

Review of workplace-based alcohol and other drug early intervention

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EXECUTIVE SUMMARY

In 2005, the Alcohol Advisory Council of New Zealand (ALAC) sponsored a review to:

1. Establish what exists to support employers in the development and dissemination of workplace-based early intervention policy and programmes to address alcohol and other drug misuse.
2. Identify best practice in relation to workplace early intervention, based on international literature.

In doing so, the review would establish where resources could be best applied, by identifying the gaps between current activities and identified best practice in workplace-based alcohol and other drug early intervention.

REVIEW OF INTERNATIONAL LITERATURE

There is limited evidence to inform best practice with regard to workplace-based alcohol and other drug intervention in general and even more limited evidence specific to **early** intervention in the workplace. Thus, the identification of a draft set of best practice principles to support the application of **early intervention** in the workplace must largely draw on the literature regarding workplace intervention in general.

Notwithstanding the limitations of the literature, best practice guidelines can be summarised as follows:

- Use of employee assistance programmes (EAPs)
- Alcohol and other drug intervention programmes delivered as part of an overall alcohol and other drug policy
- Implementation plans for alcohol and other drug intervention policies/programmes
- Alcohol and other drug programmes integrated into broader-based health programmes
- Contextualisation of alcohol and other drug programmes and strategies to specific workplaces
- Alcohol and other drug issues addressed via wellness programmes, to complement the EAP process
- EAPs integrated into the host organisation's functioning
- Open culture that supports employees
- Support for peer intervention processes.

AVAILABLE RESOURCES IN NEW ZEALAND BASED ON STAKEHOLDER FEEDBACK

Various service providers offer information on or apply alcohol and other drug interventions in the workplace. Each offers services or supplies resources related to early intervention to a lesser or greater degree. However, there appears to be limited knowledge of or resources for early intervention specifically.

Based on the evidence appraised, there are no explicit guidelines for the implementation of alcohol and other drug early intervention programmes in the workplace.

The findings of this review suggest that workplace-based management of alcohol and other drug misuse in New Zealand is predominantly provided by:

1. EAP services, typically directed more toward specialist treatment of dependency than early intervention for hazardous or harmful use, although the latter is included in the management approach of one service specialising in alcohol and other drug issues.
2. One peer intervention programme that has been adapted by multiple groups, with significant union involvement.
3. A high-profile drug testing industry.
4. An education and training resource provider that supports and facilitates workplace alcohol and drug policy development and implementation.

The overall impression gained from stakeholders was that New Zealand employers are somewhat unsure about workplace-based management of alcohol and other drug issues and are open to guidance and support from agencies with an interest in this area.

The review highlighted the potential for the delivery of alcohol and other drug early intervention programmes via occupational health nursing. The occupational health role is well represented in many industries and organisations and, based on feedback received in stakeholder interviews, the profession is very open to extending its role into the alcohol and other drug early intervention area.

Stakeholder interviews indicated a strong sense that the “time is ripe” for promoting workplace-based early intervention for alcohol and other drug misuse. Recent legislative changes have focused employers on workplace health and safety, in particular on employee stress. Additionally, there is an increasingly recognised shortage of skilled workers. Both factors contribute to employers taking a more active interest in maintaining and assisting staff to work through problems, including those related to alcohol and other drugs.

PART I – INTRODUCTION AND METHODOLOGY

INTRODUCTION

As part of the Alcohol Advisory Council of New Zealand (ALAC) Workplace Interventions Project, ALAC plans to provide support to employers in their implementation of workplace-based early intervention to reduce the negative effects in the workplace of alcohol and other drug misuse. This initiative fits well within the *ALAC Strategic Plan 2002–2007*, which identifies workplace-based early intervention as a key strategy to achieve ALAC’s goal of reducing alcohol-related harm in the community.

The workplace creates an ideal opportunity for early intervention. Alcohol misuse has been linked to increased absenteeism, lower productivity and higher accident rates in the workplace. Importantly, it is argued that more damage results from hazardous use, eg, binge drinking, than from dependent use (because of the higher prevalence of the former) and it is this group of hazardous users for whom early intervention is appropriate.¹

A collaborative relationship has been formed between ALAC, the Accident Compensation Corporation (ACC) and the New Zealand Department of Labour (DOL) to ascertain the best ways to work, both independently and in collaboration, to support employers to implement workplace-based early intervention.

In 2005, ALAC sponsored a review to:

1. Establish what exists to support employers in the development and dissemination of workplace-based early intervention policy and programmes to address alcohol and other drug misuse.
2. Identify best practice in relation to workplace early intervention, based on international literature.

In doing so, the review would establish where resources could be best applied, by identifying the gaps between current activities and identified best practice in workplace-based alcohol and other drug early intervention.

This paper provides a final report from that review.

TERMINOLOGY

Numerous terms are used in relation to alcohol and other drug use. Key terms used in this paper are defined as follows:

- The term “drug” is used interchangeably with “alcohol and drug” or “alcohol and other drug” throughout this resource. Note that the term drug is not typically used to refer to medication being used as prescribed. It may, however, include misuse of legal or illegal drugs
- It is difficult to define precisely “problem alcohol or drug use” or “alcohol and other drug misuse”. Drug use must be examined within the specific context of age, health status, frequency and extent of use, and associated risks and consequences

¹ Anderson and Larimer et al 2002

A useful approach is to regard alcohol consumption or drug use that is causing a problem for someone as “problem drug use”. This report is particularly concerned with any negative or problematic impact in the workplace setting of the use of alcohol and other drugs, whether consumed at or away from the workplace. Thus, in this report, the term “alcohol and other drug misuse” is used typically to refer to alcohol and other drug use that impacts negatively in the workplace setting

NB: Although the term “misuse” is favoured for this report, where cited studies have used the terms “abuse” or “addiction”, these terms have been used, usually in quotation marks to ensure that findings from these studies are not misrepresented. Similarly the term “dependent” is used where original references cite this particular subset of alcohol and other drug misuse

- The terms “intervention” and “management” have been used in a general sense to represent any type of activity designed to impact positively on the misuse of alcohol and other drugs and its effects in the workplace. They refer to any activity that falls into the category of primary, secondary or tertiary prevention defined as follows. Primary prevention involves the prevention of alcohol and other drug misuse among employees, both at the workplace and in general. Secondary prevention involves the early detection and management of alcohol and other drug misuse in employees. Finally, tertiary prevention involves the support of employees experiencing problems in association with alcohol and other drug misuse, and the facilitation of care and treatment for these employees
- The term “early intervention” throughout the report has been assumed to mean the ALAC definition of early intervention: an approach that aims to reduce alcohol-related harm through timely identification and tailored advice and support for those at risk of harm due to their hazardous use of alcohol.

REVIEW METHODOLOGY

Review work streams

The review comprised two work streams:

1. Review of best practice literature on workplace-based early intervention for alcohol and other drug misuse

Work stream goal

A time-limited overview of selected literature undertaken to establish current knowledge regarding best practice for workplace-based alcohol and other drug early intervention. The review was predominantly based on papers selected and provided by ALAC.

Approach

English language literature published up to December 2004 was searched.

The brief provided by ALAC for the search was: “workplace alcohol and other drug intervention: how to do it, what has been done, in New Zealand and internationally, as part of wellness programmes rather than punitive”.

A literature search on workplace-based alcohol and other drug intervention was completed using the following:

1. Search of the ALAC library database, using the search string “workplace & intervention”.
2. Search of ETOH (National Institute on Alcohol Abuse & Alcoholism) using the keyword “workplace”.
3. Search through a selection of journal web sites, using the keyword “intervention”.

Articles were selected on the basis of date, language and relevance.

The material identified by the above searches was supplemented by the author using further general Internet searches with the keywords “workplace” and “early OR brief intervention” and specific searches by site or researcher to supplement identified material.

2. Interviews with key stakeholders

Work stream goal

Obtain stakeholder feedback on existing resources and needs in relation to workplace-based early intervention to address alcohol and other drug misuse in New Zealand.

Approach

Telephone interviews with a selection of stakeholders with an interest in early intervention in the workplace including:

- ALAC
- DOL
- ACC
- New Zealand Council of Trade Unions
- New Zealand Amalgamated Engineering, Printing and Manufacturing Union
- Business New Zealand
- Environmental Science and Research Limited.

Telephone interviews with a selection of services providing workplace-based intervention or early intervention.

ALAC assisted with the identification of appropriate personnel in each of these organisations and other interviewees were selected using the author’s contacts and from the ongoing stakeholder interview process.

Potential interviewees were contacted with a background e-mail followed by telephone call to set up a time for a telephone interview.

The author supplemented feedback from stakeholders using stakeholder web sites and broader Internet searches.

Limitations

There were some minor limitations to the review as follows:

1. Restricted timeframe for literature review – this was only an issue from the point of view that, as the review progressed, further areas for investigation arose but there was limited opportunity for following up these concepts in more than minimal detail, eg, consideration of occupational health nurse resources for providing early intervention.
2. Limited data and the inconsistent quality of data internationally to establish best practice for brief or early intervention – thus, the best practice principles put forward largely draw on information on general workplace-based interventions for alcohol and other drug misuse rather than early intervention specifically.
3. The review may have benefited from extended inclusion of employer representatives in stakeholder interviews – this requirement may, however, be better met by presenting more concrete proposed activities at a later stage of project planning and obtaining employer feedback in a focus group format.

PART II – RESULTS

REVIEW OF LITERATURE TO ESTABLISH BEST PRACTICE FOR WORKPLACE-BASED EARLY INTERVENTION

Introduction

A proposed set of best practice principles for workplace-based alcohol and other drug early intervention is presented in this section, based on a review of the literature relevant to the implementation of such intervention.

Key points from the literature review are listed below. A fuller summary of the literature reviewed is presented in Appendix 1.

A critical finding was that there is limited evidence available to inform best practice with regard to workplace-based alcohol and other drug interventions in general and even more limited evidence specific to the application of **early** intervention in the workplace. Thus, the identification of a draft set of best practice principles to support the application of early intervention in the workplace can cautiously draw on the limited literature on brief and early intervention in the workplace but largely must defer to principles that apply to workplace intervention in general.

Overall, the literature review revealed that:

- Despite the limited evidence, there is substantial support for the cost-effectiveness of general prevention and counselling or treatment in the workplace aimed at reducing the harm of alcohol and other drug misuse, both for the individual and for the broader community
- Although most references to treatment interventions in workplace programmes fail to mention specifically early or brief intervention, many of the principles put forward for best practice in workplace-based alcohol and other drug interventions in general apply to early intervention
- There is general support for the efficacy of workplace interventions that are effectively based on the “employee assistance programme” (EAP) model. EAPs form a core part of workplace-based alcohol and other drug programmes. Interestingly, despite their history in dealing with alcohol and other drug problems, the wide range of employee problems that are now addressed through an EAP can mean that alcohol and other drug problems do not receive adequate attention in the EAP setting
- Further research, eg, on the efficacy of various prevention and intervention initiatives such as education, health promotion, drug testing and EAPs², will be critical for assisting in the

² EAPs form a core part of workplace alcohol and other drug programmes and an EAP package typically includes:
An alcohol and other drug policy
Supervisor training (usually in the EAP process)
Employee education

identification and further development of best practice strategies for workplace-based management of alcohol and other drug misuse

- The health care setting, rather than the workplace, dominates research on early and brief intervention for alcohol and other drug misuse. The effectiveness of brief interventions in health care settings is well supported in the international literature for alcohol use and, to a lesser extent, for drug use.

Implications from literature for early/brief intervention in the workplace

Given methodological and quality issues with data on workplace-based alcohol and other drug intervention, any initiative applying early or indeed any alcohol and other drug intervention in the workplace should be backed by sound outcomes' evaluation – an action research³ approach may be appropriate.

With adequate training, brief intervention can successfully be delivered by a variety of personnel from both clinical and non-clinical backgrounds.

Experience in health care settings would imply that any strategy for applying brief intervention within the workplace setting must be resourced with:

- Appropriate skills training for brief intervention
- Adequate resources for delivering the intervention in terms of time and personnel
- Adequate access to further treatment resources.

Notwithstanding the limitations of the literature as set out above, principles of best or “promising” practice⁴ in relation to workplace-based management of alcohol and other drug issues are as set out in the following paragraphs.

EAP service, typically counselling and referrals (or appropriate services delivered internally within the organisation)
Drug testing

³ Originated by Kurt Lewin in 1946, action research is research people conduct to determine the effectiveness of actions they take to improve a situation. It *empowers* those on the “front lines” of action to conduct research into their own practices, rather than relying on and – more importantly – *being subject to* – research findings of “outsiders”. Action research involves successive cycles of *reflecting, planning, acting* and *observing*. A special feature setting action research apart from other forms of research is that research is conducted *at the same time as* action is being taken to improve the practices. Consequently, research findings are *spontaneous* and *unique*. In other words, because this research is conducted as changes are being implemented, new, unforeseen perspectives emerge as the action research proceeds. This can lead to changes in action which, in turn, lead to new findings. Adapted from http://leo.oise.utoronto.ca/~lbencze/Action_Research_Help.html#aboutAR

⁴ The National Institute for Drug Abuse (NIDA) distinguishes between best practice: “a service, function or process that has been fine-tuned, improved and implemented to produce superior outcomes” and has “been shown through substantial research and evaluation to be effective at preventing and/or delaying substance abuse” and so-called promising practices: “programs and/or strategies that have some quantitative data showing positive outcomes in delaying substance abuse over a period of time, but lack enough research or replication to support generalizable outcomes”. From NIDA web site available at <http://www.nida.nih.gov/>

Use of employee assistance programmes

EAPs are generally regarded as the most effective approach for addressing workplace performance issues that may arise from an employee's personal problems, including alcohol and other drug misuse.⁵ EAPs provide a recognised benefit to employees and, potentially, their families and demonstrate employers' respect and support for their staff. They also provide an alternative to dismissal for alcohol or drug-related misdemeanours and minimise an employer's legal vulnerability by demonstrating efforts to support employees. In addition to counselling and referrals, many EAPs offer other related services, such as supervisor training and employee education.

Alcohol and other drug interventions delivered as part of an overall alcohol and other drug policy

The advantages of delivering alcohol and other drug interventions as part of an overall policy relating to misuse of alcohol and other drugs are widely reported. For example, alcohol interventions are claimed to be beneficial when placed in the context of a workplace alcohol policy covering drinking at the workplace, workplace discipline, recognition and help for those with alcohol-related problems, and alcohol education.⁶

Multiple resources outline best practice with respect to establishing an effective workplace alcohol and other drug policy. The content of a selection of resources from agencies internationally and in New Zealand is summarised in Appendix 2 and any focus on early intervention or brief intervention treatment methods is highlighted.

The following provides a summary of advice regarding a model policy for alcohol and other drug use in the workplace based on the resources in Appendix 2:

- Involve all relevant parties including all levels of management, unions and/or other worker representatives in developing an alcohol and other drug policy
- Set specific, measurable, time-limited goals that are agreed, acceptable, realistic and formalised
- Ensure commitment to the policy and programme from senior managers
- Apply a clear, formalised and familiar set of "rules" universally to all employees and act on these consistently
- Support the policy with workforce education on the risks of alcohol and other drug misuse and personal responsibilities related to alcohol and other drug use
- Utilise effective implementation, enforcement, monitoring and review:
 - Clearly assign responsibility for policy implementation
 - Act on the policy consistently
 - Adapt policy to suit the target group(s)
 - Guarantee confidentiality (as far as possible)
 - Formally evaluate the policy.

⁵ Roman and Blum 1996, p139

⁶ Hermansson et al 1998; Henderson et al 1995, 1996; Fauske et al 1996; Faculty of Public Health Medicine 1996 cited in Waller et al 2002

Alcohol and other drug programmes integrated into broader-based health programmes

There is much support in the literature for the inclusion of intervention programmes addressing misuse of alcohol and other drug within broad-based health programmes. For example:

- Programmes to promote safety and health in the workplace should be integrated where feasible into broad-based health programmes⁷
- Programmes that look at health issues attract large numbers of participants, while programmes that target only substance use attract small numbers⁸
- The Workplace Managed Care Project from the United States Center for Substance Abuse Prevention (CSAP) reports that employees are more receptive to prevention messages embedded in broad health promotion interventions, eg, stress, nutrition or cardiac care, than when presented as programmes for the management of alcohol and other drug issues.⁹

Contextualisation of alcohol and other drug programme and strategies to specific workplaces

There is no single effective approach for workplace-based alcohol and other drug misuse management and programmes must be adapted based on workplace context such as occupational group and work environment.

Bennett and Lehman propose that different workplace prevention programmes work in different settings and with different types of employee.¹⁰ This position is supported by preliminary findings from the CSAP Workplace Managed Care Project.¹¹ Thus, programmes need to be tailored for high-risk workers and it is important to move beyond a “one-size-fits-all” approach to consider the diversity of settings when planning, implementing and evaluating programmes.

The Alcohol and Other Drugs Council of Australia (ADCA) states a similar requirement for tailored approaches. It argues that while there are limited quality data, it is clear that there is no single effective approach for managing issues related to alcohol and other drug misuse in all workplaces. Rather, there are numerous strategies, each of which has the potential to reduce problems related to alcohol and other drug misuse in certain workplace situations when selected and implemented appropriately.¹²

The concept is further backed by information from ADCA on patterns of alcohol and other drug use and other trends in specific occupations and its suggestion that occupational groups and work environments be examined when designing workplace programmes.

“It has been suggested that there are links between certain occupational groups and the use of alcohol and other drugs. International studies have indicated that occupation

⁷ International Labour Organization 1996

⁸ Cook et al 2003 in Bennett and Lehman 2003, p99–100

⁹ Cited in Bennett, Reynolds and Lehman 2003 in Bennett and Lehman 2003, p241

¹⁰ Bennett 2003 in Bennett and Lehman 2003, p9

¹¹ Cited in Bennett, Reynolds and Lehman 2003 in Bennett and Lehman 2003, p241

¹² Alcohol and Other Drugs Council of Australia 2003

type is the most influential factor in determining an individual's drinking patterns (Midford 2001). A 1992 Australian study found that among men the occupational groups at highest risk of hazardous or harmful drinking were building tradesmen, waiters and bar staff, construction and mining labourers and food tradesmen. Among female workers the occupations consuming the highest quantities of alcohol were managers and sales representatives. Alcohol consumption by nurses was negatively correlated with stress but positively correlated with hours worked and aspects of the work environment. When it came to dealing with stress, nurses tended to use drugs other than alcohol (cited in Midford 2001). These outcomes suggest it would be useful to examine occupational groups and work environments when designing workplace programs.¹³

Bennett and Lehman note that a programme with demonstrated effectiveness in one setting may fail in another because of the different degree to which major barriers to development of prevention approaches to alcohol and other drug misuse in the workplace exist. These barriers include:¹⁴

1. The legal status of alcohol, which means its use tends to be normalised and when problems do occur, employees are reluctant to take action.
2. That alcohol and other drug issues are not recognised as important compared with other workplace factors.
3. That enormous societal attention on illegal drug use has resulted in major investment in drug testing programmes. This attention and the sense of "doing something" can tend to mute attention to alcohol use and other prevention strategies.

Organisations vary in their "readiness" for prevention programmes and this readiness is an important contextual factor that varies across occupations and worksites.¹⁵

Contextualisation involves:

1. Evaluating the organisation and the subgroups in it alongside clear facts regarding the demographics of drug use, eg, trends in women drinking, cannabis use in younger rather than older forestry workers, to establish different risk profiles, use patterns and cultures and the effect of these on management requirements.
2. Clearly identifying the problem(s) to be solved and what needs to be achieved; this may include identifying other issues, eg, stress and fatigue, which could be more significant than alcohol or drug use or may need to be addressed in tandem.
3. Creating ownership of the issue in the workforce: employer/employee/unions etc – effectively aiming to apply community development principles in the workplace.

The process in step 1 needs to look beyond the individual and focus on the physical and cultural factors in the workplace that may impact on workers' health. This premise is illustrated in two Australian studies

¹³ Midford R. The nature and extent of drug-related harm in the community and the implications for the workplace. In: Allsop S, Phillips M, Calogero G (eds), *Drugs and work: responding to alcohol and other drug problems in Australian workplaces*. Melbourne: IP Communications. Cited in Alcohol and Other Drugs Council of Australia 2003

¹⁴ Roman PM and Blum TC. Prevention in the workplace. In: Ammerman RT, Ott PJ, Tarter RE (eds) *Prevention and societal impact of drug and alcohol abuse*. Mahwah, NJ: Erlbaum; 1999 cited in Bennett, Reynolds and Lehman 2003 in Bennett and Lehman 2003, p46

¹⁵ Bennett, Reynolds and Lehman 2003 in Bennett and Lehman 2003, p46

where brief interventions failed to reduce excessive alcohol consumption in the police and in Australia Post. It was concluded that the interventions were not strong enough to change lifestyle habits influenced by the substantial social, contextual and cultural factors in both work settings.¹⁶ The ADCA policy paper on prevention deals with these factors in more detail.¹⁷

An effective process of evaluation will point to other issues contributing to impairment, eg, issues of stress and fatigue could be more important than alcohol and other drug use or may need to be addressed in tandem.

Only when the alcohol and other drug misuse issues in a specific organisation are fully understood can an organisation establish the best approach to the management of problems related to alcohol and other drug use. For example: in an organisation employing predominantly men aged over 45 years, issues are more likely to be with alcohol than cannabis; alcohol and other drug issues in work settings involving night shift work may need to address fatigue issues alongside management of alcohol and other drug issues.

Alcohol and other drug issues addressed through wellness programmes as a complement to the EAP process

In an early study which indicated that health promotion and wellness programmes can significantly reduce employee drinking, Shain and colleagues (1986) comment on the incompatibility of alcohol misuse and healthy lifestyles and contend that “nesting” alcohol issues within larger health concerns is a highly effective means of motivating behavioural change toward less risky drinking and healthier lifestyles.¹⁸

Yet, activities to address alcohol and other drug misuse are typically omitted from health promotion programmes. It is proposed that this results because those operating health promotion programmes regard alcohol and other drug misuse to be the domain of EAPs and those operating EAPs regard prevention to be the domain of health promotion programmes.

[H]ealth promotion programmes predominantly reach the “conspicuously well”, whereas EAPs touch the lives of the “walking wounded”. The “ragged and frayed” are left unattended.¹⁹

It has been argued that EAP-based interventions have traditionally been reactive and narrowly focused on alcohol dependency.²⁰ Yet, estimates suggest that while about 20% of employees misuse alcohol and other drugs, they will not necessarily progress, as in a disease model of alcoholism, to become

¹⁶ Richmond et al 2000 and Richmond et al 1999

¹⁷ Alcohol and Other Drugs Council of Australia 2003

¹⁸ Shain M, Suurvali H, Boutelier M. *Health promotion and employee assistance programmes*. Lexington, MA: Lexington Books; 1986 cited in Roman and Blum 2002

¹⁹ Shain M, Suurvali H, Boutelier M. *Health promotion and employee assistance programmes*. Lexington, MA: Lexington Books; 1986 cited in Cook, Back Trudeau, et al 2003 in Bennett and Lehman 2003, p98

²⁰ Anderson and Larimer et al, 2002

dependent users. Some dependent users will emerge from this group but most move in and out of problem categories with negative effects on the workplace.²¹

There is a good rationale for incorporating alcohol and other drug misuse prevention, both primary and secondary, within health promotion programmes, which includes:²²

- The close link between alcohol and other drug misuse and health status
- The impact of alcohol and other drug use on nearly all other main components of a health promotion programme
- The opportunity to “wrap” alcohol and other drug prevention messages within a broader health promotion programme to reduce stigma and increase uptake of health messages
- The opportunity to provide needed secondary prevention services to heavy drinkers or occasional drug users who have not progressed to serious use with work performance implications that would be picked up in an EAP process
- The opportunity for a health promotion programme that addresses alcohol and other drug misuse to serve as an outreach service for the EAP.

Stress management programmes make promising vehicles for workplace alcohol and other drug misuse prevention because alcohol and other drug misuse subject matter can be incorporated easily into stress management programmes (although it may be counterproductive if the proportion of alcohol and other drug misuse material becomes too high). Parenting programmes also offer an excellent opportunity, especially if they are designed to help parents keep their children drug free. Other health promotion topics like nutrition and weight management are less natural vehicles for alcohol and other drug misuse messages but there are examples where this has been effectively achieved.²³

The Wellness Outreach at Work model has been effectively used for the prevention of alcohol misuse and for intervention with people whose alcohol use puts their health at risk. It uses a proactive outreach and individual counselling strategy including:²⁴

- Assessment of individual risk and stage of readiness to change risky behaviours
- Proactive individualised follow-up counselling
- Social reinforcement of healthy behaviours
- Periodic reassessment of the health status of the population.

Heirich et al note that general wellness screening provides an effective access point to many employees as typically over 70% of employees have one or more health risks.²⁵

Obstacles to integrating alcohol and other drug misuse promotion into worksite health promotion programmes remain. These include resistance from EAP and health promotion programme administrators, and the attitudes of management fearing perceptions by employees that management wants to take away a pleasurable activity or of management concern at losing the drinking activity that is often encouraged to relieve stress, reward people and promote teamwork.²⁶ Thus, alcohol and drug

²¹ Cook, et al 2003 in Bennett and Lehman 2003, p98

²² Cook et al 2003 in Bennett and Lehman 2003, p99–100

²³ Cook, et al 2003, Chapter 3 in Bennett and Lehman 2003

²⁴ Heirich and Sieck 2003 in Bennett and Lehman 2003, p139

²⁵ Heirich and Sieck 2003 in Bennett and Lehman 2003, p160

²⁶ Cook, et al 2003, Chapter 3 in Bennett and Lehman 2003

misuse prevention activities included within an organisation's health promotion programme in the workplace should be promoted as encouraging moderation rather than a "temperance movement". Rather than eliminate social bonding opportunities, they will help to ensure that drinking at such events does not reach damaging levels.

The three brief intervention studies (one US and two Australian) cited in this literature review provided the brief interventions as part of existing health promotion programmes within their organisations. However, further examples are limited and results are mixed.

Further research is required on integrating alcohol and other drug misuse prevention into existing health promotion programmes – different combinations of topic, organisational settings, delivery mechanisms, worker characteristics and programme structures need to be tested.²⁷

It should be noted that including brief interventions as part of an existing health promotion programme will mean the need to identify people for whom alcohol and other drug brief intervention is applicable, eg, through professional or peer outreach or via some form of screening. However, it should be noted that at least one study providing brief interventions as part of an existing health promotion programme applied brief intervention universally to the target group in the study.²⁸

EAPs integrated into the host organisation's functioning

EAPs that are integrated into the host organisation's functioning are empowered to deal both effectively and cost-effectively with alcohol and other drug problems. Blum and Bennett claim that these EAPs are more likely to:²⁹

- Receive a flow of clients with an appropriate mix of personal problems, including alcohol and other drug issues
- Have the resources to refer people appropriately to community and other resources for the management of alcohol and other drug misuse
- Be positioned to provide aftercare and follow-up to those who have received treatment for alcohol or other drug problems
- Be able to influence organisational changes that support the prevention of alcohol and other drug problems and the reduction of potential negative effects of alcohol and other drug misuse.

Allowing EAPs to be structured to interact with personnel/human resources management functions will empower those delivering the programmes to deal more effectively with alcohol and other drug misuse that is impacting negatively on the workplace. For example, where an EAP is integrated into the labour/employee relations functions of an organisation, the suitability of the EAP as an appropriate resource for a particular employee is more likely to be considered at the early stages in the disciplinary process rather than later in the process when it will be less effective, eg, at the last stage as a potential shield against termination.

²⁷ Cook et al 2003, Chapter 3 in Bennett and Lehman 2003

²⁸ Anderson and Larimer et al 2002

²⁹ Blum and Bennett 1990

Open culture that supports employees

An open culture that encourages work colleagues and their family members to not hide problems is essential to effective alcohol and other drug programme operation.³⁰

A workplace alcohol and other drug policy should support, not punish, affected employees. An employee with an alcohol or other drug misuse problem should be treated as if they have a health problem rather than as an immediate case for disciplinary action or dismissal. Disciplinary action may eventually be necessary, but should not be regarded as a first resort.³¹

The International Labour Organization (ILO) supports this position and includes the following in its 1996 report:³²

Workers with alcohol- or drug-related problems should be treated in the same way as workers with other health problems, in terms of benefits such as paid sick leave, paid annual leave, leave without pay and health-care insurance coverage, in accordance with national laws and regulations or as agreed upon in collective bargaining. Workers who seek treatment and rehabilitation for alcohol- or drug-related problems should not be discriminated against by the employer and should enjoy normal job security and opportunity for transfer and advancement.

Exceptions to the principle of job security and promotion after the disclosure of alcohol- or drug-related problems by workers to their employer may be justified if the occupational health service (OHS) determines that an individual is no longer fit for a given job. In such circumstances, however, the employer should assist the worker to obtain access to counselling, treatment and rehabilitation.

Support for peer intervention processes

Preliminary findings from the CSAP Workplace Managed Care Project³³ support proactive peer-to-peer or professional outreach to increase the impact of a prevention programme. Peer-to-peer or professional outreach may complement an EAP-based or health promotion programme for alcohol and other drug misuse.

³⁰ *Guidelines on developing and implementing workplace drug and alcohol policies*. Booklet from the Workplace Resource Pack on Drugs and Alcohol developed as part of the Northern Ireland Drugs and Alcohol Campaign.

Undated

³¹ Home Office. *Substance misuse and the workplace. A training pack*. Available at: <http://www.drugs.gov.uk/ReportsandPublications/Communities/1106845945/11436.pdf>

³² International Labour Organization 1996

³³ Bennett, Reynolds and Lehman 2003 in Bennett and Lehman 2003, p241

STAKEHOLDER INTERVIEWS

Interviews were completed with 24 individuals or groups representing the organisations set out in Table 2.

Table 2: Interview participants

Organisation represented	Number of interviews
<i>Provider organisations</i>	
Environmental Science and Research Limited (ESR)	1 (2 interviewees)
EAP Services	1
Seed (previously Workplace Support)	1
FADE (Foundation for Alcohol and Drug Education New Zealand)	1
Instep	1
Care NZ	1
New Zealand Drug Foundation	1
Cavana Dyne & Associates Limited (previously Gilmour McGregor & Associates Limited; Clinical Psychologists – EAP services)	1
New Zealand Occupational Health Nurses Inc	1
Injury Management New Zealand Limited	1
South Pacific Tyres (occupational health representative)	1
Air New Zealand	1
<i>Total provider organisations</i>	12 (13 interviewees)
<i>Other stakeholder organisations</i>	
ALAC	2
DOL	1
ACC	1
New Zealand Council of Trade Unions	1
New Zealand Amalgamated Engineering, Printing and Manufacturing Union	1
Business New Zealand	1
Canterbury Employers' Chamber of Commerce	1
Employer and Manufacturers' Association Central	1
Otago-Southland Employers' Association	1 (2 interviewees)
National Distribution Union	1
Amalgamated Workers' Union	1
<i>Total other stakeholder organisations</i>	12 (13 interviewees)
Total interviews	24 (26 interviewees)

Available resources

Stakeholders identified various service providers offering information on or applying alcohol and other drug interventions in the workplace. Each offers services or supplies resources related to early intervention to a lesser or greater degree. However, there appears to be limited knowledge of, or resources for, early intervention specifically.

Resources for information on or the application of workplace-based management of alcohol and other drug misuse can be considered in the following groups, each of which is considered in more detail in this section. Resources do not necessarily operate independently of one another; an organisation may utilise various combinations of approaches from the listed categories:

- **EAPs**
- **Peer intervention processes** – union or non-union led
- **Drug testing programmes** – such programmes can operate separately from or within an EAP process – tend to be “first port of call” for smaller organisations as there is good awareness among employers of the drug testing option
- **Consultancy and advisory services** relating to the application of alcohol and other drug early intervention in the workplace – includes services from various organisations including FADE (Foundation for Alcohol and Drug Education New Zealand), the New Zealand Drug Foundation and DOL
- **Employer-led initiatives** driven by parent organisations, eg, BP, or by internal management, predominantly by Human Resources, eg, Air New Zealand
- **Internal organisational resources** – occupational health nurses or medical resources in larger organisations, safety officer, etc
- **Assistance from employers’ organisations**
- **ACC resources**
- **Wellness services and injury prevention groups**
- **Internet resources** – information on workplace alcohol and other drug programmes provided from various organisations internationally. These web sites have a particular focus on policy development but are typically light on detail as to the nature of interventions and most omit any reference to early intervention.

The overall impression from stakeholders was that New Zealand employers are somewhat unsure about workplace-based management of issues related to alcohol and other drug misuse and may be open to guidance and support from other agencies that have an aligned interest in this area.

Despite representation in New Zealand of services in a broad number of categories, the findings of this review suggest that workplace-based management of alcohol and other drug misuse in New Zealand is predominantly provided by:

1. EAP services, typically directed more toward specialist treatment of dependency than early intervention for hazardous or harmful use, although the latter is included in the management approach of one service specialising in alcohol and other drug issues.

2. One peer intervention programme which has been adapted by multiple groups, with significant union involvement.
3. A high-profile drug testing industry.
4. An education and training resource provider that offers services to support and facilitate workplace alcohol and drug policy development and implementation.

Based on the evidence appraised, there are no explicit guidelines for employers on the implementation of alcohol and other drug early intervention programmes in the workplace.

Employee assistance programmes

A recent review of workplace drug and alcohol programmes suggests that many large companies in New Zealand have EAPs in place.³⁴

EAPs are designed to assist in identifying and resolving performance problems for employees impaired by personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns that may negatively impact on job performance. An EAP-based workplace alcohol and other drug programme operates by identifying employees with performance problems that are potentially related to alcohol and other drug misuse, referring them for treatment, and reintegrating them into their role.

Confidentiality is essential in the EAP process unless an individual gives permission for an employer to become aware of or involved in facilitating an outcome.

Larger EAP suppliers in New Zealand are EAP Services Ltd, Seed, Instep and Stratos. Although EAP providers will typically cover a common range of issues, their focus tends to be coloured by the origination of the programme. For example, EAP Services grew out of a group of industry consultants and EAP counsellors employed by ALAC and has maintained a strong alcohol and other drug focus. Seed grew out of the workplace chaplaincy service ITIM, to which alcohol and other drug services were added. Instep grew out of the Hanmer Institute, which comprised Queen Mary Hospital and a number of community intensive outpatient programmes.

Other providers of EAP services include individuals and groups of psychologists promoting EAP counselling as one of their services. Organisations can refer employees to these services as required. The quality of single consultant or group services is highly dependent on the quality of their policies and procedures and the skills of the individuals involved.

Four examples of New Zealand EAP providers are reviewed in the latter part of this section.

The EAP process

The EAP process, which is highly dependent on supervisors and unions, involves the following.³⁵

³⁴ Horner 2005

³⁵ Based on the summary presented in Horner 2005

1. **Recognition and documentation** of the problem or observation in relation to specific performance incidents.
2. **Action** – a disciplinary process following the organisation’s procedures where an employee is faced simultaneously with documented performance and the chance of EAP assistance (sometimes referred to as “constructive confrontation”). The EAP supervisor may assist supervisors with this process and union representatives are usually present and may be part of that confrontation if the programme is a joint management-union EAP.
3. **Referral to EAP** – employees can self-refer or are referred to EAPs by supervisors, unions medical specialists.
4. **Reintegration into work** – this is a critical phase of recovery that works best when the supervisor and employee know what to expect in the rehabilitation/reintegration process.

Unions are a key part of EAPs, with union organisers helping set up policies and processes and identifying workers who may have drug or alcohol problems.

The first EAPs in the US (in the mid-1970s) were targeted at alcohol use, based on the disease model of alcoholism, whereas the first Australian EAPs were targeted at alcohol and other drug use. Programmes were later broadened to include any problems affecting work performance. This broadening of programmes increased their effectiveness in reaching a greater number of people with alcohol or other drug problems and reaching them in earlier stages of problem development.³⁶

Several stakeholders in this review independently observed that EAPs, which had their origins in response to issues related to alcohol and other drug misuse, have in some cases moved too far away from this role and need to re-embrace management of alcohol and other drug misuse as a core, rather than a peripheral, service.

Equally, however, there was criticism of groups that shift from providing alcohol and other drug services to supplying generalist EAP services, with alcohol and other drug services wrapped in a broader package, unless other appropriate skill sets are applied.

One key advantage of a contractual relationship with an EAP provider is that it can be used to put in place a formal arrangement **before** any alcohol or drug-related event occurs. This contributes to a clearer understanding as to when to take issues seriously and when to look outside the organisation for assistance, something that can be harder for small organisations where budgets and management time are limited.

Criticisms of EAP provision of services in the alcohol and other drug area based on stakeholder feedback are:

³⁶ Buon T Comptom B. *Journal of Occupational Health and Safety – Australia and New Zealand 1990*; 6(4): 265–277 and Roman P. *Alcohol problem intervention in the workplace. Employee assistance programs and strategic alternatives*. New York: Quorum Books; 1990. Cited in Horner 2005

- A number of EAP services remain focused on those with alcohol or other drug dependence; it is argued that more damage results from hazardous, eg, binge, rather than dependent use (because of the higher prevalence of the former) but this group is less likely to seek assistance³⁷
- There is considerable focus on drug testing in the management of alcohol and other drug misuse, although there is a shift toward comprehensive programmes to manage alcohol and other issues which include drug testing as one part of a multi-component approach
- People with alcohol and other drug misuse issues are typically managed by transferring their care to a tertiary alcohol and other drug service provider
- Services are not widespread in provincial areas (although this is becoming less marked)
- There can be a tension between EAPs with their goal of rehabilitation and keeping a person employed and employer services whose advice is not “clouded” by wellness issues, eg, employer services refer to employment law advice looking at evidence of poor performance and a process for addressing this whereas EAPs may apply a broader perspective focused on rehabilitation and retention
- Employers need knowledge of what is happening when an individual is managed by an EAP – there can be a lack of clarity as to what information should be passed to the employer, which complicates issues such as stress-related problems; an effective comprehensive alcohol and other drug policy will address issues related to disclosure and consent
- EAP services are not typically viable for smaller organisations because of costs – they tend to need an on-call rather than a contracted service. Consortium opportunities are being pursued to address this with organisations grouped by industry and/or geography.

Examples of New Zealand EAP providers

EAP Services Limited

EAP Services Limited is contracted by employers to provide “an effective strategy to assist employees to overcome personal and work problems that have the ability to impact their work performance”.³⁸

Clients range from smaller organisations with 5–20 employees through to large-sized corporations with up to 9,000 employees.

In terms of alcohol and other drug services, EAP Services Ltd manages a number of alcohol and other drug programmes in organisations and works closely with drug testing organisations, usually the Institute of Environmental Science and Research (ESR).

The EAP Services Ltd web site notes that EAP Services Ltd provides alcohol and other drug workshops designed to:

- Reinforce company policy regarding the use of alcohol and other drugs in the workplace
- Teach employees about alcohol and other drug “abuse” and its effect on performance
- Teach employees how to recognise the warning signs of chemical dependency

³⁷ Anderson and Larimer et al 2002

³⁸ <http://www.eapservices.com/prog.html>

- Establish practical and constructive methods to measure performance as it relates to alcohol and other drug problems (reasonable cause) and advise on testing processes.

Services include:

- Alcohol and other drug policy and rehabilitation process design
- Individualised rehabilitation programmes accessed via self-referral or as a result of positive voluntary/involuntary drug testing
- Education programmes for all staff to assist them to raise issues with colleagues
- Manager awareness training: “reasonable cause” training and guidance on how to approach a suspected worker. It is stated that there is a lot of focus on recognition as problems are rarely self-recognised and are more typically picked up based on performance or by a spouse
- Seven-day, 24-hour contact numbers plus people on site for counselling, addressing performance issues, critical incidents, etc.

Services are sold as a total package. Management of alcohol and other drug misuse is embedded in a broader health and safety strategy addressing other relevant issues, eg, relating to stress, financial difficulties, mental health.

Another key part of the service is programme maintenance. Launching a programme is relatively easy compared with maintaining a programme’s profile. It is claimed that programmes need an annual, concerted promotional “push”.

Seed

Seed (previously Workplace Support) was set up 30 years ago as a workplace chaplaincy service providing independent, trained people in the workplace to reduce the possibility of issues arising from alcohol and other drug misuse and other issues. This remains the core business for Seed although work on site is less favoured and, more recently, there has been a shift to site support via a more traditional EAP structure, which has been accompanied by the name change to Seed.

All clients have three or more staff and Seed’s focus is on bigger organisations that can afford EAP services.

Seed’s services are described in five categories:

- EAPs, which may include:
 - An on-site support service
 - An off-site counselling service accessed via a seven-day, 24-hour response telephone line
 - Critical incident response for traumatic or critical events
 - Career coaching service
 - Training programmes on issues such as managing stress, team communication, resolving conflict
 - Mediation and facilitation services to resolve workplace conflict
 - Manager helpline to provide advice to managers with EAP and other staff issues

- Trauma support
- Career coaching
- Conflict resolution
- Change management
- Wellness programmes.

Care NZ is a strategic partner in the delivery of alcohol and other drug services, providing specialist assessment and treatment. A manager referral or self-referral to counselling is managed via referral to Care NZ, with service costs invoiced to Seed, or via attendance at a publicly funded programme.

Organisation representatives state that their focus is on prevention in all areas including alcohol and other drug misuse, but that they do not do a lot of early intervention work and would like increased involvement in this.

Representatives from Seed state that they typically aim to “wrap” prevention messages in relation to alcohol and other drug misuse into a broader health and safety “package”.

Cavana Dyne & Associates Limited

Cavana Dyne & Associates Limited (formerly Gilmour McGregor & Associates Limited) is an example of a team of clinical and general psychologists who provide comprehensive individual and group support services including EAP support services. It describes its EAP service as a **confidential counselling service** funded by the employer for a pre-determined number of sessions. It is open to staff and managers at all levels and can be used to obtain help for personal, family or work-related issues.

Consultants tend to refer on people with alcohol and other drug issues, particularly if they are “still using”. Referral networks include Salvation Army Bridge residential and day programmes, Community Alcohol and Drug Services and Care NZ. Assessments for drug and alcohol-related issues are part of the initial intake interview for counselling. Psychological questionnaires may form part of this intake session.

People who are demonstrating issues with hazardous rather than dependent use may be managed within Cavana Dyne & Associates. Its psychologists have knowledge of brief interventions to address issues with alcohol or other drug misuse but prefer a specialist referral when it appears to be an ongoing issue for a client.

All consultants are registered, have had a minimum of six years’ training, have regular supervision and are bound by the psychologists’ code of ethics.

Instep

Instep identifies itself as a national EAP provider (and a behavioural health care provider) and is affiliated to IPS Worldwide, which has a strong international presence.

The service is described as counselling and educational support to solve employee performance issues and professional supervision and coaching programmes for executives and private and public sector

case managers. Services include consultancy and advice to management or union officials on issues of concern about staff/peer performance plus freephone access for employees and their families to assessment, counselling and case management.

“Treatment” for identified alcohol or other drug misuse issues includes one-to-one counselling, outpatient or residential programmes, family education and/or treatment and continuing care and support groups.

The organisation’s web site articulates a focus on zero and low-tolerance industries; representatives refer to sensitive employment areas with significant risk management requirements.

Instep offers an Alcohol and Drug Free Workplace Programme (ADFWP) described as a comprehensive process involving policy and procedures, education, training, EAP, rehabilitation and case management.

Instep provides the following ADFWP checklist:³⁹

- Policy/procedures
- Testing/peer support
- Education
- Training
- Case management
- Rehabilitation.

The Instep web site details what is described as “a unique set of services” in that it provides all components of alcohol and other drug consultancy and service delivery including:

- Consultation
- Programme delivery
- Specialist clinical skills – assessment, treatment, post-treatment.

Instep works closely with ESR in delivery of alcohol and other drug workplace services, for those organisations wanting to implement drug testing. The two organisations have also worked together in programme development, recently working on an updated programme for the forestry industry and programmes for the meat, road maintenance and transport industries.

Peer intervention processes

Both union-driven and non-union-based initiatives have taken place to reuse and/or adapt the Australian peer intervention-based programme “Not at Work, Mate” (NAWM) for New Zealand workers. The “NAWM” programme was developed by the Australian Building Trades Group of Unions in the early 1990s, following extensive consultation with its members. It aimed to confront the issue and effects of alcohol and other drug misuse within the Australian construction industry.⁴⁰

³⁹ <http://www.insteplimited.com/adfwppform.asp>

⁴⁰ http://www.epmu.org.nz/SITE_Default/campaigns/notonthejobmate/default.asp

“NAWM” was originally developed by the Drug & Alcohol Committee of the Building Trades Group of Unions, with significant input from construction workers themselves. The phrase “developed by workers for workers” is used in material about the programme.⁴¹

“NAWM” is positioned as an alternative to the traditional “drug testing” approach for monitoring alcohol and other drug use in the workplace, which comes under criticism from some groups. For example, representatives from the National Distribution Union note a lack of confidence in the standard process of drug testing, which is seen to “push the problem underground”, potentially creating further workplace social issues.

“NAWM” aims to assist employees to take responsibility for their colleagues and to instil a sense of ownership of the work environment. In the 2004 evaluation of the peer intervention programme “Drugs and Alcohol – not at work: be smart, stay sharp” (NAW), which was based on NAWM, it was noted that the model used did not elicit the same challenges from employees and other workplace partners as did workplace alcohol and drug testing.⁴²

Stakeholders involved with the programme claim that peer intervention works if there is buy-in from all affected parties, the programme is supported by employers, and there are good networks with treatment providers to support rehabilitation. Programmes need to operate through recognised leaders in the workplace such as health and safety representatives and union delegates who have working relationship with workers.

The initiatives from four groups are described below.

New Zealand Engineering, Printing and Manufacturing Union (EPMU)

The New Zealand Engineering, Printing and Manufacturing Union (EPMU) has adapted “NAWM” for use in the New Zealand workplace, with support from ACC and ALAC. ACC provided funding support at the outset, although following completion it has developed an interest in further delivery and adaptation of the resource.

The adapted peer intervention programme “**Not on the Job, Mate!**” is based on a brief intervention approach where, typically, selected peers or co-workers fulfil the intervention role.

Implementation approaches may, however, vary depending on how the worksite agrees to implement the programme. Approaches include solely worker-based intervention, solely management-run follow-up meetings or a mix of involvement of both management and peers.

A “scripted meeting process” is used to deliver interventions. Questions and responses are designed in accordance with a readiness for change/motivational interviewing model.

As with NAWM, the primary basis for intervention is safety and the particular worker’s ability to work safely. Initial intervention activity is completed within this premise, without judgement or any

⁴¹ Background papers and further information are available at the website <http://www.btgda.org.au>

⁴² Bennett and Coggan et al 2004

communication between employees other than that related to the safety of the employee and those around them. A scripted intervention meeting is a scheduled follow-up to this initial intervention.

The programme has yet to be implemented and evaluated.

The **Not on the Job, Mate!** kit contains:

- **Not on the Job, Mate!** training video (22 min)
- Workplace promotional resources
- Workplace training resources
- Self-help material
- Peer intervention and support material.

According to those involved in programme development, the overall aim of **Not on the Job, Mate!** is to fill the “early intervention gap”. The intention is that initial early intervention is delivered in the **Not on the Job, Mate!** programme, further early intervention is delivered if the worker is referred for professional assistance and, at that point, there may be more formal assessment and treatment. The programme works to “create a culture to intervene for safety”.

It was noted by those involved in programme development that **Not on the Job, Mate!** uses work colleagues as monitors, providing an alternative to formal drug testing.

The effectiveness of peer intervention versus drug testing is perceived differently by different groups, based largely on cost effectiveness, ease, speed of implementation and visible impact.

There is a recognised risk with a programme like **Not on the Job, Mate!** that the programme is seen as a “slot-in” rather than a framework that needs to be contextualised for different organisations to create ownership and ensure success. Those involved in programme development recognise the dependence of programme success on the quality of rollout and training of people.

Criticisms relating to **Not on the Job, Mate!** include:

- Issues with the expectation of who can provide brief intervention; it has been questioned whether co-workers could effectively fulfil the highly skilled role demanded of effective brief intervention and motivational interviewing – the “scripted” approach in the programme aims to address this
- Implementation difficulties, possibly because of a need for more employer input into programme development
- Issues with understanding of the programme at union level and how to ensure sustainable implementation.

New Zealand Post Limited

In March 2001, New Zealand Post Limited implemented the workplace drug and alcohol programme NAW based on the Australian NAWM. The programme was introduced to New Zealand Post by the EPMU and refined for implementation as a partnership programme between the EPMU and New Zealand Post. It positions alcohol and drug use as a workplace safety issue and promotes employees

taking responsibility for their own safety and that of their colleagues through a peer-based safety programme.⁴³

Union delegates are responsible for taking into the workplace the message that an employee who has a hangover or is under the influence of alcohol or drugs can place themselves at risk or put others at risk and is also likely to be less productive or may have mood swings that impact on others in the workplace. Employees are encouraged to take responsibility for their “mates” in a manner that is supportive and non-disciplinary.

The NAW programme is informed by the following principles:⁴⁴

- “Employees must be able to work in a safe manner and therefore will not be allowed to work under the influence of drugs or alcohol;
- The decision on a person’s ability to work in a safe manner will be made by the appropriate site manager or their representative;
- The programme is a three-step one. The disciplinary process may result in a written warning for the first and second incidents if the employee is found to be at work under the influence of drugs or alcohol. If a third incident occurs and the employee has refused help, they may be dismissed;
- For the purposes of disciplinary action a warning will be effective for a period of twelve months from the date of issue;
- An employee having problems related to alcohol and/or drugs will be encouraged to undertake support offered by the Employee Assistance Programme and therefore avoid further incidents; will not be dismissed on the first or second incidents, as long as there are no other disciplinary issues, which warrant dismissal; and will be entitled to sick leave or leave without pay while attending treatment;
- Direct family members may also access support (through EAP) for any problems (which may, or may not be related to drugs or alcohol);
- Self-referral to EAP for drug, alcohol or other personal problems is encouraged. This is completely confidential and attendance will not be monitored by New Zealand Post managers; and
- Possession of drugs or alcohol on a New Zealand Post work site will be treated as serious misconduct”.

Evidence from an evaluation of the NAW programme conducted in 2004 suggests that the NAW programme processes are likely to result in positive resolution of incidents of unsafe behaviour, including supporting employees to access EAP and other support services, including those relating to alcohol and other drugs, if required.⁴⁵

National Distribution Union

The National Distribution Union utilised NAWM to develop a local programme using a limited grant from ALAC to produce a low-cost localised video.

⁴³ Bennett and Coggan et al 2004

⁴⁴ Bennett and Coggan et al 2004 citing *New Zealand Post Information Kit for Employee Representatives*: p5–6

⁴⁵ Bennett and Coggan et al 2004

Its implementation of the programme involved some low-level alcohol and other drug education for workers and some training on safety statistics. Education focused on encouraging workers to recognise the signs of alcohol or other drug use at work and to promote a cultural shift toward recognising the lack of safety involved where workers were impaired on the job by alcohol or other drug use.

The approach promoted was to deal with the situation informally.

This involved instruction to the intoxicated/stoned worker to “go home”, with awareness and consideration on the part of the worker identifying the problem of any issues with transport or in relation to the situation the person would go home to.

Where appropriate, the worker identifying the problem would also offer advice regarding support services. There was an effort to encourage support from all workers that this was the appropriate process to address the issue.

The programme was piloted at one site (Winston Pulp Mill) but was regarded as reasonably ineffective for two reasons: firstly because of a lack of employer co-operation with and support for the approach; and secondly, because of what was regarded as a “cannabis epidemic” at the site involved. Associated with the major issue of cannabis use was an employee tendency to resist highlighting a colleague’s apparent issue, a predominant “gang mentality” and associated peer pressure. These factors meant that, even with employer co-operation, the issues were immensely difficult to deal with.

In contrast, NAWM in Australia is principally targeted at alcohol use. It is regarded to have worked to a fair degree, in part because of highly organised union activities [Construction, Forestry, Mining and Energy Union (CFMEU)], absolute clarity in delegate training that workers were to take control of the programme and employer buy-in.

Amalgamated Workers’ Union

The Amalgamated Workers’ Union (AWU) predominantly serves the construction industry, which has a poor record for worker impairment related to alcohol and other drugs. This group adapted NAWM (with a local video) with Fletcher Construction, recognising its potential to “win workers over” rather than “scare them away”; prior to the adaptation of NAWM, drug testing had been the only alternative.

AWU worked closely with employers at Fletcher Construction and suggests that the programme will now be taken to the New Zealand Council of Trade Unions, EPMU and ACC.

Key components of the programme are:

- Peer identification
- Health information
- Encouragement for rehabilitation – there is less focus on early intervention at present but it is claimed this will “come in time”.

Peer involvement is encouraged by positioning alcohol and other drug misuse as a safety hazard and hence a valid reason to raise the issue with a colleague or to seek help.

The process for introducing the programme was summarised as:

1. Vote for an alcohol and other drug-free site.
2. Delegate/management training in identification/signs.
3. Union convince workers programme is good.
4. Policy development.
5. Put in place process for problem management – worker identified as a hazard is sent home, on return they receive counselling (and potentially brief intervention once this is included in the programme), on a second time they receive rehabilitation services.

ACC has agreed to support and fund marketing literature. Training funding is still required.

Drug testing

Drug testing in New Zealand is dominated by ESR. Other smaller organisations provide drug testing services but ESR claims that these are not to the accredited international standard to which ESR works (initial screen plus confirmation).

Institute of Environmental Science and Research (ESR)

ESR has provided alcohol and other drug-related services in workplaces since the early 1990s. Its focus is alcohol and drug-free workplace programmes involving drug testing.

The organisation is positioned as a provider of a “whole” alcohol and other drug programme rather than a drug testing service only. This is achieved through association with Instep; the ESR web site refers to the Instep/ESR model and programmes being used within the forestry, meat and transport industries and more than 200 other companies.

The web site describes a comprehensive Drug and Alcohol Free Workplace Programme comprising:

- Policy and procedures’ development
- Education and training
- Drug testing
- EAP rehabilitation and case management.

Despite the broader positioning, most information on the ESR web site relates to the drug testing component of workplace programmes.⁴⁶

ESR works closely with Instep which provides both consultancy and programme management in:

- Policy and procedures
- Education, and training
- Employee assistance
- Assessment, treatment and case management.

Consultancy and advisory services

⁴⁶ ESR “Drug testing in the workplace” handbook
http://www.esr.cri.nz/what_we_do/workplace_drug_testing/documents/WDT_Handbook.pdf

Consultancy and advisory services in New Zealand relating to the application of alcohol and other drug early intervention in the workplace include the following.

FADE (Foundation for Alcohol and Drug Education)

FADE provides a consultancy service for New Zealand industry to assist employers in developing and implementing alcohol and other drug policies. FADE is an education and training resource provider and offers services to support workplace-based alcohol and other drug intervention including the development of alcohol and other drug policy in the workplace. These services include:

- Advice, support and facilitation for workplace alcohol and drug policy development and implementation; alcohol and drug policy development workshops are designed to raise awareness of the implications of alcohol and drug use in the workplace and to assist in the implementation of an alcohol and drug policy. Workshops also include information on signs and symptoms of alcohol and drug use and on drug testing
- Training workshops for managers/supervisors/team leaders/employees
- Staff education and awareness workshops
- Health and safety meeting facilitation.

FADE works with a wide range of New Zealand industries including oil, fishing, defence, energy, forestry, mining, construction, engineering, transportation and meat.⁴⁷ As and when required, FADE works collaboratively with drug testing providers such as ESR and LabPlus as well as EAP providers such as Instep and Seed.

New Zealand Department of Labour

The DOL runs a small business advisory group.

As part of DOL, the Occupational Safety and Health service (OSH) provides information and guidance for New Zealand businesses.

A number of publications refer to the relevant health and safety duties for employers in relation to alcohol and drugs.

Guidelines for the provision of general safety and health in commercial and industrial premises in order to meet the requirements of the Health and Safety in Employment Act 1992 and Regulations 1995 include reference to the management of problems with “alcohol and drug dependence”. They refer to the need for policies and procedures for dealing with alcohol and drug issues and for procedures to provide help and advice to employees who may have a dependence on alcohol or drugs. They also note the need for regard to the provisions of the Privacy Act 1993 and the New Zealand Bill of Rights Act 1990 when dealing with these issues.⁴⁸

ALAC

ALAC works from an evidence-based approach to reduce alcohol-related harm in New Zealand. It is the lead organisation providing advice and information to government on alcohol-related issues and has

⁴⁷ The Foundation is able to provide referees from all industries listed to attest to the quality of service provision

⁴⁸ <http://www.osh.dol.govt.nz/order/catalogue/pdf/compre-g.pdf>

recently secured government support for a comprehensive programme aimed at changing New Zealand's risky drinking culture. In relation to reducing alcohol-related harm in the workplace, ALAC works collaboratively with a variety of national and local organisations including government agencies, employer and union representatives, and industry groups. ALAC has also collaborated with a number of major New Zealand employers to raise the issue of alcohol problems in the workplace. For example, ALAC evaluated a New Zealand Post initiative that incorporated alcohol into its employee wellness programme. ALAC is currently working collaboratively with ACC and DOL to determine the best way forward in the area of alcohol and other drug early intervention in the workplace.

New Zealand Drug Foundation

The Drug Foundation works to minimise alcohol and drug related harm in New Zealand by improving communication and co-ordination within the alcohol and drug sector about issues relating to drugs, alcohol and tobacco, by encouraging informed public debate and by providing information, including details on patterns of alcohol and drug use in New Zealand, on the effects of alcohol and drugs and the societal impact of alcohol and drug use.

Employer-led initiatives

These types of initiatives tend to develop because they are driven by substantial parent organisations, such as happens in BP, or by internal management, predominantly by Human Resources, eg, Air New Zealand. Air New Zealand has undertaken a revision of its alcohol and other drugs programme over the past year. The programme has a number of elements including education and awareness, peer and structured intervention, self-referral and drug testing, including random testing of people working in safety-sensitive roles. The programme is owned and managed by the Aviation Medicine Unit, which has been developing relationships with alcohol and other drug assessors and treatment providers.

The quality and effectiveness of internally managed initiatives are highly dependent on the individuals involved and their level of commitment, their interest in the programme and their skills and experience for making the programme work.

Another example of an internally developed programme is the *Forest Industry Toolkit: Alcohol & drug free workplace* developed by the New Zealand Forest Owners' Association, New Zealand Forest Industries Council, ACC and Forest Industries Training. The aim is to assist forestry companies and contractors to develop individual alcohol and drug-free workplace programmes. It is understood that the forestry industry resource is undergoing an update, which is being completed by ESR and Instep.

Less recently, Fletcher Challenge won a Golden Quill award for an alcohol and drug programme on the basis of its integration into a holistic programme addressing health and safety, protective clothing, stress, nutrition and use of fluids which may warrant further evaluation.

Internal organisational resources

Typically, the role of internal resources, such as occupational health nurses, in the management of problems related to the misuse of alcohol and other drugs is to provide a conduit to EAP services.

However, there is a real opportunity to expand the role of these individuals, especially where they are clinically trained, to provide early intervention at a point much earlier in the EAP process. The interest levels in this type of training from those occupational health nurses interviewed were high.

Typically, staff access occupational health nurses because of referral by a supervisor based on performance or absenteeism, by self-referral, or because a colleague encourages a worker to address a possible problem.

Nurses spoken to have no formal training in recognising signs/symptoms of alcohol or other drug misuse or in early/brief intervention and its application for the hazardous or harmful user. Indeed, like EAPs, they tend to be focused on dependent users in the management of problems related to alcohol and other drug misuse, indicated through direct referrals to specialist residential treatment providers in addition to EAP referrals.

Occupational health nurses play an important role in preparing clients for the next stage of the process in the management of issues with alcohol and other drug use, eg, what to expect from an EAP service or residential treatment if this is the selected option.

Critical success factors for an effective role for occupational health nurses in the management of problems related to alcohol and other drug misuse include:

- Stable workforce and good relationships with people based on trust – acknowledged this could be a disadvantage where people prefer a degree of anonymity and, thus, even if training were provided to allow alcohol and other drug misuse management to take place internally, eg, using early intervention approaches, there would still be a need for the back-up of an external group as another avenue to pursue for some workers
- Ability to relate to workers at their level
- Management willingness to trust occupational health staff and respect their need to treat information provided confidentially.

Assistance from employers' organisations

Business New Zealand

Interviews were completed with representatives of Business New Zealand and three of its four shareholders:

1. Employers' and Manufacturers' Association (EMA) (Central).
2. Canterbury Employers' Chamber of Commerce.
3. Otago Southland Employers' Association.

The EMA (Northern) was not interviewed as similar content was obtained from the three groups above.

Business New Zealand itself has limited involvement in the management of issues associated with alcohol and other drug misuse; its core work is business advocacy.

Representatives noted that the shareholder organisations of Business New Zealand are better equipped to assist with people management and legal management issues than psychological/medical/behavioural issues.

However, some assistance in relation to alcohol and other drug issues is offered to employers direct from the shareholder organisations. For example, the Canterbury Employers' Chamber of Commerce's Employment Relations Advisor receives several calls per week regarding alcohol and other drugs, mainly in relation to drug testing. The Canterbury Employers' Chamber of Commerce also includes within its seminars one on "Drugs and Alcohol in the Workplace".

Where issues associated with alcohol and other drugs are identified, shareholder organisations may direct employers to EAP services and local professionals, eg, EMA Central refers employers to Cavana Dyne & Associates Limited to provide another information source to help employers understand issues and to utilise its EAP service if required.

Additionally, shareholder organisations provide standard advisory material. Included in the items that the four shareholders stated they offer were:

- Guide for employers on drug testing in the workplace, which, it was noted, is based on the ESR guideline model
- Sample alcohol and other drug policies – fairly simple content that deals with not accepting employees being under the influence, drug use and drinking seen as serious misconduct, some detail on drug testing (not seen as appropriate for most settings); shareholder organisations encourage organisations to have policies in place to support the need to test at some point (aim is to strengthen employer position)
- Guidelines for staff functions – liability concerns – will make brochures available for employees
- ALAC advisory material – brochures, etc.

Shareholder organisations typically advise employers to take all issues, including issues associated with alcohol or other drugs, seriously and to see them as an employer problem. There is recognition that employers may contact a shareholder organisation with organisational performance problems but do not recognise underlying issues. While a small number of employers may fear becoming too involved in employees' drug-related problems, most employers will seek to assist employees to access appropriate services to get themselves "back on track".

Shareholder organisations in Business New Zealand are effectively one step removed from the problems being addressed by employers. They operate in an advisory capacity but only on the basis of the information supplied by employers. Where an issue associated with alcohol or other drug use is identified or suspected, assistance from the shareholder organisations appears to be limited to referral on to discuss issues with EAP-type services.

The Business New Zealand shareholder organisations do offer the advantage of a sense for the employer that they are tapping into the expertise of someone who has dealt with similar situations or problems before.

Restaurant Association of New Zealand

The Restaurant Association of New Zealand represents owners and managers of businesses in the food and hospitality industry (1,650 members employing 12,000 full and part-time employees). The Association launched a “Drug and Alcohol Free Workplace Policy” in October 2004 and has an education and rehabilitation programme in place to back up the policy.

The programme is supported by a workplace kit, which was developed with ESR and includes employment agreement forms that allow for the possibility of drug testing, details for employers and staff on recognising symptoms of alcohol and other drug misuse, and information on rehabilitation measures.

The critical response to proposed drug testing by the Service and Food Workers’ Union and its argument that a more suitable approach would be to provide EAP services for the “tiny proportion of staff who had drug dependency”, provides further evidence of a general lack of understanding of the role of early intervention in the management of hazardous and harmful drinking.

ACC resources

The ACC web site lists key items for inclusion in a workplace alcohol and other drug policy as follows:⁴⁹

- Policy statement and objectives
- Responsibilities
- Roles (monitoring the implementation of the policy, dealing with intoxicated employees and evaluating the policy)
- EAP
- Testing
- Education and training.

Additionally, employers developing an alcohol and drug policy can find on the ACC web site links to other helpful information sources.

ACC injury prevention consultancy provides advice on strategies and programmes to reduce premiums, which may include the management of issues related to alcohol and other drug misuse. Additionally, ACC has an alcohol and other drug programme for claimants which was piloted by Instep.

Wellness services

These typically private sector organisations, which offer a range of services focused on health and wellbeing, often from a primary health care perspective, are beginning to extend services into the alcohol and other drug intervention area in New Zealand.

The services provided by these organisations provide a logical setting from which to offer an alcohol and other drug programme delivered within a broader wellness plan.

The following New Zealand workplace wellness services that include some reference to management of problems associated with alcohol and other drug misuse were identified in this review:

⁴⁹ Full details are presented in Appendix 1

Working Well

Working Well, a division of the Mental Health Foundation, has a key objective of “supporting employers and managers to create more mentally healthy workplaces in New Zealand”.

Working Well provides a range of services and resources including the *Working Well Toolkit*⁵⁰ which covers all aspects of building mentally healthy workplaces and contains a section on the management of problems associated with alcohol and other drug misuse to which ALAC contributed.

Wellness Solutions

Wellness Solutions is an affiliate of Instep.⁵¹ The service is directed at stress and fatigue but is positioned as a complement to EAP services.

According to the web site it offers:

- Corporate wellness consulting
- Risk assessment: wellness evaluation and stress mapping
- Training programmes
- Coaching and supervision.

Injury Management New Zealand Limited (IMNZ)

Injury Management New Zealand Limited (IMNZ⁵²) was formed in 1995 to help employers deal with their work-related accidents and injuries.

IMNZ offers wellness programmes via its associated company Wellness New Zealand Limited (trading as Wellnz) to extend activity beyond that associated with work-related injuries to other factors impacting on days lost and productivity loss including:

- Mental health days
- Care for sick children
- Non-work injuries
- Alcohol and other drug misuse.

In response to questioning, representatives of the organisation said it is not currently active in alcohol and other drug management but has an interest in extending into this area. Several options exist, eg, implementing early intervention alongside screening or health risk appraisal activity and including alcohol and other drug content in staff educational seminars.

It is noted that a programme promoted as injury management activity is easier to sell to an employer who then reaps the clear benefit of reduced ACC levies via the ACC Partnership Programme.⁵³ It is less easy to get employers to pay for a service that is covered by public health.

⁵⁰ Available to view at Mental Health Foundation library or can be purchased from Mental Health Foundation

⁵¹ <http://www.wellness-solutions.co.nz/wellness/index.php>

⁵² IMNZ is part of the Britteman Holdings Limited group of companies which also includes: Client Provide Limited T/A NZProvide Wellness New Zealand Limited – T/A Wellnz http://www.imnz.co.nz/about_us/index.asp

⁵³ Under the ACC Partnership Programme, employers take over responsibility for employees' work injury claims and in return have ACC levies discounted by up to 90%. The Programme also has options available to allow employers to manage the extent of ongoing financial liability for employees' claims, which is in turn reflected in the level of discount. Refer:

Internet guidelines

Employers can readily source information on workplace programmes from the Internet. Information is widespread although most programmes give little or no credence to an early intervention approach. Typically, the information provided focuses on policy and when to initiate a process of accessing treatment for a person, but offers very little about the treatment intervention itself – the who, what, where, how, etc.

Some web site examples follow, grouped by region.

US

There are numerous US web sites offering information on workplace-based management of alcohol and other drug issues, often with a focus on alcohol and other drug-free workplaces.

An example is the US Department of Labor's "Drug-Free Workplace" which gives information on five components of a drug-free workplace programme: a drug-free workplace policy, supervisor training, employee education, employee assistance and drug testing.⁵⁴

England

"Don't mix it" – Health Education Authority, Health and Safety Executive, and Department of Health, Britain

The English web site "Don't mix it" (<http://www.hse.gov.uk/pubns/indg240.htm>) presents an electronic booklet developed by the Health Education Authority, the Health and Safety Executive and the Department of Health. It is directed to owners and managers of small and medium-sized businesses to assist them to deal with **alcohol**-related problems at work.

The web site was set up in response to acknowledgement in the *Alcohol Harm Reduction Strategy For England* (2004) of the workplace as a source of alcohol-related information and the implied value of alcohol policy and procedures related to alcohol use and the workplace. Importantly, that document noted that while over 50% of employers have an alcohol policy, many of those who do not are likely to be small businesses that could benefit from advice on what to do. Thus, the Department of Health committed to setting up this web site to provide advice on the warning signs of alcohol misuse and how to handle employees who appear to have an alcohol problem.

The booklet sets out:

- Background information as to why workplace intervention may be beneficial
- Examples of action taken by businesses to prevent alcohol-related problems and lists of organisations that can provide further information and help

http://www.acc.co.nz/wcm001/idcplg?IdcService=SS_GET_PAGE&ssDocName=WCMZ002967&ssSourceNodeId=3919

⁵⁴ <http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/dfwp.asp>

- Information for the employer on effects of the individual on drinking alcohol and benchmark guides for safer drinking
- Legal responsibilities of an employer in relation to alcohol and the workplace
- A four-step process for dealing with alcohol problems at work, including a model policy.

As can be typical with this type of resource, the model workplace alcohol policy sets out the requirement for the policy to include “a description of the support available to employees who have problems because of their drinking” but provides no further detail as to what that support should look like overall, least of all in terms of the inclusion of early intervention practice.

Little in the booklet relates to or appears to relate to early intervention. However, one point could be interpreted in that way: the booklet emphasises acting to prevent problems before they occur, claiming that it can save time in the end and is often more effective than dealing with a problem that has become too serious to ignore.

Alcohol Concern, England

Alcohol Concern,⁵⁵ the national agency on alcohol misuse in England, provides:

- A fact sheet, “Impact of alcohol problems on the workplace”, which summarises the current issues and research regarding the effect of alcohol use on the workplace
- A handbook *Drink, Drugs and Work Don't Mix*, designed to help employers take a proactive approach to preventing and handling problems with alcohol and other drug misuse in the workplace
- A training manual designed for use by a variety of professionals including managers, Human Resources staff and alcohol and drug services
- Access to a one-day course “Training: Alcohol & Drugs in the Workplace” designed to help employers and Human Resources staff to recognise signs of problem alcohol or other drug use and take appropriate responses: participants look at “long and short term effects of drug/s and alcohol, signs and symptoms of problematic substance use, how to manage problematic substance use at work, testing and screening procedures, writing and implementing an alcohol and drugs policy”.

The fact sheet includes information on alcohol policy for the workplace and details of signs of alcohol problems and the potential effects of alcohol in the workplace.

The site also sets out requirements for an effective drug policy (details in Appendix 2). While it states that an effective policy should establish procedures for referring an employee with alcohol problems to in-house support or outside specialist services, the fact sheet offers only limited detail regarding what these services might be, with reference to the use of:

- An occupational health department or EAP in larger organisations
- An individual's GP or primary care team
- A community alcohol service
- Alcoholics Anonymous

⁵⁵ http://www.alcoholconcern.org.uk/files/20030818_161950_workplace.pdf

- In-patient detoxifications and residential treatment, although normally these would be accessed through referral by a community service after a full assessment.

There were no specific details on type of intervention received in any of these locations and no reference to brief or early intervention specifically. The handbook and training manual could not be located on the web site and may well offer more detail in this regard.

Substance Misuse and the Workplace: Updated Training Pack

This training pack, developed by the Home Office, provides support for Drug Action Team-nominated business trainers who deliver training to companies on basic issues surrounding alcohol and other drug misuse within the workplace. It is a modular pack of flexible material that can be adapted to meet the needs of a variety of target audiences.⁵⁶

There is no specific mention of early intervention in content referring to “treatment”. A chart titled “Guide to the referral process” provided in the Training Pack refers to “dependency suspected” as the prompt for referral to occupational health and “dependency confirmed” as the prompt for referral to a treatment agency. Where dependency is not confirmed, it notes that health advice should be given. This may be interpreted as comprising or including early intervention.

Substance Misuse and the Workplace: A Business Tool for Employers

This National Workplace Initiative employer leaflet provides brief information on the impact of alcohol and other drug misuse on a business, how to recognise alcohol and other drug misuse, and the benefits that can be expected from putting in place a workplace policy. Early intervention is not specifically mentioned.⁵⁷

Australia

Various guidelines exist from the different states in Australia. Two examples follow.

Guidelines for drugs, alcohol and the workplace (WorkCover South Australia)

These guidelines assist employers to establish a workplace alcohol and other drug policy and programme. The management approach is focused on EAP-based counselling and treatment. Early intervention is not specifically mentioned.⁵⁸

Guidance Note: Alcohol And Other Drugs At The Workplace

WorkSafe Western Australia Commission provides this explanatory text on how to satisfy general duty of care obligations under the Occupational Safety and Health Act 1984. It aims to assist employers,

⁵⁶ <http://www.drugs.gov.uk/ReportsandPublications/Communities/1106845945>

⁵⁷ http://www.drugs.gov.uk/ReportsandPublications/Communities/1079608061/45679_COI.pdf

⁵⁸ www.workcover.com/NR/rdonlyres/E2193278-240D-467E-B6E1-F4FD4FC211FC/0/resDrugAlcoholGuidelines.pdf

self-employed people and employees to understand and manage workplace alcohol and drug issues. The strategies section discusses the development of a policy and refers to EAP services under supporting functions.

Other

The ILO provides a *Code of Practice*⁵⁹ including practical recommendations for those responsible for the management of alcohol- and drug-related issues in the workplace.

Much of the document focuses on the development of an alcohol and other drug policy and programme for the workplace (refer Appendix 2). Early intervention is not specifically mentioned but there is reference under programme development to timely intervention and “early identification and treatment of problems thus facilitating a good prognosis”, which could be seen as supporting an early intervention approach.

⁵⁹ International Labour Organization 1996

PART III – GAP ANALYSIS

AREAS OF OPPORTUNITY

Findings from the literature regarding the application of workplace-based alcohol and other drug intervention were considered alongside the services available in New Zealand. This analysis pointed to significant gaps in workplace-based alcohol and other drug intervention in general and in early intervention in particular.

The key areas where there is opportunity to contribute to early intervention in the workplace include:

- Improving understanding and inclusion of early intervention in EAP services
- Improving recognition in the workplace of early-stage alcohol and other drug misuse that would be responsive to early intervention
- Improving understanding of the role of early/brief intervention in the management of harmful and hazardous use patterns
- Enhancing the provision of early intervention within secondary prevention health promotion activities
- Improving employer appreciation of the effect of alcohol and other drug misuse on the workplace and the potential benefits of addressing this misuse
- Contributing to the research base that will support the design and implementation of workplace-based early intervention for alcohol and other drug misuse
- Expanding the capacity of key groups providing workplace programmes to extend their services into brief/early intervention services.

Requirements appear to be greater in smaller rather than larger organisations.

Larger corporations may be positioned to address problems internally using Human Resources departments, as is the case in Air New Zealand. EAP relationships appear to be limited to larger organisations, especially those using drug testing, where they tend to be committed to a broader approach than testing alone. However, consortium opportunities are being pursued to address this with organisations grouped by industry and/or geography.

Smaller organisations operating independently are more likely to address issues in a “knee jerk” response to a current problem. Smaller organisations that are supported by an industry organisation are arguably in a stronger position, although the assistance provided by industry organisations on alcohol and other drug misuse management appears to focus to some extent on information on drug testing with some referral to EAP services for advice.

OTHER CONSIDERATIONS

The literature review and stakeholder interviews highlighted the following two important considerations in relation to the development of early intervention for the workplace setting:

“The time is ripe”

Two key factors in the current environment contribute to employers taking a more active interest in the management of alcohol and other drug misuse.

First, the recent changes in the legislative environment have meant a marked increase in emphasis on health and safety in the workplace, with the appropriate management of stress being the area of strongest focus.

Secondly, there is widespread recognition of the prospect of a shortage of skilled workers and a reduced workforce internationally. For example, this year it was reported that 17,000 young Australians would enter the workforce. In 2020 it is predicted that this number will be 14,000.⁶⁰ This pattern appears to be reflected in New Zealand: in 2004 there were around 18,500 15-year-olds in the workforce. It is predicted that by 2019, this number will be around 17,000.⁶¹

A shortage in labour supply increases the importance of so-called “peripheral issues” and highlights the benefits of finding ways to maintain and assist staff to work through a variety of problems including those related to alcohol and other drug use.

The skill shortage has sharpened the focus of some employers, who according to anecdotal reports of DOL staff are making sincere and comprehensive efforts in this regard.⁶²

Increased employer interest in “wellness at work”

Alongside these changes there is increasing employer recognition of the need to become involved in assisting “wellness”. Stakeholder interviews highlighted an increasing recognition by employer organisations and employers of the need for actively supported “wellness at work” achieved through internal processes or supported by external agencies.

The approach proposed may benefit from a prevailing “openness” to the workplace intervention concept by employers and their willingness to seek external assistance in this area.

⁶⁰ Data provided in personal communication, Frank Darby, Department of Labour

⁶¹ Data provided by Department of Labour using Statistics New Zealand figures: Based on population estimates for 2004, there were 61,450 15-year-olds in New Zealand. About 30% or 18,435 of these 15-year-olds are in the workforce (employed or unemployed). If we “age” the 2004 population using Statistics New Zealand’s official age-specific death rates then by 2019 there will be 57,375 15-year-olds (these are the people who were born in 2004). Assuming 30% of them are still in the workforce, that means around 17,213 total (about 1,200 less)

⁶² Stakeholder interview

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APPENDICES

APPENDIX 1: SUMMARY OF LITERATURE RELEVANT TO THE IMPLEMENTATION OF ALCOHOL AND OTHER DRUG INTERVENTION IN WORKPLACES

This section presents a brief summary of literature relevant to the implementation of alcohol and other drug intervention in workplaces from which the best practice principles in the body of this report were drawn. The summary is based on a review of papers provided as set out under methodology.

The scope of the review

The literature is considered from a premise that the value of workplace-based alcohol and other drug intervention is assumed. There is extensive literature outlining the importance of the worksite as a location for alcohol and other drug intervention, the evaluation of which was beyond the scope of this brief review.

However, a short summary of the rationale for providing alcohol and other drug intervention in the workplace setting and a summary of the evolution of workplace programmes and the types of programmes in operation internationally are provided by way of introduction.

The balance of the review presents:

- The evidential base for best practice principles in workplace intervention
- The evidential base for best practice principles in brief intervention.

NB: Because of limited evidence available to inform best practice with regard to workplace-based alcohol and other drug intervention in general, and even more limited evidence specific to the application of alcohol and other drug **early** intervention in the workplace setting, the original process for the development of best practice principles has been altered. The establishment of a draft set of best practice principles for the application of **early intervention** in the workplace can cautiously draw on the limited literature on brief and early intervention in the workplace, but largely needs to defer to principles that apply to workplace intervention in general.

Why manage alcohol and other drug issues in the workplace?

There is strong evidence internationally for the impact of alcohol and other drug use in the workplace in terms of impairment of performance. The data linking this impairment to increased risk of accidents, incidents, work-related injury and absenteeism are less clear, yet adequate enough to support the conclusion in the ACC-commissioned report *A Literature Review of Workplace Drug and Alcohol Programmes* prepared by Ann Horner in May 2005⁶³ that:

In addition to preventing workplace injuries and incidents, the workplace provides a key setting in which to address drug and alcohol use outside of work and further reduce harm caused in non-workplace settings such as the road and at home.⁶⁴

⁶³ Horner 2005

⁶⁴ Horner 2005

This view is supported in the June 2002 Health Development Agency evidence briefing on the prevention and reduction of alcohol misuse for Australia:

The workplace is a major location that “captures” many people in the heavier drinking groups (eg, 16–24 year olds, employed professional women, people in occupational groups with a higher risk of developing alcohol problems). It is also the context within which occupational and professional socialisation takes place. It is, therefore, an important context within which to tackle attitudes and drinking behaviours. The development and evaluation of workplace policies should be encouraged.⁶⁵

Workplace alcohol and other drug programmes – a brief summary

A summary of the evolution of workplace programmes and the types of programme in operation internationally provides useful background for this review. The following synopsis is based predominantly on the recent work of Horner (2005).⁶⁶

Workplace alcohol and other drug programmes have evolved over the past 50 years in the US and for a shorter time in the United Kingdom and Australia. These programmes grew out of a disease-based understanding of alcoholism and tend to reflect a medical treatment model more than an occupational safety or prevention model. Initially EAPs targeted alcohol only and were later broadened to include all problems that might impact on an individual’s work.

EAPs form a core part of workplace alcohol and other drug programmes and an EAP package typically includes:

- An alcohol and other drug policy
- Supervisor training (usually in the EAP process)
- Employee education
- EAP service (or appropriate services delivered internally within the organisation)
- Drug testing.

Brief interventions have been successfully used in primary health care settings but are not commonly used as a workplace strategy, as is detailed further in a later section.

Interestingly, despite their history in dealing with alcohol and other drug problems, the wide range of employee problems that are presented to an EAP can mean that alcohol and other drug problems do not receive adequate attention in the EAP setting.

Roman and Blum suggest that alcohol and other drug misuse might get a relatively minor emphasis because.⁶⁷

- Attention is more likely to be focused on problems that are less stigmatised and, thus, more readily addressed by the affected individuals and their colleagues

⁶⁵ Waller et al 2002

⁶⁶ Horner 2005

⁶⁷ Roman and Blum 1999

- Problems are less resistant to intervention when the individual concerned is actively seeking help; alcohol and other drug misuse is characterised by stumbling blocks such as denial, enabling and expectation of relapse which can interfere with help-seeking
- Alcohol and other drug misuse treatment has been mainstreamed into EAPs where training emphasises counselling and psychiatric perspectives and there is no assurance that alcohol and other drug issues will be adequately addressed.

Evidential base for best practice principles in workplace intervention

- There is limited evidence available to inform best practice with regard to workplace alcohol and other drug intervention and even more limited evidence specific to the application of alcohol and other drug **early** intervention in the workplace setting.
- Further there are significant methodological issues with most existing studies regarding what works in workplace alcohol and other drug intervention:^{68 69}

[L]iterature on programmatic interventions appears to demonstrate their efficacy, although the quality of data is weak. A similar conclusion can be offered for the data on training and educational interventions.⁷⁰

- The interpretation of available evidence in Australia is that despite considerable work to address issues around drug use and the workplace within particular industries and by some employer organisations and unions, there is scarce local research investigating the impact of alcohol and other drug use (excluding tobacco) in the workplace.⁷¹ Further, a 2001 publication on workplace-based management of alcohol and other drug problems claims that many of the responses to this issue that have been adopted in Australia to date are “contentious, ill-informed and ill-advised”. The publication highlights that there is little good-quality, practical information available for employers and employees about addressing alcohol and other drug-related issues in the workplace.⁷²
- There is a substantial body of work that indicates that general prevention and counselling or treatment responses in the workplace are cost efficient in reducing harm for the individual and the broader community.⁷³ There is general support for the efficacy of workplace interventions that are effectively based on the EAP model. However, there is a lack of clarity as to which specific components of these programmes contribute to effectiveness.⁷⁴
- Thus, the development of best practice principles based on the evidence to date for workplace-based alcohol and other drug interventions requires that this evidence be treated with caution.

⁶⁸ Roman and Blum 1996, p139

⁶⁹ Dusenbury 1999

⁷⁰ Roman and Blum 1996, p139

⁷¹ Alcohol and Other Drugs Council of Australia 2003

⁷² Allsop et al 2001

⁷³ Calogero et al 2001

⁷⁴ Roman and Blum 1996, p139

Implication for early/brief intervention in the workplace

Given quality issues with data on alcohol and other drug interventions in the workplace, any initiative applying early or indeed any alcohol and other drug intervention in the workplace should be backed by sound outcomes' evaluation – an action research⁷⁵ approach may be appropriate.

Research requirements

- Further research will be critical for assisting in the identification and further development of best practice strategies for the workplace-based management of alcohol and other drug issues. The research is complicated by a number of factors but still remains critical to advancing the field of workplace alcohol and other drug interventions.

There are many variables in workplace alcohol and drug research including the characteristics of the workers, the nature of the work, the workplace environment and location, and the drug and its availability. It is therefore difficult to undertake research that can be generalised across workplaces. That said, the need for well-designed research into drugs and the workplace must be addressed. While the impact of some drugs has been studied in some depth (for example tobacco), there are still many unknowns in the discussion about alcohol and other drugs and their role in occupational health and safety. Future research should examine the extent of alcohol and other drug problems in industry, attitudes towards drug use and the impact of workplace prevention programs. The outcomes of such research should inform the preparation of best practice models of alcohol and other drug policy development and implementation.⁷⁶

Evidential base for best practice principles in brief intervention

- The health setting, rather than the workplace, dominates research on brief interventions for alcohol and other drug misuse. The effectiveness of brief interventions in health care settings is well supported in the international literature for alcohol use and to a lesser extent for drug use.⁷⁷
- Successful screening and brief intervention programmes in the health setting have employed physicians, nurse practitioners, health promotion advocates, case managers and specially trained

⁷⁵ Originated by Kurt Lewin in 1946, action research is research people conduct to determine the effectiveness of actions they take to improve a situation. It *empowers* those on the “front lines” of action to conduct research into their own practices, rather than relying on and – more importantly – *being subject to* – research findings of “outsiders.” Action research involves successive cycles of *reflecting, planning, acting* and *observing*. A special feature setting action research apart from other forms of research is that research is conducted *at the same time as* action is being taken to improve the practices. Consequently, research findings are *spontaneous* and *unique*. In other words, because this research is conducted as changes are being implemented, new, unforeseen perspectives emerge as the action research proceeds. This can lead to changes in action which, in turn, lead to new findings. Adapted from http://leo.oise.utoronto.ca/~lbencze/Action_Research_Help.html#aboutAR

⁷⁶ Alcohol and Other Drugs Council of Australia 2003

⁷⁷ Horner 2005

peer health educators to conduct screenings and give advice and /or referrals.⁷⁸

- While noting the effectiveness of **minimal** interventions (ie, a few minutes of advice and encouragement) in primary health care settings in reducing alcohol consumption and associated harm, especially amongst male excessive drinkers, primary care practitioners⁷⁹ suggest the need for training and raising awareness of other specialist help available given that some primary care staff feel inadequately trained to cope with the issue and time is often a barrier.

They recommend further research into the potential of similar interventions being delivered in a community setting by non-specialist staff such as social workers, probation officers and other front line generic workers. This argument could be extended to the workplace setting.

Implication for early/brief intervention in the workplace

With adequate training, brief intervention can successfully be delivered by a variety of personnel from both clinical and non-clinical backgrounds.

- Although screening and brief intervention strategies are shown to be effective, numerous barriers to implementation in the health setting have been encountered. Insufficient skills training, reluctance to discuss alcohol and other drug use with patients, lack of co-ordinated efforts between physical and behavioural health services and limited treatment resources are a few of the obstacles to successfully establishing screening and brief intervention programmes.⁸⁰

Implication for early/brief intervention in the workplace

Experience in health care settings would imply that any strategy for applying brief intervention within the workplace setting must be resourced with:

- Appropriate skills training for brief intervention
- Adequate resources for delivering the intervention in terms of time and personnel
- Adequate access to further treatment resources.

- The value of brief interventions has also been proven in college settings in the US.⁸¹
- Evidence is emerging regarding the benefit of brief intervention in the workplace. The following summary of evidence for brief intervention in the workplace setting is provided in the *Health Evidence Bulletins – Wales*.⁸²

⁷⁸ Community Health Improvement Partners 2000

⁷⁹ Health Evidence Bulletins Wales 2000

⁸⁰ Community Health Improvement Partners 2002

⁸¹ Dimeff et al 1999 cited in Anderson et al 2002

⁸² Health Evidence Bulletins Wales 1999

<p>The workplace can be an effective setting in influencing patterns of alcohol consumption and reducing alcohol-related problems.^{i,ii,iii}</p>	<p>i. Hermansson MSW, Knutsson A, Ronnberg S, Brandt L. Feasibility of brief intervention in the workplace for the detection and treatment of excessive alcohol consumption. <i>International Journal of Occupational and Environmental Health</i> 1998; 4(2):71–78. (Type III evidence – screening intervention of 327 employees)</p> <p>ii. Henderson MM, Davies JB, Hutcheson G et al. <i>Alcohol in the Workplace</i>. London: Department of Education and Employment; 1995. (Type V evidence – expert opinion)</p> <p>iii. Fauske S, Wilkinson DA, Shain M. Communicating alcohol and drug prevention strategies and models across cultural boundaries: preliminary report on an ILO/WHO/UNDCP (International Drug Control Program) Interagency Program. <i>Substance Use and Misuse</i> 1996; 31(11-12):1599–1617. (Type V evidence – expert opinion)</p>
<p>Brief interventions may work well in the workplace setting.ⁱ One study identified 80% of employees as being amenable to alcohol screening as part of their regular occupation health checks. There is also growing support within the industrial sector for banning alcohol consumption across the working day, with 80% backing the idea in principle.ⁱⁱ</p>	<p>i. Hermansson MSW, Knutsson A, Ronnberg S, Brandt L. Feasibility of brief intervention in the workplace for the detection and treatment of excessive alcohol consumption. <i>International Journal of Occupational and Environmental Health</i> 1998; 4(2):71– 78. (Type III evidence – screening intervention of 327 employees)</p> <p>ii. Noel O’Reilly, Measure of concern. <i>Personnel Today</i>. 1995; 6 June: 31– 32. (Type IV evidence – survey during 1995 of 261 personnel managers and directors, carried out by Alcohol Concern and <i>Personnel Today</i>)</p>

- Individual studies that evaluate brief intervention in the workplace setting have shown varied results:
 - A US-based individualised alcohol misuse prevention programme based on brief intervention using a motivational interviewing style appears to have been successful in reducing negative consequences among women problem drinkers and reducing frequency of consumption among drinkers in general⁸³
 - Two Australian studies using health assessment and brief intervention in workplace settings to change excessive drinking behaviour had mixed results; neither had a significant effect in

⁸³ Anderson and Larimer et al 2002

organisation-wide factors but reduced consumption was seen in women in the matched group analysis^{84 85}

- A UK-based intervention for employees with alcohol-related problems that used a more intensive counselling approach (mean of eight counselling sessions but with wide variation SD = 5.1) showed significant positive personal and organisational changes in terms of context-free mental health, work performance and absenteeism but no significant change in job satisfaction and commitment or perceived stress.⁸⁶

Implication for early/brief intervention in the workplace

Given limited data and mixed results from available data on brief intervention in the workplace, any initiative applying brief intervention in the workplace should be backed by sound outcomes' evaluation – an action research approach may be appropriate.

- The establishment of a draft set of best practice principles for the application of **early intervention** in the workplace can cautiously draw on the limited literature on brief and early intervention in the workplace but will also need to defer to principles that apply to workplace intervention in general.

- Arguably the available literature better supports so-called “promising practices” than “best practices” as set out by NIDA⁸⁷

The National Institute for Drug Abuse (NIDA), the Center for Substance Abuse Prevention (CSAP), National Center for the Advancement of Prevention (NCAP), Office of Juvenile Justice and Delinquency Prevention (OJJDP) as well as the Department of Education (DOE) deem strategies or programs as "best practices" if they are based on research conducted by scientists or researchers. A best practice is a service, function or process that has been fine-tuned, improved and implemented to produce superior outcomes. These "practices" have been shown through substantial research and evaluation to be effective at preventing and/or delaying substance abuse.

These organizations have also designated a category called “promising practices” which include programs and/or strategies that have some quantitative data showing positive outcomes in delaying substance abuse over a period of time, but lack enough research or replication to support generalizable outcomes.

⁸⁴ Richmond et al 1999

⁸⁵ Richmond et al 2000

⁸⁶ Guppy 1997

⁸⁷ NIDA web site available at <http://www.nida.nih.gov/>

APPENDIX 2: EFFECTIVE WORKPLACE DRUG POLICY: RESOURCES FROM KEY AGENCIES INTERNATIONALLY AND IN NEW ZEALAND

European Commission (development and implementation of an alcohol policy for workplaces in Europe)

The European Commission's report *Alcohol and the workplace: A European comparative study on preventive and supportive measures for problem drinkers in their working environment*⁸⁸ conducted research on "good practice" with respect to workplace **alcohol** policies. It concluded that a best practice example of a workplace alcohol policy would contain each of the following elements:

- Members of all parties should be involved in the development and implementation of the alcohol policy
- The alcohol policy should be formalised and all employees should be familiar with its contents
- Specific, measurable, acceptable, realistic and time-limited aims should be agreed and formalised
- Policy objectives and methods of implementation should be designed to meet these aims
- Objectives should focus on primary, secondary and tertiary prevention⁸⁹
- Information, training and methods should be adapted to the level of the target group
- Confidentiality should be guaranteed (as far as possible)
- Divisions, departments and professional levels should be treated equally
- The evaluation of the policy should focus on the effects of the policy as well as the process by which it is implemented.

The report included the following conclusions:

Firstly, that the desired effect of an alcohol policy should be the starting point of the development of such a policy, and it should be formulated in terms of specific, measurable, acceptable, realistic and time-limited aims. The evaluation of the project should be closely linked to the aims of the alcohol policy, eg, if the aim of the policy is to reduce alcohol use in the workplace, alcohol use in the workplace should be measured before and after the implementation of the policy. Only with the existence of such measurements can it be objectively established whether the policy has been effective. Ideally, this research would include a control condition, for instance a related company or department without such an alcohol policy. When the aims of the policy are clear, more detailed objectives can be set in order to accomplish the policy's intended effect better.

Second, supportive management is critical for the successful development and implementation of an alcohol policy to ensure adequate resources (in terms of finance, time and active involvement) are available and because managers are generally regarded as role models for the rest of the employees.

⁸⁸ *Alcohol and the workplace A European comparative study on preventive and supportive measures for problem drinkers in their working environment*. Available at: http://www.alcoholconcern.org.uk/files/20030820_161355_EU%20Alcohol%20and%20the%20Workplace%20-%20Summary%20Report.pdf

⁸⁹ The report defines these types of prevention as follows: Primary prevention involves the prevention of (excessive) alcohol use among employees, both at the workplace and in general. Secondary prevention is aiming at the early detection of alcohol problems in employees. Finally, tertiary prevention involves support of employees experiencing alcohol problems, and the facilitation of care and treatment for these employees

In addition, support from all professional levels is an important facilitating factor to overcome potential resistance to alcohol policy measures. Therefore, the alcohol policy should be clearly formalised, defining the individual responsibilities of the company and its employees. Further, continuous review of managers' and employees' attitudes towards the implementation of the alcohol policy is required to assure commitment to and compliance with the policy.

Alcohol Concern, England

Alcohol Concern,⁹⁰ the national agency on alcohol misuse in England, sets out that an effective drug policy should:

- Clarify that an employer has a legitimate interest in an employee's life outside work when it affects their own or others' performance, health or safety
- Regard an alcohol problem as a health problem rather than being an immediate cause for discipline or dismissal
- Be a clear statement of intent agreed by employers and unions or staff representatives
- Be understood by and apply equally to *everyone* in an organisation
- Clearly delineate responsibility and give guidance to managers on procedures to follow, signalling when disciplinary action should be instigated
- Establish procedures for referring an employee with alcohol problems to in-house support or outside specialist services
- Clarify rules of confidentiality in order to encourage staff or colleagues to come forward
- Ensure managers receive appropriate training to implement the policy
- Be publicised at regular intervals to staff
- Be reviewed regularly, probably every 12 months.

ACC summary of key items for inclusion in a workplace alcohol and other drug policy

Policy statement and objectives

Clearly state the aims, expected outcomes and behaviour and commitment expected from management and employees. For example, address workplace stressors that may contribute to harmful substance use, such as exposure to hazardous substances.

Responsibilities

State the responsibilities of the employer and employees and the accepted code of behaviour. This could include guidelines on the use of alcohol at company-sponsored events.

Roles

Identify who is responsible for monitoring the implementation of the policy, dealing with intoxicated employees and evaluating the policy.

⁹⁰ http://www.alcoholconcern.org.uk/files/20030818_161950_workplace.pdf

Employee assistance programme (EAP)

EAPs are confidential services such as counselling to help employees resolve personal issues such as marital problems, which may be affecting their work. Many workplaces that use EAPs find them to be cost effective as they help to reduce injuries and absenteeism and increase productivity.

Testing

If testing is used, specify the types of test used, the accuracy of the tests, the testing procedure, right of refusal and legal rights.

Education and training

The training of managers and supervisors and the education of all employees is vital to ensure a drug- and alcohol-free workplace culture.

Provide information to new and existing employees about the effects of drugs and alcohol on work performance, safety and health. Explain the workplace alcohol and other drug abuse policy and the consequences for employees who fail to comply. Ensure they know about the EAP services available to them.

International Labour Organization. Geneva (Code of practice for management of alcohol and drug-related issues in the workplace)

The code of practice sets out the following in relation to the development of an alcohol and other drug policy for the workplace:

Co-operation between the social partners

The employer should, in co-operation with the workers and their representatives, develop in writing the enterprises' policy on alcohol and drugs in the workplace. Where feasible, the development of such a policy should also be conducted in co-operation with medical personnel and other experts who have specialised knowledge regarding alcohol- and drug-related problems.

Contents of an alcohol and drug policy

A policy for the management of alcohol and drugs in the workplace should include information and procedures on:

- Measures to reduce negative effects in the workplace of alcohol and other drug misuse through proper personnel management, good employment practices, improved working conditions, proper arrangement of work, and consultation between management and workers and their representatives
- Measures to prohibit or restrict the availability of alcohol and drugs in the workplace
- Prevention of alcohol and other drug-related problems in the workplace through information, education, training and any other relevant programmes
- Identification, assessment and referral of those who have alcohol- or drug-related problems
- Measures relating to intervention and the treatment and rehabilitation of individuals with alcohol- or drug-related problems
- Rules governing conduct in the workplace relating to alcohol and drugs, the violation of which could result in the invoking of disciplinary procedures up to and including dismissal

- Equal opportunities for persons who have, or who have previously had, alcohol- and drug-related problems, in accordance with national laws and regulations.

Assessment

Employers and workers and their representatives should jointly assess the effects of alcohol and drug use in the workplace.

The following indicators, among others, should provide useful information for identifying and assessing the nature and size of the problem in a given enterprise:

- National and local surveys on prevalent consumption rates in the community
- Surveys that have been carried out in similar enterprises
- Absenteeism in terms of incidence of unauthorised leave and lateness
- Use of sick leave
- Accident rates
- Personnel turnover
- Alcohol consumption in the enterprise's canteen, cafeteria or dining area
- Opinions of supervisors and managers, workers and their representatives, safety personnel, and occupational health service personnel.

Although the above indicators can only give an approximate idea of the extent of alcohol- and drug-related problems collectively in the workplace, they should be useful in clarifying the enterprise's needs, target groups and priorities in the organisation of prevention and assistance programmes.

The document suggests the following elements for an alcohol and drug programme for the workplace:

- Coverage: this programme should apply to all employees
- *Timely intervention: efforts should be made to ensure early identification and treatment of problems, thus facilitating a good prognosis*
- Participation: participation in the programme should be voluntary without, however, denying management the prerogative of recommending employees for assistance. Participation should not prejudice an employee's job security or chances of promotion. The employee should not be disciplined or discharged as long as the individual participates in a rehabilitation programme and is deemed to be progressing towards an acceptable level of job performance. In this process, it is recognised that assistance under the programme should not permit a worker to disregard the normal responsibilities of employment. Failure to comply may result in discipline up to and including dismissal
- Confidentiality: personal information on employees utilising the programme should be treated in a confidential manner
- A balanced programme: a balanced programme should include prevention, identification, treatment and rehabilitation components
- Training, education and communication: the policy should include a programme on the prevention of alcohol- and drug-related problems in the workplace through information, education and training
- Referrals: referrals may be made by the individual worker who considers that they may have a problem, by family members, by management or by a supervisor, colleague or

workers' representative. The employer may refer the worker for medical examination or assessment by a qualified professional who will advise the worker if treatment is needed

- Reintegration: this should describe the duties and responsibilities of the worker during and after treatment
- Programme review: this activity should be undertaken at regular intervals. Information emanating from this exercise should be fed back into the design of the programme in order to increase its efficiency and acceptance in the workplace.

Home Office *Substance misuse in the workplace: a training pack*

Offers details on policy formation and content and types of treatment with no specific mention of early or brief intervention.⁹¹

This package, authored by the Drugs Strategy Directorate, illustrates the importance and benefits of a workforce alcohol and other drug strategy and how to implement it.⁹² The pack aims to help employers understand:

- The importance of informing staff about substance misuse
- Why a robust workplace policy can help protect employees and business
- Why a workplace policy is a valuable benefit to business.

Alcohol and Other Drugs Council of Australia (ADCA)

The ADCA *Drug Policy 2000: A New Agenda for Harm Reduction*⁹³ presents a “blueprint” for effective workplace drug policy in Australia which draws on the best available evidence. The blueprint describes six key components of quality practice in workplace drug policy development and four key components of quality practice in implementation. The blueprint suggests that workplace drug policies should:

- Involve consultation with all stakeholders during the developmental stages
- Apply universally to all employees
- Be organisation specific
- Be comprehensive
- Include instructions and procedures for responding to drug-related incidents
- Consider drug testing as a potential and complex option that can be applied only to limited domains
- Apply change gradually and in an informed manner
- Be publicised in an appropriate and equitable way
- Engender employee compliance through the definition of roles and responsibilities as well as education and training be evaluated.

⁹¹ <http://www.drugs.gov.uk/ReportsandPublications/Communities/1106845945/11436.pdf>

⁹² <http://www.drugs.gov.uk/ReportsandPublications/Communities/1079608061>

⁹³ <http://www.adca.org.au/DP2000.htm>