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***Corporate Responses To Substance Abuse
In The Workplace***

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CORPORATE RESPONSES TO SUBSTANCE ABUSE IN THE WORKPLACE

D Economic
Forecasting
and Analysis

► Organizational
Effectiveness
Research

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Analysis

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Business Research

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Research

BY SHAHID ALVI

HIGHLIGHTS

A survey of organizations showed most are using comprehensive EAPs to address substance abuse in the workplace,

The majority of respondents believe that their programs are extremely effective.

A small proportion of surveyed organizations are currently testing their employees for substance abuse.



A Conference Board of Canada report from the Compensation Research Centre

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PREFACE

Canadian businesses have expressed some concern over the negative effects of substance abuse in the workplace; yet we know little about how Canadian companies are addressing this issue. This study, co-sponsored by Canada Post Corporation, Imperial Oil Limited and Shell Canada, explores the responses of 97 Canadian organizations to substance abuse in the workplace. It focuses on the rationale, content and effectiveness of programs and also looks at the issue of testing for substance abuse in the workplace.

James R. Nininger
President and Chief Executive Officer
The Conference Board of Canada
March 1992



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Substance Abuse Programs in Context

Corporate concern over the impact of substance abuse on absenteeism, job performance and employee morale has increased significantly in the last 20 years. This interest has been reinforced by anxiety over the impact of the problem on worker and public safety and on the environment.

The concern may be well founded, since there is considerable evidence to suggest that substance abuse entails high social and economic costs. For instance, it has been estimated that one-quarter of all hospital beds are now filled by individuals with illnesses that are directly or indirectly related to substance abuse.¹ In 1989, the Addiction Research Foundation (ARF) estimated that in Ontario alone the total social costs of alcohol abuse were 4.3 billion dollars. Abuse of prescription medications cost the province 2.9 billion dollars and of illegal drugs, 1.9 billion. The ARF also estimated that the total value of reduced labour productivity in Ontario due to alcohol and drug abuse was \$2.3 billion in 1986-87.²

Many organizations are now recognizing that substance abuse can have a critical impact on the health and well-being of employees and, consequently, on the health of the enterprise. It is not surprising, therefore, that many executives consider any level of substance abuse in the workplace too serious to ignore.³

The Historical Context

Historically, most organizations were

1 Health and Welfare Canada *Report of the National Consultation on Substance Abuse and the Workplace* (Ottawa February 1988), p 22

2 Addiction Research Foundation *Annual Report, 1988-89* (Toronto), p 26,

Exhibit

A Definition of Substance Abuse

The substances dealt with in this report are alcohol, illegal drugs and over-the-counter, or prescription, drugs. Substance *abuse* can be defined as "the use of [a] substance in a manner that deviates from the accepted medical or social patterns within a given culture" In this study, substance abuse is also defined as any use that can be correlated with decreased productivity (including increased absenteeism), health and/or safety in the workplace. The impact of substance abuse maybe through "intoxication, 'hangover effects' or more indirect effects such as social or health problems arising from abuse".

reluctant to formally address substance abuse in the workplace or responded on a case-by-case basis. Today, they are more likely to address abuse by establishing corporate policies and implementing formal programs emphasizing rehabilitation. This shift in attitudes has been gradual, shaped by changing perceptions of the nature of substance abuse and of productivity, efficiency and safety. For example, although alcohol abuse is widely condemned today, in the early 19th century workers were actually encouraged to drink on the job; alcohol use in the workplace was socially acceptable and was even perceived to enhance job performance.⁴ Consequently, treatment for troubled employees was limited or non-existent.

Many of the later attempts to create a non-drinking working environment derived from the emerging importance of efficient, dependable and disciplined workforces. At the same time, North

3 A recent study by William M. Mercer Ltd found that 54 per cent of CEOs felt substance abuse is a significant or very significant problem in their firms

4 Harrison M. Trice and Mona Schonbrunn "A History of Job-Based Alcoholism Programs 1900-1955", *Journal of Drug Issues*, Spring 1981

American society was experiencing a trend towards temperance—a “moral crusade” against the evils of liquor. As organizations became increasingly concerned with the effects of problem drinking, the social perspective on substance abuse fostered punitive, judgemental and often repressive ways of treating alcoholic workers.

Social understanding of substance abuse gradually developed as Alcoholics Anonymous and modern medicine began to redefine alcoholism as a disease rather than a “moral failing”. As alcoholism became destigmatized, and as the link between employee health and productivity was acknowledged, many organizations became interested in the potential benefits of rehabilitation programs.

Gradually, the focus of treatment programs shifted from punishment to constructive rehabilitation. However, many responses to substance abuse in the workplace continued to be informal, with policies usually unwritten and treatment often delivered by volunteers.

In the United States, the foundation of Alcoholics Anonymous in 1935 underpinned the creation of more formalized employer-sponsored rehabilitation programs in organizations like Du Pont and Eastman Kodak. Canada’s first occupational alcoholism program was created at Bell Canada in 1947 and endorsed by the Addiction Research Foundation in 1954.

The broadening scope of labour relations in evidence by the end of the 1970s helped lay the foundation for programs that focused on the general well-being of the employee.⁵ In many organizations, such programs have evolved into em-

ployee assistance programs (EAPs) designed to help employees confront and address a variety of issues including behavioral, familial, medical or even financial difficulties. In other companies, the response has been to create programs designed specifically to meet the needs of substance abusers. Still others continue to rely on informal approaches.

The Prevalence of Substance Abuse in the Workplace

It is difficult to measure precisely the prevalence of alcohol and drug abuse in Canada and more difficult to gauge prevalence within organizations. As late as 1988, few organizations had collected sufficient valid data to determine the extent of alcohol and/or drug abuse among their employees. Without precise figures, most organizations rely on estimates of substance abuse prevalence.

The World Health Organization estimates that approximately 5 per cent of the Canadian workforce is alcohol-dependent and disabled by drinking. However, it has been estimated that approximately 10 per cent of all Canadians have a problem with alcohol and/or drugs. Since it is often assumed that organizations are microcosms of society, a figure of 10 per cent is often considered also to represent the proportion of employees at risk within an organization.

Most authorities agree that the incidence of alcohol and illegal drug abuse has stabilized in Canada. Both Health and Welfare Canada and the Addiction Research Foundation claim that the use of alcohol and illegal drugs has decreased or, as in the case of cocaine, stabilized at a low level. Alcohol continues to be the

► *The foundation of Alcoholics Anonymous in 1935 underpinned the creation of more formalized employer-sponsored rehabilitation programs.*

► *Most authorities agree that the incidence of alcohol and illegal drug abuse has stabilized in Canada.*

⁵ Thomas J Delaney “The Evolution of Employee Assistance Programs”, in *Corporate Strategies for Controlling Substance Abuse*, Report #883 (New York The ConferenceBoard, Inc.)

most commonly abused substance in Canada. In addition, there is some evidence that cross-addiction (alcohol misuse compounded by drug use) is becoming more apparent in Canadian workplaces.

Although media attention has traditionally focused on the negative effects of alcohol and illegal drugs (such as cocaine or marijuana), the abuse of common over-the-counter drugs or prescription medications may also be an issue for organizations and their employees. Abuse of these drugs was seen by 30 per cent of the respondents in this study as being prevalent in the workplace; moreover, recent research indicates that their abuse in Canada is increasing.⁶

Conference Board Research

The Conference Board of Canada, in consultation with employers and experts in the field of substance abuse research, developed a questionnaire that was sent to 200 organizations in late 1990. Ninety-seven organizations returned usable questionnaires, for a response rate of 48 per cent. Additional information on substance abuse programs and testing was collected through in-person and phone discussions with employers and union leaders.

Among the respondents, representation was skewed towards the service industry, with only 22 of the 97 respondents belonging to the manufacturing sector. Nearly one-quarter were very large companies with assets over 1 billion dollars and more than 10,000 employees. In addition, 71 of 97 respondents indicated at least some part of their employee population was represented by a union. Therefore, the survey results do not

reflect the policies and programs of all Canadian organizations. They do, however, provide a valuable snapshot of Canadian corporate activity in this area as we enter the '90s.

Of the 97 respondents to this study, the vast majority reported having some form of substance abuse program in place. Thirty-nine provided estimates of the prevalence of substance abuse in their organizations. Among these respondents, estimates of the percentage of employees with substance abuse problems ranged from 1 to 30 per cent. The average was 8.3 per cent, slightly lower than the usually accepted figure of 10 per cent. Respondents ranked alcohol abuse as the most prevalent workplace problem, followed by use of illegal drugs, abuse of medications, and cross-addiction, in that order. It is likely that continued social acceptance of alcohol use and its ready availability underlie the status of alcoholism as the number one substance abuse problem in the workplace.

Substance Abuse: Corporate Policies and Practices

This section examines corporate responses to substance abuse in the workplace in terms of three issues: policies and practices, program effectiveness and drug testing

Comprehensive Programs

Most of the organizations surveyed have a comprehensive outlook on dealing with substance abuse. The majority (66 per cent) have developed "broad-brush" employee assistance programs that include a substance abuse component rather than specific programs dealing with substance abuse. Eight per cent

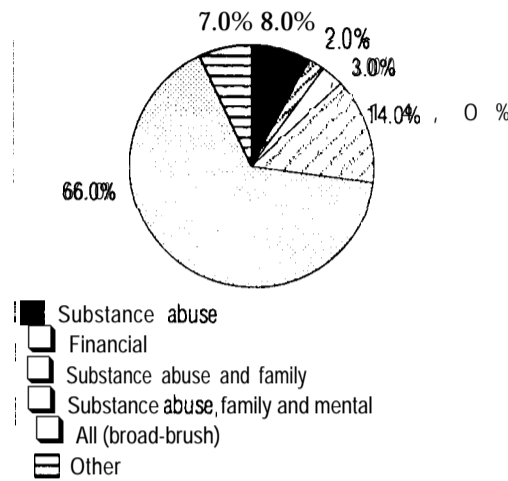
► Respondents ranked alcohol abuse as the most prevalent workplace problem, followed by use of illegal drugs, abuse of medications, and cross-addiction, in that order.

⁶ Province of Ontario, *Report of the Pharmaceutical Inquiry of Ontario* (Toronto July 1990)

have programs designed only to respond to substance abuse problems (see Chart 1).

The broad-brush programs are founded on the premise that, as one

Chart 1
Scope of Programs Dealing with Substance Abuse in the Workplace



Source: The Conference Board of Canada

respondent stated, "quite often, other problems cause substance abuse, and to help that individual, we have to deal with those other problems". Accordingly, some organizations indicated that besides supporting employees with substance abuse problems, the EAP offered help with "any problem which downgrades an employee's well-being". One organization's EAP, for instance, dealt with "daycare, bereavement, suicide, sudden death and work-related conflict".

Program Costs

Fifty-five organizations provided data on the costs per year of the substance

⁷ Some organizations had difficulty determining the costs of these programs, since the costs of the substance abuse program may have been included in the total costs of running the EAP or the human resources department.

abuse program. Average cost was \$194,309, and the range was from \$300 to \$2 million. Forty-one organizations provided data on the percentage of total costs spent on education and awareness. On average, these organizations allocated 14 per cent of their budget for substance abuse programming to these items.'

Reasons for Implementing a Policy

For many organizations in this study, competitive pressure provides the most important rationale for implementing substance abuse programs. This was evident from respondents' concern over the relationship between substance abuse and productivity and absenteeism.

Nearly one-half of respondents (N=76) indicated that concern over lost productivity or poor quality in the workplace was a very important reason for initiating a substance abuse program, while another 33 per cent (N=76) cited concern over high absenteeism rates as very important. Of 80 respondents, 86 per cent stated that "evidence of alcohol and/or drugs in the workplace" was also an important or very important reason for introducing a substance abuse program (see Table 1).

Overall, respondents felt that the orientation of their policies was towards the well-being of the employee. Ninety-seven per cent of the respondents agreed that their programs emphasize rehabilitation over punishment. "If you want employees who are aligned and focused on your business objectives, it's important that you have employees who are not otherwise preoccupied with stress, emotional problems, dependency or substance abuse. It's important to have these things managed in concert

Table 1**Reasons for Implementing a Substance Abuse Program**

(percentage)

Reason	Very important	Important	Unimportant
Evidence of alcohol and/or drugs in the workplace (N=80)	36	50	14
Concern over legal liability in accidents or incidents (N=72)	31	47	22
Media attention to national drug issues (N=75)	9	41	49
Response to employee concerns (N=76)	34	55	11
Reported success of other companies (N=75)	16	52	32
Concern over lost productivity or poor quality in the workplace (N=76)	49	45	6
Concern over high absenteeism rates (N=76)	33	51	16
Concern over high injury rates (N=72)	28	22	50
Initiative of parent/affiliated company (N=62)	8	18	74
Pending regulatory requirements (N=64)	9	17	74
Other (N=14)	36	14	50

Source: The Conference Board of Canada

with one another," says Stu Maloney, manager of human resources and services at Du Pont's Maitland plant.

Who Drives Policies?

Though substance abuse programs have traditionally been driven by management, there is growing recognition that such programs should involve co-operation between management and labour. Participants in a recent nationwide consultation on substance abuse in the workplace described the jointly sponsored employee assistance program as the ultimate in labour/management co-operations

Practitioners argue that programs can be more effective if stakeholders arrive at a consensus on why the program is being implemented and who it ought to reach. They advise that policies should be designed jointly by employers and employees and incorporate advice from EAP professionals or health-care experts.

A co-operative approach to design and implementation of a substance abuse program can be particularly effective in organizations where union/management relations have traditionally been good. Indeed, some union representatives are very much in favour of co-operative programs, especially if they are embedded in joint EAPs. According to Linda Wilcott of the Canadian Labour Congress, "Unions have to convince employers that we want joint programs and that we don't want some provider to come in from outside and say, 'Here is your program, now sign on the dotted line'. That kind of program maybe good, but it won't really *belong* to the organization. And let's face it, employers can save a lot of money by having a joint program."

It should be noted, however, that in many organizations unions do not represent all workers (e.g., office or technical employees). In some cases (e.g., in banks) the vast majority of employees are not

unionized, and in many cases there are no unions in the company at all. In these circumstances, practitioners advise that policy development should include mechanisms to ensure that the non-represented population also has opportunities for input. This might involve the use of identified employee representatives on a policy development task force, information in the company newsletter or on bulletin boards, a contact point for providing input, or a simple survey to encourage input.

A co-operative program promotes labour and management agreement on substance abuse policies and procedures and thereby prevents possible bias in implementation.

► A co-operative program promotes labour and management agreement on substance abuse policies and procedures and thereby prevents possible bias in implementation. For labour, this is particularly important, since some union leaders suspect that management-operated programs may use aggressive detection techniques (such as random searches of employee lockers). They fear that such practices may result in “witch hunts” of workers perceived as “trouble-makers.” One union executive said, “In some organizations where the employer has designed the program without any input from the union, workers have dubbed EAPs as ‘employee assassination programs’ . . . and for very good reasons.”

In effect, co-operation creates an environment in which the program has greater visibility, is less likely to be seen as discriminatory and allows for better distribution of information. By presenting a unified posture, management and labour maximize the possibility of a successful outcome.⁹

Only one-third of the unionized organizations studied for this report used a joint management/union committee to design and implement the substance

abuse program in effect. In the others, policies were designed and implemented by management. Responsibility for the *administration* of substance abuse programs rests with human resources departments in nearly half the reporting organizations and with medical departments in another quarter. In the remaining cases, both departments administer the program.

Although policies are driven by management in the majority of cases, most of the organizations surveyed do provide opportunities for employee participation through feedback mechanisms. Fifty-six of the organizations studied have some method of dealing with employee complaints regarding program operation. In 46 of these organizations, complaints are directed to the human resources, medical or occupational health departments. Of the remaining organizations, seven direct complaints to a joint management/union committee, while in three organizations, the services of an ombudsman are available.

Elements of Substance Abuse Programs: Survey Results

The survey asked respondents to indicate the components that currently make up their substance abuse program (see Table 2).

Formal Written Policies

Substance abuse practitioners maintain that formal written policies are the foundation of an effective substance abuse program. Written policies provide employees with a sound sense of employers' expectations about standards of conduct. They also show employer commitment, provide a sense of structure, and promote team spirit and open com-

⁹ Walter E. Scanlon, *Alcoholism and Drug Abuse in the Workplace: Employee Assistance Programs* (New York: Praeger, 1986), p. 73

Table 2**Program Components: Organizations with Substance Abuse Programs (N=97)**

Program component	Per cent with component
Assurance of confidentiality	74
Employee education	53
Training of supervisors regarding problem recognition	55
Written policy and procedures statement	71
Documentation of deteriorating job performance	63
In-house clinical services	3
Clinical services performed by outside consulting agencies	60
Follow-up monitoring of employee	63
Peer prevention and referral program	26
Clinical services performed by community agency	40
Follow-up record keeping	3
Health insurance coverage	59
Drug testing	14

Source: The Conference Board of Canada

munication.¹⁰ Authorities mostly agree that policies should be flexible, well communicated and, above all, clear. A clearly defined policy will decrease the chance of the employer's position on substance abuse being misinterpreted.

A clear statement of policy usually constitutes the core of a program. Typically, the policy identifies alcohol or drug abuse as a medical problem that is amenable to treatment and rehabilitation. It also usually specifies the responsibilities of all stakeholders as they relate to the program. "

In arriving at a clearly stated policy, several important questions are usually addressed. As one respondent put it,

¹⁰ Thorley J Mills *Small Business Reports*, November 1988 Vol 13, Number 9, p 67

¹¹ Scanlon, *Alcoholism and Drug Abuse in the Workplace*, p 58

"Employers should be very clear on the answers to questions such as: should the policy focus on possession, use, distribution and sale of alcohol on company premises? should there be searches for unauthorized alcohol? how should employees with alcohol or drug dependency be identified? and under what conditions should rehabilitated employees be reinstated in their original jobs?"

Fifty-eight per cent of organizations surveyed have formal written policy statements; more than half have had such a policy in place for over five years. About one-quarter of the respondents (N=82) use informal approaches to deal with substance abuse, relying on unwritten or time-honoured procedures (see Table 3 for a breakdown). The tendency to have a written policy is more prevalent in unionized organizations, where 66 per cent have written program policies, compared with only 33 per cent of organizations in non-unionized environments.

Identification

Many program administrators argue that the ideal method of helping employees to overcome a substance abuse problem is self-referral.¹² According to one respondent, "Self-referral is the easiest kind of case to deal with because of the problem of denial. Very often, alcoholic or drug-addicted persons will deny that they have a problem, and they won't seek help until it's too late. If they recognize they have a problem and approach the counselor on their own, their chances of recovery are much greater. "

Employees are more likely to refer themselves for help when they are sure that their identity and the nature of their

¹² William F Banta and F Tennant, *Complete Handbook for Combating Substance Abuse in the Workplace Medical Facts, Legal Issues, and Practical Solutions* (Lexington, Mass. D.C. Heath and Company, 1989), p 263

Table

Practices/Policies/Procedures Governing Management of Substance Abuse Problems
(percentage)

Problem	Nothing	Written policy	Unwritten policy	Time-honoured procedures
Alcohol abuse	2 (n=2)	7 (n=58)	17 (n=14)	10 (n=8)
Drug abuse	6 (n=5)	71 (n=58)	15 (n=12)	9 (n=7)
Mental health	14 (n=10)	32 (n=24)	35 (n=26)	19 (n=14)
Family	16 (n=12)	28 (n=21)	36 (n=27)	21 (n=16)
Other	55 (n=6)	27 (n=3)	9 (n=1)	9 (n=1)

Source The Conference Board of Canada

problem will be kept confidential. Fear of retaliation from the company or criminal prosecution reduces self-referrals but can be offset by written assurances of confidentiality from top management.

Although self-referral is the preferred method of connecting employees with substance abuse services, 77 organizations stated that supervisors and line managers are most often the ones to identify and confront an employee with a potential substance abuse problem. In 54 of these organizations, self-referral is the second most prevalent way of referring employees to the program, followed by peer referral contacts or committees and, finally, upper management. Twelve others indicated that referral responsibilities are shared among all stakeholders in the organization. In a few cases, the responsibility is shared with people outside the organization, such as family physicians or family members.

The organizations in the study tend to use multiple criteria to identify the problem employee. Performance indicators such as absenteeism, erratic performance, and declining productivity were cited as the most frequently used indicators. Physical signs, such as slurred speech and red eyes, are also frequently used. However, in all cases, these indica-

tors are used in conjunction with one another (see Table 4).

Peer Prevention and Referral

About one-quarter of respondents use a somewhat new approach called *peer prevention and referral* for dealing with substance abuse in the workplace. These programs are designed to provide employees with awareness and education about the negative impact of substance abuse and other personal problems. They are based on the philosophy that employ-

Table 4

Criteria Used to Identify Employees with Potential Substance Abuse Problems

(N=97)*

Criteria	Number
Absenteeism	80
Poor judgement	55
Erratic performance	76
Decreasing productivity	72
Excessive material spoilage	25
Customer complaints	37
Failure to meet schedules	47
Physical signs	70

*Respondents were allowed to make multiple responses
Source The Conference Board of Canada

ees can have a positive influence in *assisting and supporting distressed co-workers*. Assistance may take the form of co-workers preventing an impaired employee from entering the workplace or from continuing on the job. Responsibility and positive action by employees are stressed, as is confidentiality.¹³

Service Providers

Sixty per cent of organizations favour the use of external (consulting) agencies to provide clinical services, while in-house clinical services or community agencies are used by 38 and 40 per cent, respectively. One-third of all respondents use a combination of in-house and external services.

Seventy-one per cent of the 14 small (200-1,000 employees) organizations surveyed indicated that clinical services are performed by outside consulting agencies, while only 21 per cent indicated that such services are performed in-house. For larger organizations (which are more likely to have a fully staffed medical department), 54 per cent of medium and 64 per cent of large firms use outside consulting services.

There are likely to be at least two reasons for the use of outside agencies. First, many organizations lack appropriate physical, financial and human resources to cope with substance abuse. A second reason has to do with confidentiality. Many companies see this aspect as central to program effectiveness, and some of them are more comfortable in contracting out clinical services to safeguard employee anonymity.

Communications

Most respondents communicate policies through a combination of written

and visual media. More than half communicate through a combination of articles in company newsletters and magazines, employee orientation sessions, the employee handbook, and booklets or videos. Only one-quarter of respondents use written/visual approaches in combination with staff meetings or special information sessions.

Follow-up Monitoring

Most organizations follow upon the progress of a treated employee by monitoring job performance. Follow-up monitoring is also important in determining whether the program is functioning properly and whether it has benefited employees. Nearly two-thirds of the organizations in this study practise follow-up monitoring. Of these companies, 42 per cent provide monthly follow-up for two years, and 39 per cent keep a written record of an employee's progress after treatment.

Importance of Program Components: Survey Results

Respondents were also asked to give their opinion on the relative importance of various program components to the effectiveness of their substance abuse programs (see Table 5).

Confidentiality

Nearly three-quarters of all respondents include a written guarantee of confidentiality in their substance abuse programs. Most of these organizations gave several reasons for stating that confidentiality is the most important component of their programs.

Confidentiality is a general mandate of many helping professions (e.g., physi-

¹³ Adapted from *Report of the Fact-Finding Panel on Peer Prevention and Education*, Barb Butler et al, for Imperial Oil Limited, November 1990.

Degree of Importance of Program Components to Effectiveness of Substance Abuse Program

(percentage of respondents)

Program component		Degree of importance (1= most important 5 = least important)			
		2	3	4	5
Written policy statement (N=55)	40	15	13	9	23
Employee education (N=58)	35	21	17	14	13
Supervisor training regarding problem recognition (N=56)	29	27	16	18	10
In-house clinical services (N=32)	25	19	6	13	37
Services performed by outside consulting agency (N=44)	18	14	7	5	56
Services performed by community agency (N=29)	21	10	10	7	52
Assurance of confidentiality (N=59)	41	17	14	14	14
Follow-up monitoring (N=40)	20	5	8	5	62
Follow-up record keeping (N=28)	21	7	4	11	57
Documentation of deteriorating job performance (N=43)	21	9	9	12	49
Health insurance coverage (N=40)	18	10	5	5	62
Drug testing (N=17)	12	12	12	6	58
Peer prevention and referral (N=29)	21	7	7	7	58

Source: The Conference Board of Canada

cians and social workers) who might deal with clients of a substance abuse program. In addition, the sensitive nature of substance abuse dictates that these professionals be concerned with protecting the identity of the individual to minimize the "labelling effect". Individuals who are defined as alcoholics (or drug abusers) may "act out" the role ascribed to them. These people may see themselves as alcoholics (and continue to behave accordingly) partially because they have been defined as such.

Employee Education

Respondents reported that another component critical to program success is employee education. Program practitioners recognize that if employees are to refer themselves, it is imperative that they

be aware that help is available. Additionally, employee education can lend the substance abuse program a pre-emptive capacity by teaching employees about the hazards of alcohol and drug consumption. As one EAP manager put it, "A preventive program focusing on education is essential. If you educate employees about the dangers, then you decrease the likelihood of seeing someone when it's too late to help them."

Unions express a similar view. One union leader made the point this way: "At [one organization] upper management started talking about what a wonderful EAP program they had, and the employees were saying 'what program?' [The company] did have a program, and a few people used it every year, but they didn't have an educational component at

all . . . it just looked good on paper. ”

Training of Personnel

Since the referral process begins with identification of an employee with potential substance abuse problems, appropriate training for supervisors, labour stewards or other volunteers is necessary. In addition, these identifiers maybe called upon to provide employees with information regarding the company’s policies and practices and their options for counseling and treatment.

In this survey, respondents in 58 per cent of organizations (27 out of 47) stated that their identifiers had received some formal training. The formal training ranged from professional post-graduate degrees in social work to one-day or one-week training courses. The use of more informal (but not necessarily less effective) training was also evident in the sample. Some organizations chose identifiers who could be classified as “caring individuals”, who had had some experience with community conflict resolution or who had learned about substance abuse through their personal experience on the road to recovery. Importantly, the training programs for identifiers emphasized the recognition of problems in job performance rather than diagnosis of medical conditions.

Written Policies and Procedures Statements

As mentioned earlier in this report, formal written policies are the cornerstone of substance abuse programs, and many organizations have taken a flexible approach to policy formation to ensure

that the strategy reflects the changing needs of the organization and its employees. In some of the organizations surveyed, policies are continually being fine-tuned to reflect changing realities.

Documentation of Deteriorating Job Performance

Substance abuse in the workplace is most often treated as a job performance issue. For this reason, the documentation of deteriorating job performance was seen as important to the success of a substance abuse program. However, as many respondents also recognized, there are some important difficulties with the use of job performance as an indicator of substance abuse. It is argued, for instance, that some individuals can maintain or even increase their productivity while remaining addicted to alcohol or drugs.¹⁴ Although there is a strong *association* between drug use and performance problems, there are difficulties with the notion that drug use is *causally* related to poor performance.¹⁵

Effectiveness of Substance Abuse Programs

Techniques used to measure the effectiveness of employee assistance programs fall into two broad categories: monetary and humanistic.

Monetary measures focus on *cost effectiveness* (i.e., the amount of money that can be saved through the EAP or a substance abuse program) or *cost efficiency* (i.e., whether the program actually provides the appropriate level of service in proportion to its cost). Such measures attempt to focus on

Formal written policies are the cornerstone of substance abuse programs.



Monetary measures focus on cost effectiveness or cost efficiency.



14 Luthans and Waldersee. “What Do We Really Know About EAPs?” in *Human Resource Management*, Fall 1989, Vol 28, Number 3, pp 385–401 And also see Michael J. Holosko, “Prerequisites for EAP Evaluations: A Case for More Thoughtful Evaluation Planning”, in Michael J. Holosko and Marvin D. Feit, eds., *Evaluation of Employee Assistance Programs* (Haworth Press, 1988)

15 Scott MacDonald and Stephen Doooley. *The Nature and Extent of EAPs and Drug Screening Programs in the Transportation Worksector* (Toronto: Addiction Research Foundation)

the *tangible* benefits of substance abuse programs, for example, the financial savings generated through changes in the work behaviour of an employee or through decreased absenteeism.

Organizations emphasizing cost effectiveness or cost efficiency usually try to assess the relationship between job performance and the cost of the program. However, it is not always possible to link changes in job performance (or decreases in absenteeism) to the effects of a substance abuse program or EAP. One program administrator said, "I am not aware of an easy formula for figuring out whether the program is effective. [In our company] we use things like disability and absenteeism trends, but they in themselves aren't that indicative of causality. It's very difficult to get any meaningful hard data on the cost effectiveness of [these programs] ."

In contrast, humanistic measures focus on the effect of the program *on the employee* by examining issues like the number of successful treatments or the recovery rates of the clients of the program. These measures are intangible in the sense that they include positive changes that may be difficult to translate into dollar figures. For example, the substance abuse program, perhaps in conjunction with the EAP in which it is embedded, may improve a community's standard of living or help to reduce domestic violence, unemployment and health care costs.¹⁶ As one respondent put it, "From any perspective, bottom line or human relations, if the EAP or substance abuse program can save one person from destroying himself, then that's success."

This study attempted to gather information on both humanistic and monetary

Humanistic measures focus on the effect of the program on the employee.



measures of program effectiveness. It found that very few organizations in the sample use monetary measures of effectiveness and that two-fifths of all participants have difficulties evaluating the effectiveness of their programs.

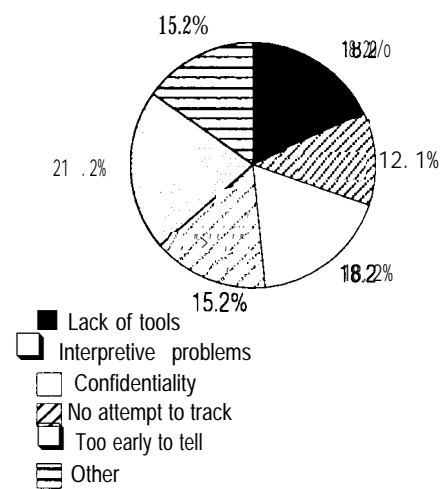
Problems in Determining Program Effectiveness

Forty per cent (30 of 75) of the respondents felt that they had problems in determining the general effectiveness of the substance abuse program, and about 15 per cent make no attempt at program evaluation.

As Chart 2 shows, respondents identified lack of appropriate measurement tools as a major obstacle to determining overall effectiveness of the program. Nearly 20 per cent of organizations cited confidentiality requirements as the main reason for this.

Chart 2

Types of Problems Encountered in Evaluating Programs



Source: The Conference Board of Canada

¹⁶ See Holosko and Feit, eds *Evaluation of Employee Assistance Programs*, pp 129-149

The most common method of evaluation relies on medical/EAP statistics.

"Programs that demand confidentiality often don't allow for full disclosure of treatment outcomes," said one respondent. In addition, the fact that the program can have intangible results usually makes it difficult to apply quantitative measurement techniques. Nevertheless, about 5 per cent of the companies studied are attempting to develop quantitative assessment tools.

Several respondents mentioned that evaluation procedures are not designed to control for the effects of other variables while examining the impact of the substance abuse program. Thus, it is difficult to tell whether improvements in attendance or reductions in absenteeism are a result of the substance abuse program, of a reorganization of working relationships or of other human resource initiatives.

Another difficulty with evaluation methods pertains to the identification process. There is a chance that employees may be identified as having a problem when in fact they do not. The result may be the *mislabelling* of heavy, but not problem, drinkers as alcoholic. In cases like this, part of the success rate achieved by a substance abuse program maybe due to the "successful" treatment of persons who were not alcoholic to begin with. "

Some respondents using statistics on program utilization felt there were difficulties in interpreting the meaning of "increased program utilization". As one respondent put it, "Although our usage [of the program] is up, we don't know if the problem is more pervasive or more accepted and visible" Although they were aware of the challenges involved in using current evaluation methods, some respondents did provide information on

both the perceived and statistical effectiveness of their programs.

Methods of Evaluation Used

Given the various problems with methods of evaluating substance abuse programs, organizations are concerned with maximizing the validity of the measurements they do use. Although many continue to search for more valid and reliable methods of evaluation, most rely on *multiple* measures of effectiveness (see Table 6).

The most common method of evaluation relies on medical/ EAP statistics on the number of referrals to the program, the reasons for referring the individuals, the sources of the referrals, and the treatment outcomes. In addition, nearly one-half of respondents indicated that program evaluation is contracted to third-party EAP providers or consulting firms.

The majority of respondents also emphasized job performance as a measure of the program's success. Improved job performance, for example, ranks only slightly behind the use of medical and EAP statistics as the main criterion used for program evaluation. Absenteeism rates and the number of sickness and/or accident claims also rank high. None of the surveyed organizations use measurement techniques comparing treated employees with control groups.

Specific Measures of Success

Respondents were asked to provide specific information vis a vis the various success indicators they use. Table 7 illustrates the extent to which participating organizations felt that their programs had been successful in a general sense.

17 Richard M. Weiss, "Writing Under the Influence Science versus Fiction in the Analysis of Corporate Alcoholism Programs" in *Personnel Psychology*, Vol. 40, Number 2, Summer 1987

Criteria for Program Evaluation

(number of organizations)¹

Number of sickness and/or accident claims	20
Number of days lost	24
Amount paid in sickness and/or accident benefits	13
Improved job performance	42
Management statistics (number of known cases, disciplinary incidents, search results etc.)	14
Medical/EAP statistics (number of referrals, reason, source, treatment outcome)	48
Secondary measures (safety, absenteeism, productivity indices)	19
Statistical compilation of test results	2
Blind random (anonymous) testing	0
Confidential benchmark survey followed by periodic surveys	5
Pre- and post-treatment injury rates	3
Absenteeism rates	29
Number of disciplinary actions	16
Comparison with control group	0

¹ Respondents were allowed to make multiple responses
Source: The Conference Board of Canada

Table 8 provides a more detailed breakdown of the extent to which respondents' programs have been successful.

Ninety-seven per cent of 23 respondents saw positive treatment outcomes among employees referred to the substance abuse program. Twenty-two companies provided information on the number of work days lost. Of these, 93 per cent reported that the number of days lost had decreased since the implementation of the substance abuse program.

Improved job performance was observed by 88 per cent of the 33 organizations providing data on this measure. The number of management-initiated referrals increased in 88 per cent of 24 companies using this measure, while referrals increased in 80 per cent of 30 companies that track referrals of any kind. Eighty-six per cent of the 42 organizations that track program success by measuring program utilization found that utilization had increased where cases involved alcohol and/or drug abuse.

Of the 19 organizations that keep track

of injury rates in relation to alcohol and drug abuse, slightly more than one-half reported decreased injuries because of program implementation.

Penetration Rates

According to Shain and Groeneveld, measuring effectiveness typically means asking two major questions: "first, to what extent is the population at risk penetrated (penetration rates) by the

Table 7

Evaluation of Substance Abuse

Situation After Three Years of Program Operation
(percentage)

Substance	Worse	Same	Better	Don't know
Alcohol (N=60)	7	28	48	17
Drugs (N=59)	10	20	49	20
Prescription drugs (N=56)	2	25	21	52

Source: The Conference Board of Canada

Opinions on Improvement Due to Implementation of a Substance Abuse Program
(percentage)

Evaluation criteria	Improvement	No improvement
Number of accidents/incidents (N=24)	54	46
Number of sickness and/or accident claims (N=24)	63	37
Number of days lost (N=22)	93	27
Amount paid in sickness and/or accident benefits (N=19)	58	42
Job performance (N=33)	88	12
Injury rates (N=19)	53	47
Number of disciplinary actions (N=18)	56	44
EAP utilization (where cases involve alcohol/drug abuse) (N=42)	86	14
Number of search results (N=4)	25	75
Number of referrals to program (N=30)	80	20
Positive treatment outcomes (N=29)	97	3
Number of peer prevention referrals (N=16)	81	19
Number of management-initiated referrals (N=24)	88	12
Productivity indices (N=12)	75	25
Security incidents statistics (N=8)	38	62
Safety records (N=16)	63	37

Source: The Conference Board of Canada

program; and second, to what extent are changes (success rates) wrought among the people who are identified as having problems and with whom some intervention is attempted".¹⁸ Many respondents to this study use figures on the number of employees using the program as an index of penetration.

Another useful measure of penetration tries to examine the extent to which a program *actually reaches the individuals who need help*. This approach usually involves taking a simple ratio of employees who have been identified as having a problem to total employee population. According to Shain and Groeneveld, the

penetration rate should account for the number of employees who have been successfully treated by the program in a given year while controlling for employee turnover and hiring. They recommend using the formula for penetration rate defined in the work of Schlenger and Hayward. "

It should be noted that the precision of this formula is only as good as the *estimate of prevalence* of substance abuse (the estimated proportion of problem drinkers in the workforce) in a particular workplace. Relatively few organizations attempt to accurately determine the prevalence of alcohol and/or drug abuse

18 Marlin Shain and Judith Groeneveld, *Employee Assistance Programs Philosophy, Theory and Practice* (Lexington, Mass, Lexington Books, 1980), p 23

19 See Shain and Groeneveld, *Employee Assistance Programs*, p. 50 The formula for calculating penetration rate is given by the equation

$$\frac{PD}{A (E+H) - C}$$

where PD = the number of problem drinkers identified and referred to treatment in a given time period; A = the estimated proportion of problem drinkers in the work force; E = the number of employees at the beginning of the time period; H = the number of employees hired during the same period; and C = the number of people who are successfully treated and retain their jobs.

in the workplace (for example, through an employee survey of drinking and drug use); most make an educated guess on prevalence and/or rely on national prevalence statistics.

In this study, respondents' estimates of prevalence averaged 8.3 per cent, nearly 2 percentage points below the national prevalence statistic of 10 per cent. Of the 42 organizations providing information on effectiveness, 16 provided enough data to determine penetration rates.

As Table 9 shows, these 16 organizations had penetration rates ranging from .5 per cent to 72 per cent. To arrive at an undistorted average, the extraordinary 72 per cent figure was excluded from calculation (see Exhibit 2). The 15 remaining organizations averaged 6.8 per cent

Table 9

Penetration Rate for 16 Organizations, by Size of Organization
(percentage)

Number of employees	Penetration rate
42,000	0.5
28,000	20
23,000	90
21,700	50
16,282	72.0
12,800	2.0
4,800	5.0
4,691	9.0
3,094	15.0
2,000	15.0
1,500	10
1,497	50
870	12.0
700	6.0
500	100
480	50

Source: The Conference Board of Canada

20 This number must be interpreted with caution. It means that, of the estimated percentage of the employees at risk for substance abuse, 68 per cent are actually reached by the program. While this figure may seem discouraging, Shain points out that each figure is only

penetration.²⁰ This figure is much lower than respondents' estimates of the percentage of employees who need and are given treatment. Forty-three organizations estimated a penetration rate of 28 per cent. This would seem to suggest that many organizations are optimistic in their estimates of the extent to which their program is reaching those in need.

Successful Treatment Outcomes

Respondents were asked a series of questions designed to estimate the extent to which the program actually helped the employee. Thirty-four provided data on the number of employees identified and referred for treatment and the number of these employees who were treated successfully. Sixteen of the 34 reported that their programs had been 100 per cent successful in treating the employee such that the employee was able to retain his or her job. The average success rate in this sense averaged 78 per cent and ranged between 0 and 100 per cent.

21 [REDACTED]

The organization with the 72 per cent penetration rate was asked to provide further information to help explain this high number. The program manager explained that the organization has a high number of employees that are identified and referred for treatment. It also has had a substance abuse program in place for more than 20 years and enjoys a high degree of co-operation between the union and management. The aspect of the program most crucial to its success is the fact that management and EAP leaders place the greatest emphasis on communicating policies and educating employees about the dangers of substance abuse. This approach, combined with a strong emphasis on self-referral, has created a phenomenal success rate, in addition to cost returns in 1991 of \$12.08 for every dollar spent on the program,

as good as the estimated population at risk. Given that most organizations base their estimate on national prevalence statistics, it is difficult to say how accurate the penetration rates really are,

It should be noted, however, that some of these organizations were unable to provide figures for the number of successfully treated employees because the program was too young. Probably because of their command over greater resources, larger organizations (those with 1,500 or more employees) were more likely to have these data.

Respondents were also asked to indicate the percentage of identified employees who dropped out of or refused treatment. The average for the 24 organizations reporting this figure was 4.7 per cent, with a range of 0 to 50 per cent.

Respondent Opinions of Program Success

Respondents believe that their programs are extremely effective. In terms of overall measures of program success, nearly half of the organizations surveyed indicated that the situation with respect to alcohol abuse (48 per cent) and drug abuse (49 per cent) had improved in their organization. Slightly more than half the companies surveyed did not know whether the situation had changed or not with respect to the abuse of prescription drugs.

Most respondents agreed or strongly agreed that the substance abuse program had improved the job performance of employees (81 per cent), contributed to a safer work environment (67 per cent) and reduced the incidence of alcohol and drug problems in the workplace (67 per cent). In addition, most respondents agreed or strongly agreed that their programs had improved employee morale (65 per cent). Overall, 95 per cent of the respondents were convinced that the benefits of a substance abuse program outweigh the costs.

▶ Respondents believe that their programs are extremely effective.

▶ Organizations that have implemented, or are considering implementing, testing procedures are careful to develop policies which are in the parameters of human rights legislation.

Testing for Substance Abuse in the Workplace

Testing for substance abuse is perhaps the most controversial aspect of substance abuse in the workplace. The controversy centres around human rights and confidentiality issues, the validity of testing technology, and concern for the safety of employees and the public.

Human Rights

Human rights advocates point out that testing may invade the privacy of the individual. Two areas of law have a bearing on drug testing. Human rights legislation applies to drug-testing policies, since dependence on drugs or alcohol is defined under existing legislation as a disability (handicap or illness). Secondly, collective agreements or employment contracts may impose express or implied restrictions based on the employee's right to privacy. "For this reason, organizations that have implemented, or are considering implementing, testing procedures are careful to develop policies which are in the parameters of human rights legislation."²¹ The Canadian Human Rights Act provides that a practice such as drug testing is not discriminatory if it is based on a bona fide occupational requirement (BFOR).²²

Doug Hockley, program manager of the employee assistance program at B.C. Tel argues that "too many companies and unions are going to jump on the drug-testing bandwagon because they lack the information to deal effectively with substance abuse in the workplace. Drug testing is not required, and drug testing is a costly, unnecessary, and discriminating

²¹ Ronald LeBlanc, *Impact: Labour Law and Management Practices Newsletter*, August 1990, Vol 2, Number 5

²² For a discussion of these requirements, see *Equal Times*, Vol. 3, Issue 9, November/December 1990, p70

intrusion into the personal life of an employee. It says, 'We don't trust you, and we know what's best for you, so you do as you are told or you won't work for us'." In this organization, a peer prevention and referral program and extensive employee education are cited as the components most important to the success of the substance abuse program.

Effectiveness of Drug Testing

Some respondents questioned the degree to which testing will actually alleviate the problem of substance abuse in the workplace. Other respondents questioned the accuracy and emphasized the limitations of available testing technologies. For example, urinalysis can determine whether someone has ingested drugs recently but cannot determine the amount ingested or if that person is presently impaired. In addition, some analysts contend that substance abusers can hide their addictions despite the sophistication of testing technology. On the other hand, some organizations have argued that available testing technology is highly accurate *when used properly and in conjunction with appropriate confirmatory tests.*

Safety and Productivity: Rationales for Testing

Safety is a central rationale for drug testing, as illustrated by developments in the transportation sector. There, employees have gradually gained a measure of acceptance of drug testing, since their work directly affects the lives and safety of many.²³ One executive says, "We have taken a very public position on drug testing. We now implement pre-employment testing for safety-sensitive positions . . . ultimately our concern is with safety,

because it makes good business sense."

At Imperial Oil, Warren Bartnes, manager of the alcohol and drug program, confirmed that the company's priority in developing their new alcohol and drug policy was a commitment to the health and safety of employees, sales associates, contractors, customers, the public and the environment. "Every reasonable effort is being made to minimize risks associated with our operations to ensure a safe, healthy and productive workplace. The company's policy is based on education and awareness of alcohol and drug impacts and a formal employee assistance program. Drug and alcohol testing is only one component of Imperial's comprehensive program."

Survey Results

A small proportion of surveyed organizations are currently testing their employees for substance abuse. Fourteen organizations indicated that they have testing procedures in effect. Of these, four are in the transportation sector. Another nine organizations indicated that they are considering introducing testing procedures. Of these, three are in the transportation sector. Thus, of the 23 organizations that already have or are considering testing for substance abuse in the workplace, nearly one-third are in the transportation sector.

The majority (72) of organizations indicated that they do not test for substance abuse, mainly because of the legal ramifications of testing (33), employee resentment (25) and uncertainties in the drug testing process (23). Another 24 stated other reasons for their reluctance to implement a drug-testing policy, including the argument that drug testing is not

► Available testing technology is highly accurate when used properly and in conjunction with appropriate confirmatory tests.

► The majority of organizations indicated that they do not test for substance abuse.

²³ See LeBlanc, *Impact: Labour Law and Management Practices Newsletter*

All the testing organizations indicated that their testing programs are premised on rehabilitation of the employee rather than punishment.

demonstrably more effective than an EAP (9) and concern that drug testing may violate human rights (7).

Nearly one-half of all surveyed organizations commented that careful thought should be given to why drug testing programs should be implemented. The testing organizations cited concern over legal liability in accidents and incidents as the most important reason for testing their employees. Employee concern over the use of alcohol and drugs in the workplace was also mentioned as an important reason for implementing a drug-testing policy. In addition, clear evidence of drugs and /or alcohol in the workplace was cited as very important in encouraging the decision to test employees.

Testing Procedures

Of the 14 organizations responding to the question on which jobs are tested, eight stated that safety-sensitive jobs are tested, three cited regulated jobs, and four cited all jobs.²⁴

Five organizations test for illegal drugs alone; six test for alcohol, illegal drugs and prescription drugs; four test for both alcohol and illegal drugs; and only one tests for both illegal and prescription drugs. Eleven organizations test at the pre-employment phase, nine test for cause, six to monitor treatment, four after an accident or incident and five periodically. Only one organization uses random or "spot" tests.

Collection of the employee's blood or urine sample is conducted in-house in five cases and contracted out in nine. Analysis of the sample is carried out by outside contracted agencies in all 14 cases. The test results are reviewed by an

in-house medical panel in nine companies, while in five others this service is contracted out.

The consequences of positive identification for both alcohol and drugs are most frequently a referral to the EAP service (eight organizations). As well, a medical referral is used in seven organizations for drugs and five for alcohol, and a warning is given in four companies. Prosecution and/or dismissal is not a consequence of first-time positive testing in any of the organizations. Moreover, all the testing organizations indicated that their testing programs are premised on rehabilitation of the employee rather than punishment.

Testing Technology

Urinalysis is used by all 14 organizations. Six companies also use blood tests while another two also use the breathalyzer.

Each organization considers the testing technology it employs to be very accurate or extremely accurate. Nine out of the 14 using urinalysis consider this testing technology to be extremely accurate. For the most part, these organizations feel there are no problems with the testing technology. Only one respondent questioned the accuracy of the technology used.

In all 14 cases, an employee sample that tests positive on the first screen is automatically subjected to a second screen using gas chromatography/mass spectrometry. This technique is a more complex and fully accurate testing methodology and is used to protect employees from the consequences of an unconfirmed positive screening."

²⁴ These organizations were allowed to make multiple responses

²⁵ For a fuller discussion of some of the myths surrounding urinalysis, see Albert D Fraser, 'Reliability of Urine Drug Testing', Dalhousie University, September 1990,

Achieving a Balance

While drug-testing programs may help improve safety, some survey findings show that they can damage employee morale and attitudes towards work.²⁶ Also, drug testing may not produce accurate results, and a complete reliance on drug testing may not adequately address the root causes of substance use and abuse. For these reasons, some have argued that drug testing is a less than desirable option for curbing drug and alcohol use in the workplace.

Some organizations argue that the problem of accuracy, the stop-gap nature of drug testing and the possibility of violating human rights must be balanced with the rights and safety of others both within and outside the workplace. Those organizations currently testing for substance abuse are concerned with their reputations and the impact of substance abuse on the bottom line.

Inside the Substance Abuse Program: Three Examples

Many organizations have taken major steps to provide assistance for employees with substance abuse problems. The organizations examined here were chosen because they have long recognized the importance of substance abuse issues. Some of their program components are unique, while other aspects are more typical of substance abuse programs in general.

Canadian National Railways

Perhaps no other industry is as sensitive to the dangers of substance abuse as the transportation sector. At Canadian National Railways, a preventive substance abuse program has been in place since the early 1980s. The company began

with an alcohol treatment program in 1971, and as illegal drugs became evident in the workplace, the program expanded to include those substances as well. Today, the program is a broad-brush employee assistance program addressing a variety of personal problems that may affect employees in the workplace.

The primary reason for implementing the policy was concern over the safety of employees, the public and the environment. "We move dangerous commodities and our work can affect the lives of hundreds of people. Consequently we are very concerned about safety issues . . . we have a moral obligation not to let someone go to work impaired," says Diane Chiasson, system manager of the employee assistance program.

Chiasson credits assurance of confidentiality for the increasing utilization of the substance abuse program. There was a time when the policy required a supervisor to be told when an employee in a safety-sensitive job participated in an EAP for an alcohol or drug problem. There was no anonymity, so program utilization started going down. "We made a change in our policy in 1990 which returned anonymity to the program and have tightened up our administrative procedures to ensure complete confidentiality for employees participating in the program. We have done a lot of program promotion stressing confidentiality, and our [utilization] numbers are going up," says Chiasson.

Union support is also cited as a key component of program success, and the company and its unions have signed one of the first memoranda of agreement on the control of alcohol and drugs in the workplace. Union support is critical for two reasons. Number one, the program

²⁶ Allan Hanson, *Personnel*, July 1990, p. 32

has union support, so employees are going to buy into it. Number two, it permits peer pressure. It also allows the union to have a say in the program through the establishment of local EAP committees, and it allows an overseeing body to make suggestions. The presidents of the five signatory unions and five company executives meet twice a year to look at the program as partners.

As the program at CN has grown, its designers have recognized that substance abuse programs are not all alike. Indeed, the CN experience has been to ensure that the character of the program matches the character of the organization. Chiasson cautions novice EAP planners not to stereotype employee assistance programs. "There are some people who say that 'there can only be professionals in this business . . . you can't have an internal EAP, or you can only have an EAP if counseling is available on company property.' Avoid stereotypes. Look at the kind of organization you have, because every EAP is different. For example, ours is very much in sync with the fact that railway workers are like a brotherhood

they may feel more comfortable going to a peer or our EAP committee." The peer prevention and referral approach works well because of the tendency for workers in the rail industry to look out for one another and because they depend on one another for their safety.

The fact that many employees see themselves as members of a brotherhood means that word-of-mouth communication about the program is very strong. This factor supplements a strong communications policy featuring open houses, safety days, articles in internal newsletters, posters, and so on.

Although CN uses pre-employment drug testing for safety-sensitive positions and for those employees who are trans-

ferring from a non-safety-sensitive to a safety-sensitive position, Chiasson feels that efforts should be made to distance the employee assistance program from drug testing. "If the EAP is perceived as linked to drug testing, then it becomes perceived as a policing agent. In turn, this will decrease your voluntary referrals." In addition, the drug-testing policy is viewed not as a control strategy but as one tool among many to identify troubled employees.

CN'S tailored approach is also evident in its attitude towards evaluation of the substance abuse program. The company feels that the program is successful if an employee is back at work and performing effectively. "If the [follow-up] reports from the supervisors are good, then that is a successful completion," says one executive, "but we are concerned with the question of measurement and evaluation."

Although the company is currently studying possible methods of evaluation, it recognizes that whatever method is chosen must correspond to the unique circumstances of the organization. Chiasson says that CN has "defined one main measurement tool. That is the utilization rate, which is the total number of new cases we have each year, divided by the total population. We have certain standards as to what constitutes a new case; these are different than those of other companies . . . We can't compare [our numbers] to another organization's numbers, because we don't use the same factors. Some companies will open a case on the basis of a phone call; others will open a case if they have met with the person; it depends on the criteria you use. Our criteria are very severe. We will not open a case unless an *action* to refer the person has taken place.

"Our next step in the evaluation process is to assess the degree to which employees

are actually being helped by the program,” says Chiasson. “We have to find an unbiased way of measuring. . . . We need a tool, and that’s a major undertaking because there are no models to go on.”

CN executives offer this advice for those contemplating starting a substance abuse program: “Think about why you are doing it. What is it that you are trying to achieve? And if your company is unionized, design and implement your program jointly . . . that’s really important.”

The Toronto Dominion Bank

The Toronto Dominion Bank is taking an active approach to the issue of substance abuse in the workplace. It is recognized that substance abuse is a significant social problem, which inevitably will be reflected to some degree in the workplace. According to Catherine Robertson, the Bank’s manager of employee relations (policy), the Bank has decided to take a position of leadership in dealing with the problem: “It is in our interest and in the interest of our customers to maintain a healthy, productive and safe environment in which the highest standards of integrity, service and security are provided.” Jim Lawson, the assistant general manager of employee relations, sees it the same way: “Customer service in the banking business means maintaining the highest levels of honesty and trustworthiness. We make a major investment in the training and ongoing development of our workforce, all in the name of better customer service. But it doesn’t mean much if customers entrust us with their money and confidential information and they cannot be assured that their confidence is well placed.”

To deal with substance abuse in the workplace, the Bank begins with educa-

tional programs, available in each division across Canada, and regular articles on drug abuse in the hi-weekly employee newspaper. To supplement the educational program, each workplace has received a video, available for home use, which teaches parents how to counsel their children about drugs.

A comprehensive employee assistance program can really pay off. Employees have free confidential access to counselors regarding substance abuse problems, both for themselves and for members of their families, by using the Bank’s EAP, Reach Out.

Testing for illegal drug usage is another element of the Bank’s substance abuse program. As part of the recruitment process and only after an offer of employment has been made (and accepted), all new employees agree to be tested for illegal drug usage.

Prior to accepting an offer of employment with the Bank, applicants are informed in detail of the substance abuse policy and how it operates. Included in the information is an explanation of the rehabilitative aspects of the policy. “We want to ensure that prospective employees understand what is involved,” says Jim Lawson. “The testing is designed to be rehabilitative, not punitive. Confidentiality and trust are critical ingredients. The policy is sensitive to human rights obligations, including the duty to accommodate persons with disabilities.”

Mr. Lawson notes that the Bank treats a positive drug test merely as an indication of the need for follow-up by a qualified health professional as part of a confidential assessment process.

From this assessment, it may appear that an addiction is present, at which time a referral will be made to an agency that specializes in the identification and treatment of addictions and substance

abuse problems. If the specialist's opinion indicates casual or recreational use, but no addiction that could arguably qualify as a "disability", the course of action for the employee is clear: the individual must discontinue use of illegal drugs.

If an addiction is present, a different approach is followed. This involves a rehabilitative program with the goal of overcoming the addiction. It may include treatment programs, on a residential or out-patient basis, conducted by a specialist agency staffed by qualified professionals. The program is individually tailored to the nature of the addiction and the circumstances of the employee. This approach is fully consistent with the Bank's duty to accommodate. In fact, a person who is addicted probably stands a better chance of overcoming the addiction as a Bank employee, with access to rehabilitative assistance, than if he or she had not been hired by the Bank.

To demonstrate commitment to its substance abuse policy, the Bank has established a voluntary testing program for its senior executives as part of their annual medical examinations.

According to Catherine Robertson, the Bank hopes that, ultimately, its approach to substance abuse will not only result in mutual benefits to the Bank and its employees, but will also reinforce the values of honesty and integrity, providing the highest level of customer service in all employees, who are the keys to the business. "We think it is inconsistent with these values to use illegal drugs. Just as educators and parents are telling children, it's important for employees to 'just say NO'. The Bank and its customers should not have to bear risks associated with illegal conduct. Where someone really does have an addiction, however, we recognize that additional steps will have to be taken to help that person resolve the problem so

that he or she can say 'NO'."

Substance abuse is a complicated problem that requires a multi-faceted response. The Bank, as an employer, can help. In the end everyone benefits.

Du Pent Canada

At Du Pent, substance abuse has long been recognized as only one of the many possible problems that employees may be experiencing. In the 1970s the company began with a program specifically designed to support alcoholics, using ex-alcoholic counselors. There was no ongoing in-house support. Since then the employee assistance program, under the umbrella of a program called Health Horizons, has evolved to deal with the emotional and physical well-being of employees and their families. Created four years ago, the program has a broad-brush perspective and is designed to promote and support activities that give knowledge, guidance and opportunity to employees with a variety of problems, including substance abuse. Since they find their current approach to be highly effective, the company sees no need to implement drug-testing policies.

Stu Maloney, program director at Du Pent's Maitland, Ontario, plant, says that access to the program can occur in three ways: "The first is on their own initiative, because they realize they need help. I might add that there is a lot more potential for those who come voluntarily. The second is through a consulting interaction with the organization and /or their peers, and the third is direct intervention, which is initiated on the basis of performance, attendance and those kinds of things." The program provides support for employees' families, because "if you have a teenager with drug problems, that's going to impact on the employee's performance at work".

Maloney feels that one of the most important program components is assurance of confidentiality. Since the program counselors are not Du Pent employees and are available in the employee's home as well as on-site, the chances of confidential information being "leaked" are minimized. According to Mr. Maloney, "If employees realize that the program is not confidential, then they will lose confidence in the program. If management exploits data on an employee's health, then it will be very quickly recognized [by the other employees]." In addition, merely advertising that the program is confidential is not enough. At Du Pent, there is a strong emphasis on "walking the talk" since, as Maloney suggests, "only through [employee] *experience* [with the program] will people develop confidence".

Training for the individuals responsible for identifying employees with substance abuse problems is evolutionary, according to Maloney. The company provides identifiers with training on communication techniques, openness and values, "but basically, it's mostly experiential".

In terms of other key elements contributing to the program's success, Maloney

mentions "the umbrella-like nature of the Health Horizons initiative, the fact that it's a 24-hour service, is tied to the family, and can take place in your home. In addition, the fact that the union (the International Chemical Workers) has been totally supportive has been very important to the program's high visibility among employees and has contributed greatly to its success.

The total wellness approach to substance abuse is highlighted in this organization. "The heritage we have in organizations today is that workers are really treated as a commodity. That's been an arrangement that both parties have grown up with. But in situations like that, you have a tough time bringing in the hearts and minds and spirit of employees. If your corporate entity really has care and concern for individuals as a critical value, and if you are working on the premise that employees can give you a competitive advantage, then you have to be different. So I think being very public and demonstrating that in fact you are prepared to work with employees as an asset, to show a lasting commitment, means that over time the result will be a much more positive work culture."



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