AN INTERNATIONAL PERSPECTIVE ON PRIVATE SECTOR COLLABORATION IN DRUG ABUSE DEMAND REDUCTION

a paper presented by UNDCP and ILO at the third International Private Sector Conference on Drugs in the Workplace and the Community (Asia and the Pacific Region)

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I. THE PRIVATE SECTOR ACCEPTS A GLOBAL CHALLENGE

Drug abuse is a threat to the well-being of millions of the world's working people. It is also a force that acts globally to detract from the productivity, safety and success of local, national and international business. It includes the abuse of illegal drugs, psychoactive pharmaceuticals, alcohol and other substances that people use for mood altering effects.

In recent decades, we have seen increasing private sector action aimed at reducing drug problems both in the workplace and in the surrounding community. Each year, more and more companies take on this important challenge, and their efforts benefit communities, workers and their families, and company operations in locations all over the world.

While law enforcement initiatives focus on reducing the illegal supply of drugs, private business enterprises have focused primarily on reducing demand. This means using a variety of prevention, treatment and rehabilitation strategies to influence young people and adults so that they are less likely to seek out and use hazardous drugs.

This paper has been developed for the 3rd International Private Sector Conference on Drugs in the Workplace and Community (Petaling Jaya, Malaysia, October 1997). It was written to provide an overall context for the conference, and to assist the discussions of the conference working groups as they examine the areas of policy, programmes, training and information sharing (see Discussion Papers I - IV which appear as annexes). The two preceding International Private Sector Conferences have played an important role in stimulating demand reduction initiatives in the regions where they were held. The first conference, focusing on Europe and North America, was held in Seville, Spain in 1993, and the second, focusing on Latin America and the Caribbean, was in Porto Alegre, Brazil in 1995.

This paper examines the progress that has been made in private sector demand reduction efforts, and then asks the reader to consider how we can improve and extend this important work. It looks generally at the world situation and specifically at the issues and challenges facing the cultural diversity and rapidly developing economies of the Asia/Pacific region. In some cases, private sector organizations in Asia will be able to benefit from the experience of companies in other areas of the world. In other cases, Asian companies will find themselves setting new directions in demand reduction, and as we have seen in other areas of corporate activity, the rest of the world will learn from the Asian experience.
II. WHY THE PRIVATE SECTOR IS CONCERNED

A. Corporate and Union Motivations

There are three motivations for the increasing private sector contribution to drug abuse demand reduction.

1. The first type of motivation is based on understanding that leaders in the private sector are leaders in the community. They have a responsibility to workers and their families, to public safety, and to the well-being of society at large. They realize that drug abuse is a problem that will not be solved simply by law enforcement and government initiatives. The private sector has an important role to play that can be filled by no other segment of society. Given the rapid reshaping of life by economic forces, this may be more true in Asia than in any other area of the world.

2. The second type of motivation involves direct benefits to participating firms. Reducing drug problems among workers is good business. Fewer drug problems among managers and workers mean lower costs due to absenteeism, decreased productivity and service problems, rehiring and retraining, reduced work quality, accidents, theft by workers and legal liability.

3. And finally, senior managers are moved to act when they personally experience drug addiction or see it in their families or in respected colleagues. This kind of experience brings the knowledge that drug dependence is a serious health problem that can affect all types of people. As people gain understanding of drug abuse, they understand that prevention is possible, and that treatment has helped many victims regain a positive life. With this understanding, managers see that their company can help people avoid these devastating problems or at least get help as soon as possible before career and family life are ruined.

4. The level of enthusiasm a company displays for action on drug abuse is ultimately tied to its management priorities. A company that values safety, the well-being of workers, and the overall quality and efficiency of its operations will find that reducing the incidence of drug related problems makes excellent business sense. Similarly, companies that have a vision of how business enterprises can assist in social and cultural development will be open to addressing drug abuse in collaboration with community organizations.

5. Workplace programmes that reduce drug abuse also make sense to unions. A well-thought out programme can provide a safer workplace, and help workers avoid serious drug problems. Typically treatment is available for workers who do fall into difficulties, and sometimes help is available to family members as well. All of this fits well with a union's concern for the health and welfare of its members.

6. Unions will naturally want to be sure that workplace drug policies and programmes are ethical and fair. They are concerned about job security, and particularly concerned about the hardship caused to workers and their families if employees are suspended without pay or if they lose their job.
This is why management and unions should work together in planning and implementing a drug programme. Both parties can understand the value of preventing drug problems or of having them identified early before job performance and safety are seriously affected. Together, they can work out the best way to achieve these goals.

7. Employers and unions share many concerns about drug abuse, and workplace action to prevent abuse provides an excellent opportunity for labour-management collaboration.

B. The Nature and Extent of the Problem

1. Global Overview

The increasing private sector role in drug demand reduction is a response to a global drug abuse problem that involves working people at all levels from the most junior assistant to the most senior executive. Drug use trends around the world reveal the following patterns that are relevant to the private sector.

a) The global drug problem is large and growing. There is increasing evidence that drug use and abuse can be lowered through the use of public policy, prevention campaigns, treatment systems and other strategies including workplace policies and programmes. However, encouraging as this progress is, it is limited to specific initiatives in selected countries, communities or companies. The overall world problem, especially as it relates to illegal drugs and the abuse of medication, is well entrenched and growing larger.

b) As countries move to modernization, many of them also move to problems with a fairly predictable collection of commonly abused drugs. For the past few decades, this list has consistently included alcohol, cannabis, mood altering pharmaceuticals (sleeping pills, tranquillizers, pain killers, etc.), opium and its derivatives, cocaine and other stimulants, and to a lesser degree solvents and hallucinogens. It is significant for employers that these are all psychoactive substances that can impair human functioning. Abuse of these drugs results in poor job performance and higher risk of accidents. In addition to these drugs, a country may have locally produced intoxicants that have been part of the culture throughout history.

c) Employers can expect to see the general drug use patterns of society reflected in their workforce. It is worth being reminded that drug use and abuse are not concentrated among the unemployed or people on the fringes of the economy. In locations where research has been done (e.g., Canada, Europe, India, USA), the results consistently show that most people with drug problems are employed, and that drug use patterns among workers tend to be very similar to those among the overall population.

d) Some groups of workers are more at risk than others. Some industries must be prepared to deal with drug use levels that are significantly higher than average for the general population. The
differences between industries appear to relate to factors such as operating in remote locations, hiring from transient populations, or recruiting large numbers of young men (among whom drug use tends to be higher than the average in many cultures). In some industries, workers have also come to see drug use at work as acceptable, or they have developed ways of socializing where heavy alcohol or drug use is the norm.

RESEARCH/INFORMATION SUMMARY

Global Patterns of Drug Abuse Impacting the Workplace

In most world regions there is a serious lack of research that measures the extent of drug use among working people. Currently, the best way to create a picture of worldwide drug use in the workplace is to look at a) general data on drug use in world regions, and b) some examples of specific workplace studies from the countries where such studies are available.

The United Nations International Drug Control Programme (UNDCP) has created the best available picture of global use of illegal drugs. The source is the UNDCP report submitted to the Commission on Narcotic Drugs at the fortieth session, Vienna, 18 - 27 March 1997. This report is based on information provided by 90 countries over the period 1992 - 95. The following points are taken from this report. (1)

While a picture of world drug prevalence emerges, the report cautions, "data are not directly comparable. Different countries collect different data using different data collection instruments and assumptions about the nature of the problems. Since the basis for the estimates is so varied and the number of reporting countries not equally spread over the regions of the world, it is not possible to extrapolate to the global level the figures reported by individual countries." The picture is further blurred by the environment in which drug abuse takes place. "Drug abuse is by its nature a very private and secretive act. It is therefore more probable that the numbers of drug abusers are underestimated than the opposite."

With these cautions in mind, the report gives us a world view where "the abuse of amphetamines, cannabis and opiates seem to be on the increase, while the abuse of cocaine and hallucinogens is stable but at high levels. Cannabis is the most frequently reported drug of abuse, with all regions of the world reporting its abuse. It seems to be the most prevalent drug among the general population. Opiate-type drugs were the second most frequently reported drugs of abuse. Most of the countries reporting opiate abuse also reported a steadily increasing trend. High rates of opiate abuse have been reported in all regions of the world except for the Caribbean."

The UNDCP analysis indicates that the proportion of illegal drug users varies from country to country and by type of drug, from a low of 0.13 per cent to a high of 25 per cent. For example, cannabis abuse was reported by 73 countries, with a high use rate of 23.5 per cent in Papua New Guinea, and a low of 1 per cent in Portugal.
The abuse of psychoactive pharmaceuticals (acquired either legally or illegally) is a large and growing problem in countries in all regions where modern medicines are readily available.

Cocaine consumption seems to be stabilizing. Countries reporting high annual prevalence were Argentina, Brazil and the United States. There were no reports of cocaine abuse in south and central Asia, but seizures of cocaine have been reported in India.

There is a very high correlation between injection drug use (IDU) and HIV/AIDS in countries throughout the world. The exact extent of infection among injection drug users (IDU's) varies from region to region but it is of serious concern, "for example, in Vietnam, where IDU’s have been targeted for HIV testing, 72 per cent of the injecting population was found to be infected. For Ukraine, where the number of HIV cases rose from 183 in 1994 to 5,360 in 1996, 70 per cent of the infected individuals were injection drug abusers."

About 60 per cent of the countries that reported on trends in illicit consumption of drugs reported an increase or a large increase. Another 30 per cent reported a stable situation, while the remaining 10 per cent reported a decrease or a large decrease. Each drug shows a different pattern.

Adolescents and young adults are of interest to employers because they represent those who are entering, or will soon enter, the workforce. Drug abuse by young people seems to be on the increase in most parts of the world. There is a large and growing number of young "recreational" users of amphetamine-type stimulants. The growing popularity of drugs such as ecstasy and other amphetamine-type stimulants in western Europe, North America and in some countries of eastern Europe and east and south east Asia is of particular concern. There are also indications that initiation into drug abuse is more frequently taking place at an earlier age. This trend is especially notable among people seeking treatment for opiate abuse. During 1995 more young people in the age group 15 -19 entered treatment than during the whole three-year period 1992 - 1994.

We can learn more about drug use and its impact on the workplace by going beyond the world view of the UNDCP report and looking at the following observations from regional and national studies.

In countries where alcohol is commonly used, it tends to be the most widely used drug and the most problematic drug for the workplace. In Europe and North America approximately 80 per cent of the adult population consume alcohol.

Canada has a number of general population and workplace studies, and would be considered moderate in drug use prevalence.

23.9 per cent of Canadians have used an illegal drug at some time in their life. The great majority of this use involves cannabis. 7.4 per cent of those over the age of 15 have used cannabis in the past year. (2)
72 per cent of Canadians over 15 drink alcohol. The rate is 91 per cent among males aged 20 - 24. (3)

5 per cent of Canadians have used prescription painkillers in the past month. 4.5 per cent used sleeping pills, and 4.3 per cent tranquillizers. (3)

A large survey of workers in one Canadian province revealed that 27 per cent of workers had used cold and allergy medicines in the past month, and 14 per cent had used painkillers, tranquillizers or sleeping pills. (These drugs are usually not problematic, but all can impair human functioning when abused or used inappropriately.) (4)

In a major Canadian oil company, 7 per cent of employees reported that they have had, or currently did have, a substance abuse problem. (5)

An anonymous screening of members of Canada's armed forces revealed that 3.3 per cent had used illegal drugs recently enough to be picked up in urine testing. (6)

Examples of the large differences among industries are demonstrated by these studies.

A comprehensive Canadian survey of 18,000 people employed in transportation safety-sensitive positions in air, marine and surface (truck/bus) services indicated that the overall percentage of people using illicit drugs was similar to the general population. However, public marine workers were the exception with use rates up to three times higher than the general population. (7)

Studies of alcohol consumption in Australian workplaces have identified workers with "hazardous or harmful drinking patterns" to vary from a low of around 6 per cent (telecom workers) to a high of about 18 per cent (coal mine workers) in the different industries surveyed. (8)

2. Impact on the Health and Welfare of Workers and Their Families

There has been an extremely large volume of research detailing the many negative consequences of drug abuse. Overall, there tend to be higher numbers of physical and mental health problems, hospitalizations, accidents, financial and legal problems, family problems and career problems as an individual's drug use increases. High frequency of intoxication is also linked to important social problems including violence, the neglect and abuse of children, and in some cases the decline of whole communities.

A detailed look at the health and social consequences of drug abuse is beyond the scope of this paper. For any individual, the effects will vary depending on the drug or drugs used, the extent of use (i.e., how much and how often), and a variety of other factors (e.g., general health of the user, involvement in criminal activity, use in hazardous situations, whether or not the drug is injected). However, for readers interested in how working people and their families are affected, two examples are useful.
First, consider a young unmarried adult who becomes intoxicated on cannabis, opiates or alcohol three or four times a week. The future for such a person is unclear. They may either reduce their drug use as they mature, or they may continue a similar pattern of high risk use, or they may advance further into more serious drug dependence. Meanwhile, it would be expected that their current level of drug use would have important consequences. They may be more likely than other young adults to be in accidents, to be sick, to perform less well at work due to intoxication and the after affects, to have problems in their relationships and to be in trouble with the legal system. If they inject drugs, they are also at serious risk of a number of diseases including hepatitis and HIV/AIDS.

In a second example, consider a married worker with children and advanced drug dependence. It is very likely that this person will try hard to protect their reputation at work. Problems at home may be much more severe than observers at work would imagine. This person is spending substantial amounts of time in an intoxicated state. Consequently, the spouse and children suffer in ways that may affect them and their community for years to come. With large amounts of money spent on alcohol or other drugs, there may be little left to feed the family or pay for the children's education. Family members may be abused emotionally or physically, and may be forced out to work under negative conditions such as child labour. The loss of income, should this worker be dismissed, will be a major crisis. Compared to other workers, this person will be much more likely to be injured or ill and to have personal financial or legal problems. Depending on the drug(s) they use, they will be at greater risk of serious diseases, mental health problems and premature death. It is very important that this person receive help in dealing with drug dependence.

3. Impact on Employer Operations

An employer is in a situation of risk whenever an intoxicated employee interacts with a customer, endangers workplace safety, occupies a position of leadership, makes important decisions, or is responsible for meeting time lines or quality standards. Some companies also experience serious problems with the theft of funds, equipment, inventory and sensitive information as drug dependent workers use illegal means to raise money for drugs.

For ease of discussion, employers can think of drug related risk coming from three types of people.

1. First of all, it is very important for employers to understand that the incidence and risk of problems are sharply higher for workers who are drug dependent (addicted). The very nature of drug dependence means that the person lacks control over drug consumption and is more likely to be intoxicated when it is inappropriate or unsafe.

2. Secondly, it is equally important to realize that drug dependent workers are not the only concern. It is very common for individuals to have a relatively short period in life where drug use rises to levels that are unwise, unsafe or unhealthy. Often this is associated with socializing among young adults or with older workers trying to cope with stress or major changes like career advancement, dismissal or redundancy, or loss of a spouse.
And finally, any worker who uses alcohol or other drugs may occasionally be unfit for work. For example, a worker who celebrates a special occasion well into the night may come to work the next morning still under the influence of the substances they were using. Even if it is quite rare for non-drug dependent individuals to come to work impaired, the total number of incidents that such workers are involved in will be very important because such a high percentage of workers use psychoactive drugs from time to time.

**RESEARCH /INFORMATION SUMMARY**

**Global View of the Impact of Workplace Substance Abuse on Business**

The literature identifies a range of health, safety and other consequences related to workplace substance abuse. While there are many causes of impairment on the job, such as illness, fatigue, or emotional distress, the abuse of alcohol and other drugs is one of the most important. Drug abuse results in (a) poor judgement and impaired psychomotor function resulting in injury or death for the drug user or others, (b) increased costs due to illness, absenteeism, tardiness, theft, and legal liability (c) negative worker morale and increased grievances and disciplinary procedures, (d) loss of competitiveness stemming from lower productivity and worker turnover. These consequences pose real concerns for workers, employers, and the public.

A growing number of reports have attempted to detail the effects of intoxication on work performance, the cost of abuse, and the proportion of the working population that is affected.

A large-scale pre-employment drug testing study of the United States Postal Service shows the link between drug use among job applicants and future problems on the job. The overall drug-positive rate was 9 per cent. After 3.3 years those who tested positive had the following pattern of problems compared to other workers.

- 66 per cent greater absenteeism (cocaine users were 3.64 times more likely to be frequent sick leave users, 3.33 times more likely to take leave without pay, 8 times more likely to be absent without approved leave)
- 2.67 times as likely to experience problems requiring Employee Assistance Programme intervention (i.e., counselling or treatment)
- 2.44 times as likely to be formally disciplined
- 1.88 times as likely to accumulate an elevated dollar amount of medical claims. (9)

A two-year project designed to increase understanding of the nature of alcohol and drug problems in the workplace was undertaken in the 12 countries of the European Community. Information was obtained from 237 companies, employers and workers’ organization representatives. The results strongly suggest a relationship between problem alcohol and drug use and negative impact
on work. The five most frequent problems related to alcohol were impaired performance (87.5 per cent), intoxication at work (81.4 per cent), lateness (81.4 per cent), disciplinary problems (80.6 per cent) and absence from work (78.0 per cent). In Europe, the frequency of alcohol related problems was much higher than problems related to other drugs. However, the same general problems were observed for drugs other than alcohol. These problems were impaired performance (55.0 per cent), absence from work (54.5 per cent), disciplinary problems (47.0 per cent), intoxication at work (44.0 per cent) and dismissal (41.8 per cent). (10)

In Europe, the clearest trends noted were increasing problems with the use of prescribed drugs, and decreasing problems with alcohol (in keeping with falling per capita alcohol consumption).

A 1992 study of hourly workers at a large manufacturing plant in the United States compared drug dependent individuals (medically diagnosed as chemically dependent) to other workers. Compared with the control group, the dependent workers had six times the absences and seven times the days missed, along with more injuries, hypertension, and mental disorders. The researchers concluded that early detection and treatment had tremendous economic and safety benefits. (11)

A study of problem drinkers in a large American company with over 10,000 workers found they averaged 2.5 times as many occasions of sickness lasting eight or more days, that their cost of sickness payments was three times greater, and that they had 3.6 times as many accidents as control groups. (12)

The results of a nation-wide opinion survey of Canadian CEO's carried out by William M. Mercer Ltd. indicates 92 per cent of respondents viewed substance abuse as having a significant impact in the Canadian workplace at large. Eighty-five per cent of the CEO's believe substance abuse, if it exists in their workforce, will create a potential liability to their organisation. (13)

There is agreement among many in the field that loss of industrial production is a result of alcohol and other drug abuse. The US Department of Labor estimates that drug use in the workplace costs American business and industry between $75 and $100 billion annually in lost time, accidents, higher health care and workers' compensation claims. (14) In Canada, a country with one-tenth the population, the estimate is $18.5 billion dollars annually according to a Canadian Centre on Substance Abuse study. (15)

4. Consequences for Safety

Drug related safety issues are worth special attention. As regions modernize, expectations around safety rise. Governments, workers and the public want employers to show a higher level of responsibility for providing safe operations that do not put workers, the public or the environment at undue risk. These higher expectations include an employer's actions to prevent accidents caused by worker intoxication. If it is discovered, for example, that a fatal accident in public transportation involved an intoxicated driver, pilot or ship's captain, the public is likely to harshly criticize the
company involved. The damage to the company's image can be serious, and there may be massive law suits that result. In some countries, legal liability for alcohol and drug related accidents has become a major motivation for corporate action.

How often alcohol, medication and illegal drugs contribute to workplace accidents is largely unknown. It is not common practice to test workers involved in accidents or to keep accurate or consistent records of drug involvement in injury situations. In addition, some companies may be inclined to cover up knowledge of drug involvement in accidents due to public image or liability concerns. Some estimates have been attempted, and they indicate that alcohol may have been a contributing factor in up to 25 per cent of industrial accidents. For example, 15 -25 per cent of accidents in France are thought to be alcohol related, in the UK 20 per cent and in Poland the figure is estimated at 8 - 25 per cent. Some locations do attempt to track alcohol involvement in workplace fatalities. Measurable blood alcohol levels were found in 13.7 per cent of the victims of occupational fatalities in Texas, USA, and in 10.7 per cent of occupational fatalities in Alberta, Canada. (16)

We do know that large numbers of workers use drugs that can impair safety. These include medicines that produce drowsiness, inattention and reduced coordination, visual precision and reaction times. They also include alcohol and illegal drugs. We also know that driving automobiles while impaired continues to be a major problem worldwide. Cannabis and alcohol have been extensively studied in this regard, and the ability of these drugs to impair safe functioning is well documented.

If reducing drug use among workers can reduce accident rates, it is worth doing. Large numbers of industrial accidents result in huge costs to companies, governments and health care systems. Research from a 1992 Labour Force Survey in the UK demonstrates this clearly. This survey reveals that in the UK there are 1.6 million injury accidents among workers each year resulting in costs measured in billions of dollars. Further insight is gained through another UK study that examined accident costs for five specific employers. Although there were no exceptionally serious accidents during the research period, ordinary accidents had serious financial consequences. These costs amounted to 8.5 per cent of income for a construction project, 1.4 per cent of operating costs for a creamery, 1.8 per cent of operating costs or 37 per cent of profits for a transport company, 14.2 per cent of potential output for an oil platform, and 5 per cent of operating costs for a hospital. (16)

Increasingly, executives must ask themselves if they are taking all reasonable steps to prevent drug related accidents. Three more specific questions bring this into focus - "What would be the most tragic accident that could occur if one of our employees was intoxicated?", "How would our customers and the public react?", and "Could we stand before the courts or the media and honestly say that we had a comprehensive programme to prevent such accidents?".

C. Drug Use Impacting the Workplace in the Asia/Pacific Region

It is quite easy to identify the type of drugs that are commonly abused in the Asia/Pacific
region, and to get an idea of whether certain types of drug related problems are being seen more or
less often. This is because most data and information on drug use in Asia is based on sources such
as drug enforcement records and treatment statistics. It is much more difficult to learn the proportion
of specific populations that use or abuse drugs. There are relatively few surveys that attempt to
measure the rate of drug use in Asian countries or among subgroups such as students, young adults
or workers.

It is clear that the abuse of drugs is a large problem within the region. The relative
importance of illegal drugs, pharmaceuticals and alcohol varies as one moves from one location in
Asia to the next, but employers will encounter drug use and abuse among working people in all areas.

Experts estimate sizeable activity, in the billions of dollars, in "drug business". For
developing Asian countries the lost opportunity to the legitimate economy is huge when large sums
of money and human energy are diverted into the illegal drug business and into personal drug
expenditures.

The following summary provides an overall picture of drug abuse within the region, and then
looks at a few examples of information that is specific to the Asian workplace.

RESEARCH/INFORMATION SUMMARY

Patterns of Drug Abuse Impacting the Asian Workplace

World production of opium (used directly or to produce heroin) gives insight into one
aspect of the Asian drug business. Southeast Asia, including Burma (Myanmar), Laos, and Thailand,
accounts for about three-fourths of the estimated world opium supply. Most of the remainder comes
from Afghanistan, Iran and Pakistan. (17)

Since growers often operate outside the legal economy, it is not possible to know the exact
size of drug crops actually produced. Estimates show that from 1987 to 1991 coca production rose
swiftly, while opium and marijuana production peaked in 1989. All three drugs have a generally
upward direction in world production estimates. (17)

A serious problem in areas involved in opium production and transportation is the use of
heroin by injection and the resulting rapid spread of HIV/AIDS infection. This problem appears
particularly serious in the subregion that includes Myanmar, Thailand, Yunan in south west China and
Manipur in north east India, but injection drug use is reported in other areas of Asia as well. In recent
years, there has been a major shift from heroin smoking to heroin injection. This has been followed
by a rapid and extensive spread of HIV infection among injection drug users. HIV rates among drug
injectors in the region are the highest that have been reported among any group in the world. It is
important to understand that injection drug users infected with HIV pass their infection to others
through both shared needles and sexual activity, and consequently spread the disease much more
widely. In the case of female drug users who become pregnant, there is the tragic possibility of HIV
infection passing to their children. (18)

The report of the United Nations International Drug Control Programme (UNDCP) referred to earlier in this document outlines some trends in the Asia region.

The overall trend in Asia is an increase in the abuse of all drugs except cocaine and hallucinogens. The increase is particularly evident with regard to opiate-type drugs and sedatives.

Pharmaceutical preparations containing narcotic drugs or psychotropic substances are still widely available throughout Asia without a medical prescription. Illicit consumption of sedatives, mainly barbiturates and benzodiazepines, seems to be on the rise, a persistent phenomenon that can be linked to the lack of control over prescriptions.

The abuse of cocaine has been reported as stable, with the exception of Indonesia and Singapore, where an increase has been reported, and the Philippines, where a large decrease was reported.

Amphetamine abuse continued to increase in Hong Kong, India, Indonesia, Japan, Philippines, Republic of Korea, and Thailand. In the far east, the most frequently abused stimulant is methamphetamine. In the Philippines, methamphetamine (shabu) is reported to have replaced cannabis as the most widely abused substance.

The Asian Multicity Epidemiology Programme on Drug Abuse coordinated by Dr. Viz Navaratnam of The National Centre for Drug Research, University Sains Malaysia, provides some of the best indicators of drug abuse trends in Asia. This ongoing programme gathers data from 22 cities, and provides the following information. (19)

C Heroin is the dominant drug abused.

C Cannabis is the second most widely abused substance. It appears to be abused across the region with Cambodia having cannabis as its primary drug.

C A significant abuse of opium is reported in all countries of the region except Malaysia and the Philippines.

C Use of opiates by injection is significant in Bangladesh, India, Malaysia, Myanmar and Thailand.

C Methamphetamine abuse is emerging as a significant problem.

C The use of pharmaceuticals for intoxication and self-medication has been on an upward trend as well.
The Asian Multicity Epidemiology Programme reveals that drug users in general tend to fall into the age group 15-44, although most are men in their mid-twenties. This makes them some of the most potentially productive members of society and likely to be among working people. (19)

The following studies are examples of the type of drug related research that has been conducted in workplaces in Asia. Unfortunately, these studies are often very localized and involve small numbers of workers. They do not allow conclusions to be drawn about the extent of workplace problems across industries, or throughout countries or regions.

A study undertaken in Bhubaneshwar, India showed that 63.5 per cent of drug users were either employed or self-employed and that 19.2 per cent of users were introduced to drug use in the workplace. (20)

An ethnographic study was conducted among Pakistani truck drivers to look into cannabis (charas) use patterns. Anecdotal information suggests a large majority of public transport and long haul drivers use charas while driving. The respondents interviewed all used charas daily. Forty-five per cent of the study group reported having at least one serious accident during their driving careers. Approximately one-quarter of those involved in these interviews had had two serious accidents. Of those having accidents, 33 per cent attributed charas use as a possible factor, the rest did not feel it was significant. (21)

A study by Dr. Ascobat Gani of the University of Indonesia establishes that drug use has serious economic implications. For example, in Indonesia where use of ecstasy pills is estimated at 500,000/month, this drug alone absorbs about $192M each year. This is about 4.8 per cent of total annual health expenditure in Indonesia, and since government contributes about one-quarter of the total health expenditure, ecstasy total sale therefore equals 19.2 per cent of government health allocation. Ecstasy use is one aspect of illegal drug use. When other illegal drugs are taken into account, the money spent on illicit drug use represents a huge waste of human and financial resources in Indonesia. It follows that effective intervention will bring substantial economic gains. Based on a cost benefit analysis it is recommended that tough enforcement be coupled with demand reduction using both intervention and prevention strategies. The most benefit will come from cooperation among organizations - public, private and non-government. (22)
III. MODELS OF PRIVATE SECTOR ACTION

The common worldwide theme in private sector action on drug abuse is achievement through cooperation and collaboration. Government and non-government agencies concerned with drug abuse have consulted with business and provided consultation, training, prevention programmes and treatment. Employers implementing policies and programmes have collaborated with worker committees and with unions. Companies have shared their experience and expertise freely with other companies. And, businesses have teamed up with community organizations to create prevention and treatment projects that could never have happened without private sector funding and ability.

It is very important to remember the historical roots of this effort. It began and developed as an attempt to create a win-win situation where troubled workers received help and companies saved time and money by having an effective method to reduce alcohol and drug related problems in the workforce. This win-win premise means that it makes sense for all parties to work together for mutual benefit.

For approximately three decades, the focal point for formal private sector action on drug problems was North America. In the 1980's and 90's participation has spread through Europe, and Australia and to lesser degrees through Africa, Asia and Latin America.

It should also be remembered that there is a long tradition of informal company action to respond to drug problems among workers. There are many companies, in Asia and elsewhere, that do not have highly visible drug abuse programmes, but that do regularly take action in this area. Based on either written or unwritten policy, they have standards for conduct, and methods for either disciplining those who do not meet the standards or directing them towards treatment. The problem with an informal approach is that it may be applied inconsistently, or it may be less effective than a more comprehensive set of demand reduction strategies.

Over the decades that the more formal and comprehensive approach has evolved, private sector demand reduction experience has clearly demonstrated the following points.

a) Employment and the associated status and security have such high importance that it can be used as a lever to encourage people to avoid personal drug abuse and to seek help early if problems arise. Earlier treatment means less risk to the company, and less damage to the personal and family life of the worker.

b) Drug policies and programmes can benefit companies directly by lowering costs associated with employee drug abuse and by decreasing the amount of supervisory time that goes into dealing with personnel problems.

c) The workplace is one of the most valuable places to raise awareness of health and social issues and to encourage prevention and treatment that reaches outward to families and communities (especially in locations where employment of both parents is common).
d) Businesses have a long list of options available to them as they build policies and programmes suited to their labour force, the circumstances surrounding their operations, their budget and possibly outreach to the community.

The many options mentioned in this last point can be described under three main models for private sector action on drug abuse: internal corporate action, union participation, and business/community collaboration. Both internal corporate action and union participation can be seen as a kind of internal social responsibility recognizing the important link between business success and the well-being of workers. When business collaborates with the community the emphasis shifts to an external social responsibility that will continue to benefit workers and their families, but will also benefit the broader community.

A. Internal Corporate Action

In this model, a company looks internally and identifies the type of drug abuse policy and programme it needs to address factors such as worker well-being, job performance, human and environmental safety, corporate image, productivity, security and legal liability. It is important for drug policies and programmes to fit the culture, workers and operating circumstances of the company, and to meet certain ethical and human rights standards. The International Labour Organization has prepared a useful guide for employers entitled "Management of alcohol- and drug-related issues in the workplace".

The most common internal policies and programmes deal with:

a) standards related to drug use, safety and performance,

b) ways to help workers with drug problems access treatment (such as employee assistance programmes - EAP's), and

c) drug related education and training.

The full range of employer options is presented in Discussion Paper II, attached. In addition to the elements just mentioned programmes can include:

C extensive communication of company standards regarding drug use and being fit to work,

C pre-employment screening (interviews, checks of past records, etc.),

C extra training for supervisors and workers in safety sensitive positions,

C creation of a safety/performance oriented corporate culture,

C steps to reduce factors that may encourage drug use (stress, boredom, physical discomfort), and prevention activities for workers and families.
In addition, some companies have used drug testing (typically urine screening and/or alcohol breath tests). This is a contentious approach and it is important for employers to fully understand the advantages and risks before proceeding.

B. Union Participation

Experience has shown that it is critical for labour unions and professional associations to be closely involved in the development and implementation of drug policies and programmes. This should be done in any situation where a union or association represents all or part of the workforce.

Unions participate in drug demand reduction in the following ways:

C. Participating in joint union/management committees that develop and implement worksite drug policies and programmes.

C. Training their own members to act as "peer counsellors" who can advise union members how to confidentially get the help they need.

C. Developing and implementing union programmes to reduce drug problems that are separate from those offered by management.

The role of the union or professional association is not to be underestimated. In many cases they provide strong support to workplace demand reduction efforts while ensuring that the programme works to the benefit of members and their families. In other cases, the union actually takes the lead by either setting up its own drug programme, or requesting company participation. And in less positive situations, a union can resist drug policies and programmes if they see them as working against the rights of their members.

C. Business/Community Collaboration

The most basic form of business/community collaboration occurs when an employer invites community agencies into the worksite to distribute information or offer education and prevention programmes. This work benefits the employer, workers and the community. The workplace can become a very important location for community organizations to reach teens and adults who would be unlikely to attend programmes outside of work during evenings and weekends. In societies where it is common for both parents to work, the workplace may be one of the few places where parents can be reached to talk about preventing drug problems in the family.

Business/community collaboration has also led to many new initiatives in the community that would be difficult or impossible without the contribution of business funding, expertise or volunteers. Businesses have been instrumental in many demand reduction activities including: creating new treatment programmes, getting drug education materials into schools, distributing drug information
to homes, and running mass media awareness programmes.

Programme Examples from Around the World

**ILO/UNDCP Collaboration**

The ILO collaborates closely with UNDCP and other international organizations to promote and develop workplace prevention and assistance programmes. It has acted as task force manager for the United Nations Plan of Action on Drug Abuse Prevention in the Workplace, which is part of the System-Wide Action Plan on Drug Abuse Control.

Gainful employment, higher productivity and improved quality of life are the goals of the ILO Drug and Alcohol Prevention and Rehabilitation Programme. Within a two-pronged strategy of prevention in the workplace and rehabilitation in the community, the programme has organized policy formulation seminars, conducted staff training courses, developed enterprise-level programmes and carried out research in over 40 countries. As a result, over 100 enterprises have been developing prevention and assistance programmes for their workforce with ILO assistance during 1996-1997.

Prevention programmes have been developed in some 45 companies in Egypt, Mexico, Namibia, Poland and Sri Lanka, as part of a joint ILO/WHO/UNDCP project. The objective of the project "Model programmes for drug and alcohol prevention among workers and their families", is to develop, implement and evaluate model prevention programmes in the workplace and to disseminate viable models for replication in other countries. The project has caused the participating enterprises to make a striking shift to primary prevention and to involve management in such activities. A resource base for programme development has been set up in each country. Project findings and case studies were disseminated through subregional seminars held in 1996 and 1997 to promote replication. A separate ILO/UNDCP project is ongoing to develop similar programmes in a total of 36 companies in Hungary, Latvia, Romania, the Russian Federation, Slovenia and Ukraine. A global programme requested by the Joint Maritime Commission of the ILO and funded by UNDCP continues to promote prevention initiatives in the maritime industry. In 1997, a special manual for planners was finalized and distributed to some 700 shipping companies worldwide.

The Asia/Pacific Regional Training Programme on Addiction Rehabilitation completed its phase I in 1997 during which more than 200 social workers, counsellors and rehabilitation officers have received training. Plans have been drawn up for a second phase with a focus on a range of specialized courses including income-generating activities for recovering addicts and prevention in the workplace. A large-scale ILO/UNDCP project in India which reached its mid-point in June 1997, is working with 18 NGOs in ten cities to develop rehabilitation programmes and with 12 enterprises in six cities to set up prevention programmes.

Participants in the 3rd International Private Sector Conference on Drugs in the Workplace and Community will have the opportunity to hear about ILO/UNDCP initiatives from countries in the
Asia/Pacific region. This will include programmes from Bata Shoes (Sri Lanka), EMCO (Pakistan), and the maritime industry of the Philippines.

The section below provides programme examples from other areas of the world so that conference participants will have a broad global view of the work that businesses and unions are doing in demand reduction. The first thing to notice is that all good workplace programmes tend to have the basic elements of well-thought-out policy, assistance to troubled workers and some form of education. Programmes in the community can take almost any form depending on the goals of the initiative (e.g., to raise funds for a treatment programme, to reduce use among the young, to draw people with drug problems into treatment). The second point to notice is that the models just discussed tend to overlap. For example, a programme that is primarily internal corporate action may have union involvement and may reach out into the community.

**SESI**

The Service Social da Industria (Industry Social Service) known as SESI, has long been involved in the battle against substance abuse in the workplace, family and community in Brazil. In October 1993, the SESI representative at the first International Private Sector Conference on Drugs in the Workplace and Community, gave a presentation on the Service's 20 years experience in Rio Grande do Sul, a state in the far south of Brazil. In April 1995, SESI and UNDCP in collaboration with ILO, jointly organized the Second International Conference, attended by participants from 23 countries.

SESI has been collaborating with UNDCP since 1994. Under the project “Drug Abuse Prevention in the Workplace and the Family”, jointly funded by UNDCP and SESI, a research was carried out on drug use among workers in Rio Grande do Sul which has the fourth largest concentration of industry in Brazil. The population of the state is about 9,600,000 and the annual income per capita is US$ 5,700. The research involved a pilot study covering different types of industry. At the present Third Conference, SESI will describe the lessons learned with implementing the project for preventing substance abuse among workers and their families, incorporating the experience of Brazilian professionals and social workers.

**The AKAN System (Norway)**

AKAN is a Norwegian system to prevent alcohol and drug abuse in the workplace. AKAN refers to the Tripartite Committee for the Prevention of Alcohol and Drug Problems in the Workplace. It was founded in 1963 by the Norwegian Confederation of Trade Unions and the Confederation of Norwegian Business and Industry. It represents an important agreement between employers and workers. The first funding for AKAN came from the Ministry of Social Affairs, and over 30 years later, AKAN continues to work on a solid tripartite basis.

Under the AKAN system, a local committee works out the company's policy on alcohol and
drugs, and plays an important role in its implementation. Members of the committee represent the employer, the workers and the occupational health service. These committees have been set up in numerous public and private workplaces across the country. The AKAN system also uses specially trained representatives in the workplace known as “key - persons”. They are typically well-respected and well-known workers who use their training to help the enterprise deal with alcohol and drug matters that arise. In the 1960's, most AKAN workplace policies focused mainly on providing assistance to workers with substance abuse problems. Over time, policies tended to become more comprehensive, and now often include prevention, early detection and intervention.

In 1995, AKAN decided to look at getting more medium and small sized enterprises involved in the system. Historically, most participants had been larger employers, but records of calls for information showed that many smaller businesses wanted assistance. AKAN has studied the needs of medium and small enterprises and is now taking a number of steps to involve them (e.g., small business materials, an Internet site, networking with the Norwegian Confederation of Trade Unions and the Confederation of Norwegian Business and Industry).

**Burlington Northern Railroad (U.S.A.)**

Burlington Northern Railroad has waged a continuous campaign against drug and alcohol abuse for the last 42 years, and consequently is used as a kind of standard for workplace drug programmes. With its 31,000 employees, where safety is critical and the stakes are high, the cost of the multifaceted programme is considered money well-invested. The company has saved tens of millions of dollars in rehabilitated worker wages, reduced health costs, and improved productivity. Apart from the dollar savings, it is impressive that over 93 per cent of substance abusers who participate in the rehabilitation programme stay on the job and remain drug free, and only about 7 per cent go through the programme a second time.

These are some of the basic elements of the Burlington Northern programme.

- **Employee Assistance Programme:** Burlington Northern's EAP grew out of an alcohol rehabilitation programme started in 1951 and has since expanded to include other personal problems. Today the EAP is the "gate- keeper for therapeutic services".

- **Supervisor Training:** Training allows supervisors to act early and effectively.

- **Operation Stop:** This peer prevention programme is based on a partnership between labour and management. The programme promotes drug- and alcohol-free values and lifestyle. It is supported, but not run by the company.

- **Parent to Parent programme:** An eight-session, videotape based training programme is designed to help workers raise alcohol- and drug- free children.

- **Drug testing:** Government regulation mandates drug testing in this industry.
Burlington's programme is run in combination with education, training and support programmes. The company has established a "universal" random drug testing programme where everyone including upper management must participate.

**Workplace Substance Abuse Prevention Programmes, Namibia**

Up to 1993, the "hire and fire" approach to workers with a substance abuse problem was basically followed at most workplaces in Namibia. In 1993, the Model Programmes project was introduced into Namibia by the ILO with financial assistance and support from the UNDCP. Since then 12 companies in Namibia have had considerable success. As many young people are employed in the participating companies (up to 65 per cent under the age of 30) the programme really targets the youth and workers of tomorrow. The focus is changing cultures within workplaces. Fostering responsible drinking by open discussion and example set by supervisors and managers has been the main thrust. Interest is garnered and sustained through a yearly campaign entitled "Are you still counting?" a reference to the ongoing awareness/education prevention activities where workers are encouraged to keep track of their consumption. Other strategies include: using the company newsletter to highlight healthy choices and testimonials of success in maintaining moderate drinking; company sponsored intoxicant-free family fun days; short courses on stress and anger management and communication. The main strategies are focused on facilitating self-change, and getting appropriate assistance. A yearly self-assessment questionnaire has shown that over time the message is getting through, and more and more workers are "counting their drinks" and acting responsibly.

Experience in Namibia shows that this proactive approach not only keeps the non-abusers staying non-abusers, but also leads the at-risk drinkers into counting their drinks, and the dependent ones ask for assistance earlier. This prevention model is careful not to stigmatize the problem drinkers, but rather motivates them to take part in prevention activities. The Association of Resource Managers Against Alcohol and Drug Abuse (ARMADA) was formed in 1994 to help companies support each other as they plan and execute prevention measures. It also seeks to involve new companies and the trend to caring workplaces is leading to efforts that spread to homes and communities.

**Northern British Columbia Business Council on Substance Abuse (Canada)**

The Northern British Columbia Business Council on Substance Abuse is a good example of the action that can be taken in a relatively small city where the economy is based on resource industries such as wood products and petroleum. It is also a model that can be used in almost any other location. The Council is a group of companies that have all agreed to a) pay a small membership fee, b) have their own company drug policy and programme, and c) provide drug education and awareness programmes and rehabilitation for workers. Fifty-six companies now participate and further growth is expected in the next few years. The main focus of the Council is helping its companies develop and maintain their drug programmes. It helps them assess their needs and provides training, consultation and special events such as conferences. It also facilitates the sharing of ideas.
and approaches among its members and puts its companies in touch with outside resources (drug abuse agencies, EAP providers, consultants, etc.). The collective approach makes it much easier for any one company to develop and maintain a good quality programme. As soon as they join the Council they are surrounded by sources of help and other companies that can provide advice and share experiences. One unique feature of the Council is that the local Royal Canadian Mounted Police (RCMP) have played a strong leadership role as part of their community efforts to reduce drug abuse.

"Not at Work, Mate", Building Trades Group of Unions, Australia

The Building Trades Group of Unions in Australia developed a workplace-based intervention which evolved from an internal concern that the abuse of alcohol and drugs at work was leading to accidents and unsafe workplaces. The aim of the programme, "Not at Work, Mate", is to improve safety on building sites by teaching workers to take responsibility for their own safety and that of their fellow workers in relation to alcohol and drug use. It is made up of three strategies, 1) raising awareness of safety and health issues related to the use of alcohol and other drugs, 2) increasing workers’ commitment to the issue by asking for their endorsement, and 3) training safety committee members and workplace delegates to implement the programme using a specially designed course.

It has been suggested that the success of "Not at Work, Mate" is grounded in the fact that as a union programme it is more acceptable to both workers and their families. Other features of the programme of note are that it uses a harm reduction approach focused on safety, and uses peer education strategies to increase awareness of drug and alcohol problems at the workplace. Impact evaluation of the programme in 1992-93 found that it was effective in raising awareness, contributing to changing attitudes and therefore the culture of the workplace, and that it was integral to overall success in achieving fewer accidents and injuries on the job.

Team Up Against Drugs - A Community Programme in Spokane, USA.

Businesses are often more enthusiastic about participating in drug abuse programmes with the community when their participation is rewarded. It can be ideal from both a business and community point of view when the business is committed to the humanitarian aspects of the project, but also sees it as good business. Such was the case when a television station in Spokane, Washington (USA) began the "Team Up Against Drugs Programme". The programme goal was to reduce drug abuse among the city's youth by exposing them to as many drug prevention messages as possible over the course of the two-year programme. The station committed a full time staff member to promote and coordinate the programme, and in return it benefited by receiving a great deal of publicity and revenue from local businesses willing to pay for anti-drug advertising on the station. Dozens of retail businesses benefited because the programme involved contests and discount cards that brought young people to their stores. Other participants included schools, community groups, churches and local sports and entertainment celebrities. Young people were exposed to the programme messages in a steady stream of media flashes, contests, school programmes, and special concerts and events.

The ALNA Council (Sweden)
In 1961, the main organizations involved with the labour market in the Stockholm area came together to deal with alcohol and drug problems in the workplace. These organizations included the Swedish Trade Union Confederation, the Swedish Confederation of Professional Employees, and the Swedish Employers Confederation. These groups established the Council for Alcohol and Narcotics Matters (the ALNA Council), and it now has approximately 600 members comprised of private enterprises, government agencies, communities and other employers. The programmes and services of the ALNA Council benefit half a million workers.

The ALNA Council provides a central organization that facilitates the discussion of policy matters in the alcohol and drug field, provides information, coordinates activities and supports local ALNA groups. The ALNA Council office has professional staff to assist local policy development and programming. It also offers courses, materials and advice on a range of topics related to alcohol and drug abuse. People working for ALNA members can access treatment through ALNA treatment programmes.

At local level, ALNA members have alcohol and drug policies that are usually developed by a safety committee consisting of representatives of both the employer and the local unions. Workplaces also usually have an ALNA group responsible for the alcohol and drug programme and selected workers serve as contact persons to provide advice to supervisors and workers. Another interesting role is that of supporting workmates. These are workers who are paired with people who have alcohol or drug problems. Their role is particularly important for recovering substance abusers returning to work after treatment.

MacMillan Bloedel Limited - Canada

MacMillan Bloedel is Canada's largest forest products company. In 1980, the company and its five unions developed a highly collaborative programme to assist workers, family members and retirees. The programme has grown over the years, and now provides services to over 250,000 people in 20 communities through a partnership of 280 companies and 125 local unions.

The programme has two components. The first is the Employee and Family Assistance Programme (EFAP), which is an employee administered programme in the workplace. It is connected to the second component, a non-profit clinical resource service in each community known as Assessment and Referral Services (ARS's). The ARS's are funded through a per worker fee charged to the member workplaces, and they directly employ 45 people in the 20 participating communities. The two components work together on a confidential basis to help people affected by alcohol and drug problems and a whole range of other health and lifestyle concerns.

The programme emphasizes prevention, and includes a large number of educational initiatives in addition to the treatment services that are provided. All services are tailored to the local community through a model of administration that stresses local ownership and local accountability. Programmes address a community's specific concerns and priorities and bring together the multicultural elements of the population.
IV. MAJOR ISSUES AND CHALLENGES FACING PRIVATE SECTOR INITIATIVES

A. Global Needs, Issues and Challenges

Private sector demand reduction activities have grown dramatically in terms of the number of companies involved, the type of programmes developed, and the number of countries where programmes are now operating. From a global development point of view, there are now two major needs. The first is to continually improve activities so that companies are using the best available methods, and all parties including employers, workers and communities are truly benefiting. The second is to extend the reach of private sector programmes so that a greater proportion of the world's working people benefit. As these needs are addressed, the following more specific issues and challenges must be faced.

a) A lack of good research is holding back both the improvement and promotion of workplace drug programmes. We need to know more about the extent and impact of drug problems affecting the workplace. Many regions of the world have almost no solid information of this type. We also need better evaluation of policies and programmes so that employers can judge the cost benefit and human benefit of specific approaches.

b) In many countries private sector demand reduction efforts are limited because there are inadequate numbers of knowledgeable consultants and treatment agencies available to assist businesses. Sometimes those that are available are:

   C poorly trained or familiar with only a very narrow or outdated view of prevention and treatment,
   C familiar with community oriented drug programmes, but unable to relate to the perspective and needs of business, or
   C oriented towards selling employers specific products (i.e., employee assistance programmes, drug testing) instead of creating the best possible policies and programmes for the company and its workers.

c) While demand reduction programmes are well-known and accepted in some countries, they are still poorly understood in others. Broader participation will be achieved as more companies learn that managing drug related risk is a part of doing business similar to attending to operating safety.

d) Most of the companies involved in drug demand reduction are large employers. There is a need to develop programme models that can be more attractive to medium and small businesses. Some work has been done in this area using programmes coordinated by business associations. This allows smaller employers to participate without the time and expense involved in building their own programme.
e) In some countries, there is a disturbing trend in which corporate drug programmes are being resisted by workers and unions. There are numbers of cases where policies are being challenged in arbitration and the courts because workers feel they are unfair or a violation of personal rights of privacy. This is in direct contrast to the view that drug programmes should be "win-win" benefiting employers and workers. This trend is related to the use of drug testing and programmes that are imposed without adequate worker understanding and support. Sometimes companies are forced to participate by other companies they work for, or by government regulation. Drug testing may be valuable in certain situations, but it remains a sensitive and controversial issue. It has been argued that it reduces drug use among workers by increasing the chances of being caught. On the other hand, there is no proof that it impacts either safety or worker performance, and it may damage the relationship between workers and management.

f) Fear of legal liability in the case of accidents or environmental damage has become an important reason for companies in some countries to take action to reduce drug abuse. Companies are being sued for large sums of money in cases where employees impaired by alcohol or drugs harm themselves, other workers, members of the public, or the environment. The courts are taking the position that employers must take reasonable steps to ensure that their workers are fit to carry out their duties without causing undue risk to people, property or the environment. Increasingly, corporate directors and executives want to be able to show that they have done everything possible to reduce the chance of accidents and incidents involving impaired workers. This is positive in the sense that it is causing more companies to take action. On the other hand, this is another factor that may be damaging the way workers see drug programmes. The company may appear to be protecting itself legally without real concern for workers and their families.

B. Challenges in the Asia/Pacific region

The global issues and challenges facing private sector demand reduction efforts also face companies in the Asia/Pacific region. However, in Asia some of these challenges take a particular form, and Asia has some additional challenges not found elsewhere.

It must first of all be understood that the economic and corporate development of Asia is unique. At no other time and place in history have so many people had their national, local and personal economic realities change so rapidly. In this extraordinary context, companies must find the will to go beyond pure growth and income and care about the well-being of individuals, families and communities. Some of the specific drug demand reduction challenges in Asia are as follows.

a) Drug policies and programmes must achieve some level of priority in rapidly moving companies where other issues will easily be seen as more central to business success. Also, establishing drug policies and programmes must be done in ways that are very sensitive to the company's need to be seen positively by the rest of the business community and the public.

b) For point (a) to happen, companies across Asia must first hear about modern private sector demand reduction and understand the value of the many types of actions that the private sector can
take. There is a need for wide scale communication about drug demand reduction within the business communities of Asia.

c) The countries of Asia, are made up of many different cultural and religious groups with different views of what is appropriate in the interface between employers and workers. There is a need for companies to determine how to comfortably integrate corporate drug policies and programmes that will succeed with their workers.

d) There is also a need to evolve an Asian view of the role that contemporary business enterprises should play in contributing to the resolution of social and health problems in the community.

e) A lack of good treatment programmes and experienced consultants familiar with private sector programming will be particularly problematic in some areas. Companies must find people who can advise on the best course of action and provide support services such as training for managers and supervisors.

f) The human resources needs of countries and companies are changing rapidly. In many cases, the need for qualified personnel means that it makes good business sense to try and assist and retain highly skilled workers and managers who may develop drug problems. However, in other cases, the well-being of workers is not valued and work environments may actually lead to higher use of drugs for self-medication as workers try to cope with physical discomfort, long hours, stress, boredom or other hardships.

g) In some areas and industries drug use is an accepted part of work life. For example, long-haul truck drivers in Pakistan accept regular use of cannabis as a normal occurrence even though cannabis impairs the ability to drive safely. Some companies face particular challenges in changing long held traditions and establishing a corporate culture where everyone accepts the importance of being fit for work.

h) And finally, as Asia modernizes countries face new and changing patterns of drug problems caused by factors such as the increasing availability of pharmaceuticals, mixing of cultures and aggressive marketing of illegal drugs. Both individual workers and their companies end up making decisions about unfamiliar hazardous substances.
V. KEY CONCLUSIONS RELEVANT TO THE THIRD INTERNATIONAL CONFERENCE

Private sector drug demand reduction initiatives should be judged on three levels. First, it should be asked if they effectively contribute to the overall effort to reduce the huge economic and human costs of drug abuse. The answer is clearly yes. Workplace drug programmes are one of the strongest demand reduction tools available. Because income and status from employment are vitally important to people, workplace programmes have a powerful motivation that encourages both prevention and success in treatment.

Secondly, we should ask if workplace programmes are good business practice that have a cost benefit to employers. Again, the answer is yes. A number of companies with long standing drug programmes have shown that the financial returns associated with reducing drug related problems far outweigh the costs of implementing and maintaining a programme.

And finally, we need to ask if drug demand reduction activities are a valuable way for companies to meet their social responsibilities and contribute back to the community. Here we have many examples of how private sector contributions of expertise and resources have made a profound difference. In countries the world over, companies have helped treatment programmes get established, facilitated mass media prevention campaigns and made educational resources available to children and families. Reducing drug abuse is a major challenge that requires teamwork by all the elements of society that are in a position to bring capable people and funds to the task. If we do not take up this challenge, we allow the crime, social and health costs, and human suffering associated with drug abuse to persist and to grow.

Companies and unions in the Asia/Pacific region can borrow and adapt the basic approach to workplace programming that is discussed in this paper. Through demonstration projects around the world, the ILO and UNDCP have shown that it is an approach that can work well and be accepted in almost any culture as long as local sensitivities and concerns are addressed. In addition, there is room to explore new ideas and new ways for the private sector to contribute to drug demand reduction. In the end, the important thing is for policies and programmes to be well-planned, effective and culturally right for the people and the company.

To make all of this work, it will be important to build a foundation on which effective programmes can be promoted, accepted and successfully implemented. This means ensuring that interested companies and other concerned organizations can access a) needed information and research, b) expert guidance and training, and c) model programmes and success stories to share. The best way to create this foundation will be to turn to the win-win principle of cooperation that has always been at the core of workplace programmes. Bringing companies, unions, governments, NGO's, drug specialists, researchers and local communities into collaboration will get the job done. With these elements in place, private sector demand reduction efforts in the Asia/Pacific region will grow rapidly in terms of both quality and reach.
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WORKING GROUP INTRODUCTION TO POLICY ISSUES

The ILO Code of Practice on the Management of alcohol- and drug-related issues in the workplace: A conceptual framework for policy considerations in workplace programming

The increasing consumption of alcohol, especially in developing countries, and the parallel escalation of drug abuse, represent serious obstacles to building a healthy and productive labour force. They also pose significant problems for the family, in terms of diminished welfare, and for society at large, in terms of a serious loss in national productivity and increased social costs.

The many concerns around drug and alcohol problems in the workplace come together in the following four broad sets of issues:

- workers' health, welfare and safety;
- workplace productivity;
- environmental concerns; and
- legal liabilities.

For these reasons, the workplace has tended to be regarded as an appropriate place for the formulation and implementation of alcohol and drug policies and programmes. Approaches and solutions to workplace alcohol and drug problems have to be designed and implemented taking into consideration the particular circumstances of each situation and especially different cultural, social and economic factors. In addition, we are very much aware that no policy or programme can be sustainable and provide wide coverage to the workforce if it is implemented in isolation. Such policies and programmes should be linked with other efforts which are designed to improve the working environment and which form part of the workplace-based policies and programmes. In this respect, it is essential to allow drug and alcohol prevention and assistance programmes to be developed within the wider framework of corporate culture, health promotion, safety, welfare and productivity. Furthermore, for maximum cost-effectiveness and benefits, such programmes should be in harmony with national policy and linked to community action and services.

Every enterprise, whatever its resources, can respond in some way because of the availability of a variety of responses from the very simple to the highly complex and costly. Any decision depends on fitting the response to the needs, to the resources which the community and company have, to local legislative requirements and to cultural factors.

With its tripartite composition, the ILO is particularly sensitive to the interest and concerns of governments, and employers' and workers' organizations. Obviously governments and local authorities are keen to see a reduction of problems related to drug and alcohol use, especially those which have an adverse impact on overall economic development, increase social costs (including criminality), or impair public safety. Employers are naturally concerned with safety, productivity and
maintaining a positive image within the community. Unions on the other hand are concerned with assuring job security and the health and welfare of their members. Quite clearly, these interests and concerns are not incompatible. In fact, they converge to form an appropriate and powerful framework of health, safety, welfare and productivity to support workplace prevention and assistance programmes.

What has also become clear is that the effectiveness of prevention and assistance programmes in the workplace is enhanced within an appropriate policy framework which establishes the necessary parameters and underpinnings for action. It is also evident that such a policy will be more acceptable and easier to implement if it is formulated through joint labour-management consultation and agreement. Naturally, there is also an essential need to ensure harmony with national legislation and its socio-cultural context.

It was against this background that the Governing Body of the ILO decided to convene a tripartite meeting of experts in January 1995 to adopt such a framework. In preparation, the ILO formulated a preliminary draft of the Code of Practice on the Management of alcohol- and drug-related issues in the workplace.

The draft code was examined in detail, revised and unanimously adopted by the meeting of experts who also recommended that the ILO should disseminate it through education and training programmes, seminars or regional meetings.

According to its preface, the practical recommendations of this code of practice are intended to provide guidance to all those who have responsibility for addressing alcohol and drug related problems at the workplace. Alcohol and drug policies should apply to all staff. Managers and employees should not discriminate on grounds of race, colour, sex, religion, political opinion, national extraction or social origin. The following constitute the key points in this Code of Practice:

Alcohol and drug policies and programmes should promote the prevention, reduction and management of alcohol and drug related problems in the workplace. This code applies to all types of public and private employment including the informal sector. Legislation and national policy in this field should be determined after consultation with the most representative employers' and workers' organizations.

Alcohol and drug related problems should be considered as health problems, and therefore should be dealt with, without any discrimination, like any other health problem at work and covered by the health care systems (public or private) as appropriate.

Employers and workers and their representatives should jointly assess the effects of alcohol and drug use in the workplace and should cooperate in developing a written policy for the enterprise.

Employers, in cooperation with workers and their representatives, should do what is reasonably practicable to identify job situations that contribute to alcohol and drug related problems
and take appropriate preventive or remedial action.

The same restrictions or prohibitions with respect to alcohol should apply to both management personnel and workers, so that there is a clear and unambiguous policy.

Information, education and training programmes concerning alcohol and drugs should be undertaken to promote safety and health in the workplace and should be integrated where feasible into broad-based health programmes.

Employers should establish a system to ensure the confidentiality of all information communicated to them concerning alcohol and drug related problems. Workers should be informed of exceptions to confidentiality which arise from legal, professional or ethical principles.

Testing of bodily samples for alcohol and drugs in the context of employment involves moral, ethical and legal issues of fundamental importance, requiring a determination of when it is fair and appropriate to conduct such testing.

The stability which ensues from holding a job is frequently an important factor in facilitating recovery from alcohol and drug related problems. Therefore, the social partners should acknowledge the special role the workplace may play in assisting individuals with such problems.

Workers who seek treatment and rehabilitation for alcohol and drug related problems should not be discriminated against by the employer and should enjoy normal job security and the same opportunities for transfer and advancement as their colleagues.

It should be recognized that the employer has authority to discipline workers for employment-related misconduct associated with alcohol and drugs. However, counselling, treatment and rehabilitation should be preferred to disciplinary action. Should a worker fail to cooperate fully with the treatment programme, the employer may take disciplinary action as considered appropriate.

The employer should adopt the principle of non-discrimination in employment based on previous or current use of alcohol or drugs, in accordance with national law and regulations.

While these key points and all the provisions contained in the Code are of great significance to the development of policy and programmes in this field, the following elements stand out as major issues which are essential considerations:

C joint assessment of the problem by management and unions and cooperation in developing a written policy;

C consideration of alcohol and drug related problems as health problems;

C normal job security for those seeking assistance;
C. the employer’s right to take disciplinary action if the treatment option is refused.

The Code reflects an international tripartite consensus for a conceptual policy framework on drug and alcohol prevention and assistance focusing specifically on reaching working people in the workplace. It thus represents a basis for developing national policy and legislation for the world of work as well as policy and programmes at the enterprise level. Its provisions are applicable to enterprises in any sector of economic activity, private or public as well as large or small and medium-sized enterprises.

It should also be kept in mind that healthy and dynamic workers are also healthy and dynamic parents and thus play a critical role in substance abuse prevention within the family and among children. Managers and union representatives are also community leaders and can play a critical role in developing business-community partnerships in the prevention of substance abuse.

In launching workplace prevention and assistance programmes, apart from addressing the key policy issues, it is also essential to focus on the resource requirements. But what should be emphasized is that while an initial outlay of capital is required to develop and commence the programme, the gains from such programmes from improved health, enhanced safety and increased productivity far outweigh the costs. However, what is essential is the development of programmes that can be sustained and which will have penetration and impact across the workforce.

This certainly does not mean the creation of a separate and independent programme requiring extensive resources. Every effort should, in fact, be made to avoid being in competition with other programmes such as health promotion, occupational safety and health, improvement of quality of working life, workers' education, workers' family welfare, etc. These are all important programmes which play significant roles in the working environment and the dynamics of the workplace. The real test is to promote an alliance and a partnership with each of these programmes in a mutually beneficial approach for preventing and reducing drug and alcohol problems in the workplace and the community.

Similarly, linkage to community-wide programmes of prevention, education, welfare, treatment and rehabilitation will be of paramount importance and have benefits both for the workplace and the community. In this context, nongovernmental organizations can play a most significant role in promoting and supporting action at the workplace.

**Encouraging Policy Development on the Management of Alcohol and Drug Related Issues in the Workplace**

The conference working groups that are focusing on workplace policy development will want to consider how employers and labour organizations in the Asia/Pacific region can be encouraged to develop well-thought out alcohol and drug policies so that more businesses, workers and communities benefit. The following is a list of issues that will be important to that discussion. The circumstances and challenges will vary across countries, subregions and industries.
1. What needs or problems can workplace alcohol and drug policies help solve for business enterprises in the Asia/Pacific region?

2. How will it benefit a) employers, b) workers' organizations, and c) governments and local authorities if more private sector enterprises implement alcohol and drug policies?

3. Are there existing national policies, laws or regulations that must be considered as workplace policies are developed?

4. Are there opportunities to link workplace alcohol and drug policies with national or local policies, programmes or services?

5. If major organizations representing employers and workers were brought together to discuss national practices regarding workplace alcohol and drug policies, which organizations should participate?

6. Alcohol and drug policies should be linked with other workplace policies and practices. How can they be tied into other common aspects of corporate culture, health promotion, safety, employee welfare and productivity?

7. As workplaces develop alcohol and drug policies, what aspects of local culture will have to be accommodated? Are there reasons why enterprises or workers may be concerned about such policies?

8. Do any of the key points or elements in the ILO Code of Practice present problems or particular challenges to employers or workers’ organizations in countries of the Asia/Pacific region?

9. What would be the best ways to promote alcohol and drug policies among large, medium and small enterprises in the Asia/Pacific region?
WORKING GROUP INTRODUCTION TO PROGRAMME STRATEGIES

Employers and labour organizations can now use a variety of drug abuse demand reduction strategies that have been developed in locations around the world. They can also modify these methods to fit the unique needs of their own workplaces, or create new approaches that will help to advance workplace demand reduction efforts.

Choosing strategies that are best for a specific operating situation can be complex. However, three basic guidelines are useful.

1. Programmes should strive to gain the support of workers by being ethical and fair, and by being seen to benefit both the company and employees.

2. Comprehensive programmes tend to work better than programmes that rely on only one or two strategies. The goal in a comprehensive programme is to surround workers with a number of policy, prevention, intervention and treatment strategies that work together to lower the rate of drug related problems.

3. Programmes work best when employers and workers work together to identify the needs the programme should address, and to implement a programme where everyone can understand the purpose and the benefits.

The following is a list of common strategies. Depending on the company, these strategies may be directed by one or more departments of the firm (e.g., occupational health, safety, human resources), a joint employee/management committee, or in the case of smaller companies by a single individual.

Demand Reduction Strategies for the Workplace

Company Policy: Discussion Paper I discusses the matter of policy in more detail. At this point, it is simply important to note that having a strong policy is a critical strategy for reducing drug related problems in the workplace. A policy tells workers what is acceptable and what is not acceptable. It also tells supervisors and workers how specific situations will be handled. Workers know the company's position on drug use, and they know that the issue is important enough for the company to write its concerns into a formal policy.

Ongoing Communication of the Company's Policy: Once an employer has established policy on drug abuse, it should be communicated repeatedly. The more times workers hear the company's position on drug abuse, the more they understand that the company takes the issue seriously and that they should too. Some companies communicate their position on drug abuse (and other important issues) during the hiring process so that new employees understand the values of the company they
are entering. Other common communication methods include regular reminders by supervisors, notices, posters, presentations, and articles in company publications.

Pre-employment Screening: Companies can reduce the chance of hiring workers with poor performance records related to drug abuse problems. This can be particularly important when hiring for safety sensitive positions. The critical step is deliberately checking references to determine if the individual has a good record in areas that are typically impacted by drug abuse. These include such things as attendance, dependability, and safe performance of duties. It is not necessary to specifically ask if a potential employee has a drug problem.

Pre-employment drug testing is used by some companies. However, it is important to know that pre-employment drug testing has important pros and cons, and should be evaluated carefully on practical, ethical and legal grounds. One limitation is the fact that potential employees who use drugs can avoid detection by refraining from drug use in the weeks prior to applying. Also, drug testing is an ineffective way of identifying people with alcohol problems, and in many countries alcohol abuse is the main workplace drug problem.

Shaping Corporate Culture: Workers can quickly identify if a company actually accepts or condones certain kinds of drug abuse. New employees, for example, will see if established workers are using intoxicants at work or coming to work after late night sessions of alcohol or drug use. They will also notice how supervisors and managers respond to these situations. Many companies carefully set out to create an internal company culture that is consistent with the company drug policy. They want all workers to understand that in their company everyone is expected to be fit for work and free from the effects of intoxicating drugs. Some companies also expect responsible decisions about alcohol and drug use to be shown whenever the company is involved in entertaining customers or in social events for workers.

Education and Training: Companies use a variety of methods to be sure that workers understand the company's drug programme and have enough information about drugs and addiction to make informed personal decisions. These methods include distribution of printed information, posters, presentations for workers (and sometimes families), and articles in company newsletters. Workers are given information on drugs and the law, alcohol and drug related problems, ways to prevent problems, and sources of assistance. Supervisors and managers are typically given additional training regarding their role related to the corporate drug policy.

Problem Identification: In most companies, the supervisor has the primary responsibility for identifying workers with performance or safety problems that might be caused by drug abuse. It is also prudent to encourage workers with problems to self-assess and access confidential treatment before their performance deteriorates. Another approach to identification is drug testing which can be carried out randomly, or after an incident or problem. Drug testing is usually carried out using urine samples. This kind of testing does not show if a worker is impaired at work or if they have an ongoing drug problem. It only reveals if that person used certain drugs in the days before the test. In the case of alcohol, companies may require alcohol breath testing.
Easy Access to Treatment: If a worker has a drug problem, it benefits both the company and the worker when treatment is received as soon as possible and the problem solved before it becomes worse. If job performance is already affected, treatment may correct the situation. It is therefore important to make it easy and comfortable for workers to access treatment. Companies accomplish this in many ways. In some cases there is a confidential employee assistance programme (EAP) or employee and family assistance programme (EFAP). In other cases, companies facilitate access to treatment by introducing workers to available treatment programmes in the community and allowing them to adjust their work hours or take leave to attend treatment.

Private Sector Collaboration with the Community

Companies can also work with community organizations in many ways to reduce drug problems in the workplace and in the community. A common approach is to arrange for community agencies to provide educational materials and programmes for workers and their families. Beyond that, companies have helped organize and fund new community based treatment and prevention programmes. They have also sponsored education and awareness programmes in schools and communities, and in the mass media. Much can be accomplished when companies contribute funds, technical and management expertise, services such as printing, advertising space, and volunteers to serve on agency Boards and committees.

Improving and Expanding Programming in the Asia/Pacific Region

The conference working groups that are focusing on private sector programmes will want to consider how programming in the Asia/Pacific region can be improved and expanded so that more businesses, workers and communities benefit. The following is a list of issues that will be important to that discussion.

1. What is the current state of private sector demand reduction efforts in the Asia/Pacific region? How do large, medium and small companies in different areas of Asia address the issue of drug problems among workers?

2. In the employment situations with which you are familiar, what type of drug problems need to be addressed (type of drugs, safety concerns, performance concerns, impact on families, etc.)?

3. Are there common living or working conditions that make it more likely that workers will use or abuse drugs (e.g., to deal with physical discomfort, stress, boredom)?

4. In the different countries and areas of the region, are there attitudes among employers or workers that can help private sector drug programmes to develop and become more common? Are there attitudes that will make people resist these programmes?

5. In the cultures and operating circumstances with which you are familiar, what type of approaches to workplace demand reduction are most likely to be accepted and to be effective?
6. In the locations where your company operates, what kind of private sector and community collaboration would be welcomed in the drug abuse field? What could be achieved for the communities and for the participating companies?

7. How easy or difficult is it for companies to access expert advice and assistance if they want to develop a drug abuse policy or programme that includes such things as employee education, supervisor training, and an employee assistance programme?

8. What would be the most important steps to take to encourage companies and worker organizations to become more active in workplace drug programmes or in collaborative projects in the community?
Training is important to workplace demand reduction activities at three points in time.

1. Before a company or union can participate in planning and setting up a drug policy and programme, the people who will lead the effort must be well-informed and committed to the programme's success.

2. As the policy and programme are introduced to the company, all workers must come to understand the benefits and the expectations. It is also common for workers to be given basic information or training on drug abuse. It is particularly important for supervisors and managers to understand their role in making the new policy and programme successful.

3. After the programme is in place, there are ongoing training needs for new employees and workers moving into supervisory roles. It is also valuable to use training to periodically remind workers of the policy and programme.

The following list describes training programmes that would be found in areas where workplace drug programmes are well-developed. The list reveals how participating companies see the training that is needed to support their programmes.

1. General conferences on workplace drug abuse and employee assistance programmes (EAP's): These conferences give company and union representatives a chance to learn about important issues in workplace programming. This includes such things as how policies and programmes should be developed, new developments in addiction services, and labour laws affecting drug policies and EAP's. Conferences are also an opportunity for organizations to discuss model programmes, and share new ideas and approaches.

2. Preparing to develop workplace drug policies and programmes: Key company and union representatives who will be responsible for planning a drug policy and programme should begin with an understanding of issues such as the ones listed below.

   C Local/regional drug use patterns affecting company operations

   C Assistance available through government agencies, nongovernmental organizations, consultants and treatment services

   C Laws and regulations affecting drug policies and programmes

   C Choices that will have to be made about the scope of the policy and the strategies to
be used

C Advantages, disadvantages and costs of possible strategies including employee assistance programmes, various approaches to education and training, and drug testing.

This kind of training may be available through local or regional workshops, or it may be necessary to arrange a special training programme for a specific company.

3. Drug awareness training: Workers need to learn about the company's policy and programme and receive basic education about prevention and treatment. Drug awareness sessions usually cover laws and regulations concerning drug use including those for the workplace, information on alcohol and drug problems, suggestions for preventing such problems, and information on available sources of help should a problem develop.

4. Supervisor training: In addition to the information covered in the worker drug awareness sessions, supervisors learn about their role and responsibilities in working with the company's drug programme. They have an opportunity to ask questions and receive advice on how they can deal effectively with common drug use situations. Supervisor training usually covers topics such as monitoring workplace performance and behaviour, facilitating referral to an employee assistance programme or health professional if needed, and supporting a recovering worker.

5. Drugs and safety: Workers in safety sensitive position are often given training in how drug use can increase the risk of accidents. This should cover all drugs that can impair workers including non-prescription and prescription medications, alcohol, and illegal drugs. Safe operations can be jeopardized by drug dependent workers, by workers who occasionally become intoxicated, or by workers who misjudge the effects of medication that can affect concentration, coordination and judgement.

6. Family Issues: Some companies go beyond workplace concerns and provide workshops aimed at preventing problems at home. This kind of training can be particularly useful for workers with children old enough to be experimenting with alcohol or other drugs.

Improving the Quality and Availability of Training in the Prevention of Workplace Drug Abuse in the Asia/Pacific Region

The conference working groups that are focusing on the training required for private sector programmes will want to consider how the quality and availability of training can be improved. The following is a list of issues that will be important to that discussion.

1. How available are good quality training programmes now? How does this vary in different locations across the Asia/Pacific region?
2. What types of training need to be made more available (see list above)? For example, is the priority to have general conferences to promote understanding of workplace drug demand reduction, or is it to make sure companies can access training for their supervisors and workers?

3. How easy is it for companies to find well-qualified trainers familiar with either a) workplace drug programmes, or b) general drug abuse issues?

4. Why are companies likely to be receptive to the idea of participating in this kind of training? How can it help them? How many companies will be sufficiently committed to reducing drug problems to devote time and money to this kind of training?

5. Why are companies likely to resist this kind of training? Are there ways to reduce this resistance that will work in different regional and corporate cultures?

6. How is training on other issues handled in different enterprises? Can drug-related training be handled in similar ways? Can it be integrated into existing training programmes such as new employee orientation or health and safety training?

7. As training programmes in the Asia/Pacific region are developed and improved, what special problems must be faced (e.g., tailoring to specific cultures, multiple dialects and languages, literacy, etc.)?

8. How can training go beyond large companies and reach owners and managers of smaller businesses?
DISCUSSION PAPER IV

WORKING GROUP INTRODUCTION TO THE NEED FOR INFORMATION EXCHANGE

Information builds understanding and facilitates action. Consequently, we often see scientists, health specialists and business people using a variety of methods to develop, distribute and share information. These methods now commonly include magazines, newsletters, professional journals, professional associations, conferences and meetings, Internet sites, databases and e-mail distributions. In some parts of the world, all of these approaches are being used to link business people, alcohol and drug abuse agencies, researchers, government departments and other organizations interested in workplace drug programmes. In Asia, these kinds of networks and information sharing mechanisms are just emerging.

Important Topics and Content

All organizations involved with private sector demand reduction efforts need access to good information that can:

a) establish the need for action and sell the benefits of private sector initiatives to senior managers and leaders in labour organizations,

b) help with the planning, development and evaluation of well-thought out, professional programmes, and

c) allow companies and unions to benefit from the experience of other organizations and share ideas that will contribute to the overall demand reduction effort.

Examples of the types of information that are useful to workplace programmes include the following.

a) studies that establish the need for programmes, i.e., attempts to measure the prevalence of drug use and abuse among workers, the role of drugs in accidents, the costs to employers, etc.,

b) information on new trends and developments in private sector programming,

c) case studies of successful programmes and programme evaluations,

d) information on the drug related legal liability and human rights issues that affect employers,

e) information on the drug related laws and regulations that affect operations in specific countries or industries,

f) updates on available programme materials, video productions, training programmes,
conferences, treatment services, expert consultants, etc.

Access

The ideal situation would be for all interested organizations to be able to access this information quickly, easily and cheaply. This would include large and small employers, unions, drug abuse agencies, researchers and consultants and providers of services such as EAP’s and drug training programmes. In many areas of Asia information on workplace drug programmes is not readily available, and if this continues to be the case, it will act as a barrier to new private sector initiatives.

Asian organizations can already use a number of information services specializing in this field. The International Labour Organization (ILO), for example, undertakes to review and analyse information in this area, and it has developed a number of useful brochures, guides and other materials. Also, the UNDCP operates a database on drug abuse issues which can be accessed by computer from anywhere in the world. Likewise, there are specialized drug abuse information services in countries such as Australia, Canada and the USA. that can be reached through the Internet. Some of these services are directly focused on workplace issues. The problem is that these services do not concentrate on the Asian experience, and do not typically communicate in Asian languages.

Improving Information Exchange in the Asia-Pacific Region

The conference working groups that are focusing on information exchange will want to consider a) if essential information related to drugs and the Asian workplace exists, and b) if it is readily available to the people who need it. The following is a list of questions that will be important to that discussion.

1. What kind of organizations and individuals should be included in a network to share up-to-date information related to drug abuse and the workplace (companies, unions, academics, occupational health professionals, drug treatment programmes, etc.)?

2. Are there systems in place now that keep people informed regarding this issue? If so, what are they, who do they reach, and what types of information do they provide?

3. What other organizations or information systems exist within individual countries or within the region that could be useful in distributing information on drugs and the workplace? For example, are there organizations of people involved in occupational health or human resources management?

4. What would be some of the best existing newsletters, professional associations, magazines, etc. that could be used to raise awareness of the need for private sector action on drug abuse?
5. There is currently a lack of research and data gathering in Asia to describe such things as the extent of drug abuse among working people and their families, the extent to which drugs are involved in industrial accidents, and the cost of drug abuse to employers. If we want to encourage private sector organizations to get involved in demand reduction programmes, what kind of information should be more available? What kind of research and data gathering would you like to see?

6. What practical problems exist in the Asia/Pacific region that information sharing methods would have to overcome (e.g., language, varying local needs, local or regional differences in attitudes towards drug use)?

7. If you could design an ideal information sharing system on workplace drug abuse for the Asia/Pacific region what would it look like? Who would be involved? What information would it carry? What organizations and media would be used? Who would coordinate it and feed in new up-to-date information?