognosis for those employees suffering from this disease is good. It is stressed that a greater variety of services should be available, particularly intensive outpatient treatment. Treatment of the working alcoholic is beneficial for the employee who receives effective individualized treatment and for the employer who regains the full productivity of the employee. 26 Ref.

Role of the Employee Assistance Program in Helping the Troubled Worker

Fitzgerald, S.T.; Hammond, S.C.; and Harder, K.A.

In *Alcoholism and Chemical Dependency in the Workplace*, edited by C. Wright, 233-243. Philadelphia: Hanley and Belfus, Inc., 1989.

(Reprints available from Sheila T. Fitzgerald, RN, The Johns Hopkins University, Division of Occupational Health, 615 North Wolfe Street, Room 7503C, Baltimore, MD 21205.)

The role of the employee assistance program (EAP) in helping the troubled worker is discussed, with a focus on history, structure, steps in development, program administration, evaluation, and funding. Headings within this article include (1) EAP history; (2) the troubled worker and evaluation of job performance; (3) organizational needs assessment, including evaluation of organizational resources and establishment of company policy; (4) program characteristics, including EAP models and EAP selection; (5) EAP administration and EAP evaluation. It is concluded that the worksite may be the

best setting for primary preventive health care efforts. It is noted that EAP services have expanded from occupational alcoholism programs to a wide range of services addressing problems from relationship difficulties to burn-out.

Private Lives of Employees: How Much Should Employers Know? Private Companies Are Less Restricted than Government When Drugs Are the Issue

Evans, D.G.

Occupational Health and Safety
57(11):36-41, 1988.

Drug testing in private industry is discussed. Headings within this article include: (1) privacy concerns; (2) employee assistance; (3) discrimination; (4) physicals; (5) jockeys; (6) supreme court; (7) chain of custody; (8) developing a testing policy; (9) implementing the policy; and (10) confidentiality procedures. It is concluded that drug testing can be used to protect employee health and safety but only so long as the rights of the employees are not violated. All testing programs should ensure accuracy, due process and confidentiality, and at the same time work for the rehabilitation of the drug or alcohol using employee.

Employee Assistance Programs in Context: An Application of the Constructive Broker Role

Steele, P.D.

Journal of Applied Behavioral Science
24(4):365-382, 1988.

The use of the constructive broker role by practitioners in employee assistance programs (EAPs) is discussed in the context of the labor process model, which assumes inherent ideological conflicts between management and labor. Four strategies of constructive brokering are described, with an emphasis on the broker's awareness of his/her role, the consequences of applying the concept in the workplace, and the following practical issues that must be considered: (1) network mobilization; (2) functional marginality; (3) selective adaptation; (4) identity management; (5) cost containment; (6) role definition; and (7) professionalism. The final goal of the constructive broker in a contentious workplace is humane treatment for troubled workers. 70 Ref.

Economic Implications of Workplace Health Promotion Programs: Review of the Literature

Warner, K.E.; Wickizer, T.M.; Wolfe, R.A.; Schildroth, J.E.; and Samuelson, M.H.

Journal of Occupational Medicine
30(2):106-112, 1989.

(Reprints available from Michael H. Samuelson, MA, Executive Director, National Center for Health Promotion, 3772 Plaza Drive, Suite 5, Ann Arbor, MI 48104.)

The economic implications of workplace health promotion programs are discussed in this review of the literature. Headings within this article include: (1) program area-specific findings; (2) employee assistance programs (EAPs); (3) smoking cessation; (4) nutrition and weight loss; (5) exercise; (6) stress management; (7) motor vehicle safety belt programs; (8) back injury pre-

vention; and (9) health risk appraisal. It is concluded that there is little methodologically sound empirical understanding of the effects on both behavior and health of workplace health programs. Additional studies are required to validate the assertions of the economic merits of workplace health promotion measures. 27 Ref.

Alcohol Problem Intervention in the Workplace: Data on Present Status and Future Implications

Roman, P.M., and Blum, T.C.

Alcohol Health and Research World
13(4):375-380, 1989.

(Reprints available from OSAP's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345.)

This article provides an overview of employee assistance programs (EAPs), presents research data on aspects of their operation in relation to employee alcohol problems, and outlines some of the problems of and prospects for EAPs in dealing with alcohol problems in the work force. Headings within this article include: (1) the emergence and growth of EAPs; (2) referrals and program utilization for alcohol-related problems; (3) EAP administration; (4) supervisory and managerial involvement; (5) issues for the future; and (6) alternative approaches. Suggested alternative approaches include alcohol education, alcohol control policies, and wellness programs at the workplace. However, it is clear that EAPs are making substantial contributions to dealing with the national alcohol problems and are doing so in a context of voluntary action without public subsidy. 17 Ref.

Employee Assistance Programs as an Early Intervention Strategy for Substance Abuse

Hacker, C.L.

In *Treatment Choices for Alcoholism and Substance Abuse*, edited by H.B. Milkman and L.I. Sederer, 143-158. Lexington, MA: Lexington Books, 1990.

This chapter discusses the use of employee assistance programs as a method for employers to deal with the increasing problems of substance abuse in the workplace. Material is discussed under these topic headings: (1) employee assistance programs, including history, models, confidentiality, and effectiveness; (2) prevention, intervention, and treatment, including referrals (supervisory and self-referrals), treatment information, aftercare, and drug screening; (3) EAP as an information resource, including substance abuse policies, acquired immunodeficiency syndrome, union support, health benefits, codependency, and other addictions; and (4) future.

State of New Jersey Government's EAP Experience

Smith-York, J.E.

Employee Assistance Quarterly 5(2):87-90, 1989.

An Aftercare program, which is a part of the employee assistance program (EAP) of the State of New Jersey, is described. The program includes Aftercare Group Meetings, which are recovery support groups, separate from Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). The group program provides a transition from rehabilitation/treatment programs into the 12-step programs of AA and NA. In the

current State program, employees who go into treatment must attend Aftercare for at least 1 year, attending group meetings on a weekly basis for the first 3 months, bimonthly for the second 6 months, and once a month for the last 3 months. The Aftercare groups focus on how to stay away from drugs of choice, living drug free, and what is needed for recovery.

Early Intervention into Addictive and Mental Health Disorders

McClellan, K.

Employee Assistance Quarterly 5(4):71-82, 1990.

(Reprints available from Keith McClellan, Director of EAP Services, Multi Resources Centers, Inc., 24275 West Twelve Mile Road, Suite 310, Southfield, MI 48034.)

This paper describes early intervention in addictive and mental health disorders. It suggests that supervisors should proactively reach out, engage and involve addicted workers in behavioral change by taking the initiative to inform the EAP counselor and asking an employee to set up an appointment. Early intervention involves lifestyle changes through conversation. It focuses on assisting rather than penalizing addictive workers. It is important to identify the basic cause of abnormal behavior in the case of mental health disorders to achieve an appropriate solution. It states that prepaid counseling services are not effective in reaching addictive problems in the early stages of addictive disorders, because most addictions involve depression. It is concluded that an employee assistance program can show cost savings when it achieves early identification of addictive and mental health problems. 5 Ref.

Alcohol Problems in the Workplace: Beyond Employee Assistance

Proceedings, Program on Alcohol Issues
National Conference, San Diego, June
4-6, 1987.

The conference was convened to review the emergence, assumptions, and current status of employee assistance programming (EAP) and similar responses; to explore human resource developments and factors that contribute to occupationally linked alcohol and related problems; and to consider promising new directions, from the workplace, to avoid alcohol and related problems. The following talks were presented: alcohol problems in the workplace; extent of alcohol problems in the workplace; the employee assistance response; social science and public health perspectives; health promotion; assessing and reducing risks; integrating employee assistance with human resource management; preventing alcohol and related problems; and future of workplace-based responses. Conference faculty and participants are listed and a bibliography included. 63 Ref.

Alcohol in Employment Settings: The Results of the WHO/ILO International Review

Corneil, D.W. (Ed.)

New York: Haworth Press, 1987.

The world-wide spread of employee assistance programs (EAPs) is discussed in this special edition of the *Employee Assistance Quarterly*. Chapter headings include: (1) alcohol in employment settings: the results of the WHO/ILO International Review; (2) alcoholism

and drug programs in the work setting; some international aspects; (3) the ILO's look at EAPs and beyond; (4) preventing alcohol-related problems in international employment settings: role of the World Health Organization; (5) EAPs in Germany: options for transatlantic exchange; (6) employee assistance programs in Australia: an update; and (7) alcohol in employment settings in Poland.

Evaluation of Employee Assistance Programs

Feit, M.D., and Holosko, M.J. (Eds.)

New York: Haworth Press, 1988.

Issues and concerns relating to the evaluation of employee assistance programs (EAPs) are discussed. Headings within this book include: (1) state-of-the-art of the EAP field, including economic change and social welfare, purpose and scope of services, and analysis of in-house and contractual employee assistance programs; (2) the context of EAP evaluations, including prerequisites for EAP evaluations, implications for social work, issues to consider, use of an organization development model, EAP benefit and cost structure analysis, and evaluation typology and models; (e) case examples of EAP evaluations, including evaluation in a Federal government agency, the Family Service Association of Metropolitan Toronto, rural communities, and The Seagram, Amherstburg experience.

Performance-Related Outcome Measures and Participation in a Job- Based Alcoholism Counseling Program

Howard, W.C.

Ph.D. diss., Brandeis University, The F. Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA, 1990.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to number DA 8923564.)

Since the early 1970's, the implementation of occupational alcoholism programs and employee assistance programs have gained widespread acceptance and growth in American work organizations. Although the occupational alcoholism program model implies a direct relationship between participation in treatment and improved job performance, little research exists that substantiates the efficacy of the model. Seven variables which are systematically documented in every employee's personnel record were analyzed for 35 alcoholism program clients and a comparison group of 58 non-problem employees at a large public utility in the northeastern United States. The criteria of short-term absence, long-term absence, written warnings, suspensions, tardiness, medical clinic visits and on-the-job accidents acted as the operationalized definition of the dependent variable job performance. This study found significant expected improvements of the alcoholic group at the point of 1-year follow-up. Most observed improvements, however, were not sustained by the third year following intervention. More refined performance and outcome measures are recommended, as well as attention to program implementation evaluation.

Groups, Organizations, & Programs on Employee Assistance Programs

Alcoholics Anonymous (AA)

P.O. Box 459
Grand Central Station
New York, NY 10163
212-686-1100

**American Bar Association (ABA)
Advisory Commission on Youth,
Community, & Professional
Alcohol & Drug Problems**
1800 M Street, NW
Washington, DC 20036
202-331-2290

Drug Enforcement Administration
U.S. Department of Justice
1405 Eye Street, NW
Washington, DC 20537
202-786-4096

**Employee Assistance Professionals
Association (EAPA)**
4601 North Fairfax Drive, Suite 1001
Arlington, VA 22203
703-522-6272

**Employee Assistance Society of North
America**
P.O. Box 3909
Oak Park, IL 60303
708-383-6668

Hazelden Foundation
Pleasant Valley Road
P.O. Box 176
Center City, MN 55012
800-328-9000

Just Say No International

1777 N. California Boulevard
Suite 210
Walnut Creek, CA 94596
800-258-2766

Nar-Anon World Service Office
P.O. Box 2562
Palos Verdes, CA 90274
213-547-5800

Nar-Anon
P.O. Box 9863
Washington, DC 20016
202-399-5316

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

**National Association for Children of
Alcoholics**
31586 South Coast Highway, Suite B
South Laguna, CA 92677
714-499-3889

**National Association of Prevention
Professionals and Advocates, Inc.**
1228 E Buckinridge Street
Louisville, KY 40204
502-583-6820

National Black Alcoholism Council
1629 K Street, NW
Suite 802
Washington, DC 20006
202-296-2696

**National Coalition for Hispanic
Health and Human Services
Organizations (COSSMHO)**
1030 15th Street, NW
Suite 1035
Washington, DC 20005
202-371-2100

**National Council on Alcoholism and
Drug Dependence, Inc.**
12 West 21st Street
New York, NY 10010
212-206-6770

National Crime Prevention Council
Substance Abuse Prevention
Programs
1700 K Street, NW
2nd Floor
Washington, DC 20006
202-833-4000

**National Organization of Student
Assistance Programs &
Professionals (NOSAPP)**
250 Arapahoe, Suite 301
Boulder, CO 80302
303-443-5696 or 800-972-4636

**National Rural Alcohol and Drug
Abuse Network**
c/o Arts and Sciences Outreach
University of Wisconsin
Eau Claire, WI 54702-4004
715-836-2031

**North American Congress an
Employee Assistance Programs**
1863 Technology Drive, Suite 200
Troy, MI 48083
313-588-7733

**Occupational Program Consultants
Association**
P.O. Box 06205
Columbus, OH 43206
614-464-0191

**OSAP's National Clearinghouse for
Alcohol and Drug Information
(ONCADI)**
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600 or 800-729-6686

**U.S. Department of Education, Alcohol
and Drug Abuse Education
Program**
Drug Abuse Prevention
Oversight Staff
Office of the Secretary
400 Maryland Avenue, SW
Room 4145, MS 6411
Washington, DC 20202
202-401-3030

YMCA of the USA
101 N. Walker Drive
Chicago, IL 60606
312-977-0031

YWCA of the USA
624 9th Street, NW
Washington, DC 20001
202-626-0721

