

Workplace Prevention Programmes

Substance Use and Workplace: What do Organisations Traditionally do?

The traditional approach of organisations towards substance abuse among its employees has been one or more of the following:

- Deny that it is a problem
- Regard substance use as a purely personal decision which does not involve the company in any way
- 'Tolerate' the workers with substance use problems and compensate for their lack of efficiency
- Take disciplinary action including termination when addiction sets in, i.e. when the person has no control over his/her substance use.

Advantages of Workplace Substance Use Initiatives

- The workplace mirrors the community. Handling workplace problems can reduce the burden on the community
- Workplace programmes reach the entire workforce
- The workplace offers a target group for prevention campaigns
- It is an effective location for early intervention, treatment and re-integration into work

The Rationale for Workplace Interventions

Companies are increasingly becoming aware that the workplace mirrors the community and that community problems will indeed be workplace problems. Waiting until serious problems set in for the substance user and then terminating him will prove costly to the company (loss of worker's skill and cost of retraining another worker).

The impact of drug and alcohol use in the workplace is being increasingly recognised. Substance use negatively impacts upon the enterprise through accidents, absenteeism, lost productivity and health costs. It also affects the workers and

their families by affecting physical well being, destroying relationships, reducing job performance and causing health, family, legal and financial problems.

Many of the problems caused by substance use at the workplace are due to intoxication and post-use impact (hangover effect), in addition to the other effects of addiction. The Exxon Valdez accident is an example of how human error, often compounded by behaviours such as drinking at work can cause devastating accidents and financial losses in billions to companies.

It is estimated that:

- Upto 40% of accidents at work involve or are related to alcohol use.

Was the Captain Drunk? The Exxon Valdez Disaster

The Exxon Valdez, a 986-foot vessel, was used to haul oil across the Atlantic. On 24 March 1989 at 12.04 am, the vessel ran aground in the Blight Reef causing an oil spill of 11 million gallons (the amount spilled was equivalent to 125 olympic size swimming pools). The oil spill impacted on 1300 miles of shoreline. The economic impact of the accident, including its effect on fishing, tourism and loss to fauna was estimated at a staggering 2.8 billion dollars.

Among the causes for grounding as concluded by the National Transport Safety Board, were fatigue, excess workload, and the failure of the captain to provide a proper navigational watch, possibly due to the effect of alcohol.

During the enquiry, it emerged that the captain, who had been seen earlier in a local bar, admitted to having some alcoholic drinks and a blood test showed alcohol in his blood even several hours after the accident. The captain had always insisted that he was not impaired by alcohol. The State charged him with operating a vessel under the influence of alcohol. A jury however, found him 'not guilty' of the charge.

The incident aroused major concern about workplace safety, and the need for provisions and policies to prevent drinking at the workplace.

- Absenteeism is 2 to 3 times higher among habitual substance users.
- Of all accidents at work, 20-25% involve intoxicated workers injuring themselves or colleagues.
- Job fatalities linked to drug and alcohol account for as many as 15-30% of accidents.

Employees with drug and alcohol dependence claim three times as much sickness benefit and file five times as many workers' compensation claims.

Substance using employees create higher safety risks from intoxication, negligence and impaired judgment. Problems with co-workers through increased work-load on the non substance user, disputes, grievances, intimidation and violence are common problems associated with substance use at the workplace.

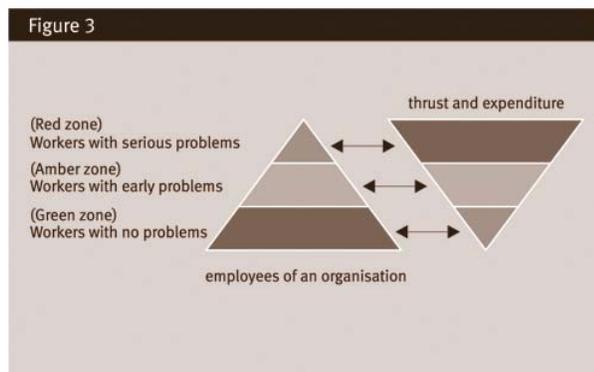
The International Labour Organization Reference Model at the Workplace

The simple analogy of the traffic lights to categorise workers into green, amber and red zones based on their substance use status was described earlier in Section 2.

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Most employees in any organisation are in the green zone and the challenge is to keep them there. Red zone strategies (treatment and rehabilitation) are intensive, expensive, are available only for a few and are often associated with relapses. Green zone strategies are relatively inexpensive, look at ways of preventing substance use, and thus reach a large population before problems begin. These strategies include developing healthy lifestyles. Amber zone strategies assist persons in identifying early and potential problems associated with substance use and encourage self-monitoring, change, and early intervention, which has better results. The objectives of workplace programmes is thus to address employees in all the three zones, with a thrust on the green zone with strategies preventing problem use of alcohol or drugs.

Substance Use Zones and Costs of Intervention



Courtesy: MICO

Indian Workplaces – Focusing on the Alcohol and Drug Problem

This is a true incident from a transport company, one of the enterprise partners in the WPP programme and highlights the serious problem associated with alcohol use at the workplace.

On a bus trip from Bangalore to Goa which entails a travel of sixteen hours, Mr. K. and another colleague took turns at driving. On the return from Goa, the colleague started drinking till he was intoxicated. When he took the wheel the passengers protested. Mr. K. therefore offered to drive through the night instead of his colleague. The next morning the colleague took over from Mr. K., and within the next 10 Kms collided with a tree. Mr. K. who was sitting next to the driver was killed and two others were seriously injured. An innocent employee had died because of his colleague's drinking!!!

Workplace Prevention Programmes (WPP) – Building Partnerships

In 1997, the 808 Project initiated a workplace drug and alcohol abuse prevention programme with seven private companies and five public sector enterprises who volunteered to participate. These organisations recognised the seriousness of the problem at their workplace, and the need to seek solutions. Motivation to address the issue stemmed both from humanitarian grounds as well as from concerns about productivity and safety. Prior to the programme, some attempts had been made to check substance abuse among employees, but these were unsatisfactory. Efforts ranged from spreading awareness to disciplinary action, but were usually sporadic and piecemeal. In contrast, the WPP Project recommended a coherent strategy and plan that defined the problem and laid down procedures and systems to deal with it.

The CBDR project had already trained NGO staff in treatment and rehabilitation and sensitised them to the merits and strategies of prevention. The workplace prevention programme was initiated with a joint orientation of workplace representatives and NGO staff. Each organisation was partnered by an NGO to

Participating Organisations and Partner NGOs

Organisations

- Brecco Lawrie Ltd., Calcutta
- Calcutta State Transport Corporation, Calcutta
- Tata Iron and Steel Company, Jamshedpur
- Mahindra & Mahindra, Mumbai
- Karnataka State Road Transport Corporation (KSRTC), Bangalore
- Motor Industries Co. Ltd., Bangalore
- Hindustan Motors Limited, Tiruvallur
- The Hindu, Chennai
- Goa Shipyard Ltd., Vasco da Gama in Goa
- Cummins India Ltd., Pune
- Modi Rubber Ltd., Modipuram
- Karnataka Power Corporation Ltd., Bangalore

Partner NGOs

- Caim Foundation
- Kripa Foundation
- Vivekananda Educational Society
- Drive for United Victory over Addiction
- Calcutta Samaritans
- T.T. Ranganathan Clinical Research Foundation
- Mukhtangan Mitra
- Indian Council of Education
- NIMHANS

sensitise the organisations, initiate awareness programmes, provide treatment and rehabilitation to employees in the red-zone, in the preliminary phase. The NGO was also expected to train key employees in identification and counselling of employees with alcohol and drug problems, and refer them for treatment when necessary. Employee representatives from all levels-supervisors, managers, and trade-union representatives were all involved in the sensitisation.

9 NGOs assisted the 12 enterprises in nine cities in India.

Understanding The Problem

The case example illustrated at the start of this section is not unique to one organisation. Different organisations feel the impact of drugs and alcohol at the workplace in different ways.

Box 1. The 12 Enterprise Survey

The survey covered 12 industries – both public and private – located across the country and involved in diverse activities like publishing, manufacturing automobiles, ship building and heavy-duty machinery manufacturing enterprises. There was variability in staff strengths across organisations, ranging from just over 1,000 to 75,000 in one organisation. The total staff strength of the organisations was 1,10,664.

The survey aimed at:

- Understanding the extent and nature of alcohol and drug problems in the organisations
- Gathering secondary data with regard to accidents, absenteeism, work tardiness, sick leave and unexplained behaviour
- Making possible links between workplace problems and alcohol and drug abuse

The survey used the key informant method- where persons knowledgeable about the workplace were administered a questionnaire regarding their perceptions of drug and alcohol use among workers and the resulting consequences, both occupational and personal. Informants from departments like security or the canteen who had information about employees not normally known through conventional sources, were specifically interviewed. Records of the employees containing information related to work, health, social backgrounds, legal and administrative problems were scrutinised.

Eight hundred and seventy one employees from 12 industries participated in the study. They belonged to different

categories within the organisations. Categories included supervisors (25%), managers (23%), shop stewards (10%), occupational and health workers (4 %) and others (38 %).

Some Key Findings

- Drug use uniformly low, alcohol related problems a major concern
- 2/3 of the informants believed alcohol use was a problem (ranging from 23% in a private limited company producing tyres to 97 % in a government owned public transport system in Karnataka)
- More than 50% were aware of workers coming intoxicated to work (ranging from 12 % in a company producing electrical goods in eastern India to 84 % in a company producing motor parts in South India)
- Nearly 50% maintained that sick leave taken by workers was often related to alcohol use
- 50% felt that habitual alcohol users were facing significant personal problems
- Perception that alcohol and drug use adversely affected colleagues was variable (only 8 % in the company producing electrical goods in East India while 82 % in the company producing motor parts in South India said drugs and alcohol were adversely affecting colleagues)
- 93 % in a public sector undertaking involved in ship-building and repair and 88 % in a motor vehicle building organisation in western India were aware of preventive programmes.
- Only 27 % of respondents were satisfied with existing preventive programmes in their organisation (ranged from 1% in an organisation producing motor parts to 61 % in the public sector ship building)

Commonly Noticed Tell-tale Signs of Alcohol Related Problems Among Employees

- Taking off from work the day following salary day
- Reporting sick or coming late during the first week of the month
- Strained interpersonal relationships
- Irritable and uncooperative attitudes
- Deteriorating health –frequent complaints of stomach upset, ulcer, abdominal pain, sleep disturbances and psychological problems like anxiety and depression
- Impaired productivity and efficiency

One important preliminary step to planning any programme of intervention is a comprehensive understanding of the extent of this problem and possible responses to it. The organisations sensitised in the orientation programme were initially encouraged to make an assessment of the extent of drug and alcohol problem in their workplace. The methodology and highlights of this survey are highlighted in Box 1.

The perception of most key informants was that drug problems are low, but there are significant alcohol related problems among many workers. While this perception is probably accurate, it must be recognised that drug use often goes undetected, as drug use most often leaves no telltale signs, in contrast from alcohol use.

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Many of the respondents were aware of persons coming intoxicated to work. The implications of being under the influence of drugs and alcohol in the workplace are serious and need to be tackled. For instance, accidents on shop floors of industries manufacturing heavy machinery or spare parts can lead to physical injury, and, in extreme cases, result in death.

Excessive drinking was also found to lead to late arrivals, tardiness when in office and absenteeism.

The study also found that employees were hiding the drinking problems of co-employees because of the stigma attached to drinking. In some organisations, identifying the alcohol user may mean taking administrative action, which both the co-employees and administrative departments want to avoid. This attitude of colleagues only aggravates the individual's problem. In the absence of a policy towards drug and alcohol problems, no preventive or remedial action could be taken.

Surprisingly, awareness about preventive programmes was very high. In a heavy-duty machinery manufacturing organisation in southern India – all the persons interviewed were aware of preventive programmes for alcohol and drug abuse. While awareness was high, satisfaction with preventive programmes was low.

The survey finds that most problem drinkers and drug users in the workplace continue to function fairly adequately,

unless the problem becomes extreme. However, coming to work intoxicated is a serious safety concern for the organisation, and absence, tardiness and reduced efficiency all mean lowered productivity and result in financial losses for the company.

A Prevention Programme – Making Sense to Organisations
From the productivity point of view, it makes good business sense for companies to adopt a prevention programme against alcohol and drug abuse at the workplace. A series of recommendations emerged for such a programme from the survey. They included:

- Educate key informants on the assessment, early identification, and possible referral of those facing problems of substance use.
- Train key personnel within the organisation to develop skills to help affected workers.
- Encourage peer driven activities at the workplace. Recognise the role of abstinent drug or alcohol users in providing a good role model and in motivating co-workers to change.
- Focus on identifying problems based on deteriorating work performance.
- Start counselling services wherever possible.
- Integrate alcohol and drug prevention and treatment services with existing health and safety programmes within the organisation.

Training and Sensitisation

1. Two – day sensitisation workshops were held in six major cities and involved government officials, employer's representatives, worker's organisations and NGO staff. The local Chambers of Commerce hosted these workshops.
2. Participants were taken on a study tour to Malaysia for the Third International Private Sector Conference on Drugs in the Workplace and Community in October 1997. This helped to orient the NGO staff and the enterprise representatives to the programme for workplace prevention.
3. A national workshop on workplace prevention programme was held in Delhi for representatives of participating



enterprises and NGOs. The aim of the workshop was to sensitise the participants on the nature and effects of drug and alcohol problems in the workplace, to explain concepts and issues in workplace prevention, identify the role of various staff in the workplace and NGOs in the programme, to work out enterprise specific draft policy statements and action plans, and to understand how to set up and run a workplace prevention programme.

4. Two day workshops were held in all the twelve enterprises to establish the programme within the workplace. These workshops brought together trade unions, and management, including managers, supervisors as well as facilitator co-workers. Doubts about company policies were cleared and action plans with a time frame for adoption and implementation developed.

Policy Development

The Project advocated a comprehensive Alcohol and Other Drugs (AOD) prevention and assistance policy that set out the aims of the programme, assigned responsibilities for execution, and established a steering committee to oversee implementation.

In most of the companies, the programme was integrated with ongoing activities like technical training programmes. Management and workers' unions sat together and worked out an AOD policy for the company before launching the programme.

The programme had two basic aims:

- To create a drug-free environment and to generate an atmosphere where substance users are able to come forward to seek assistance, without risk of recrimination and professional consequences.
- To lay down systems and procedures for assisting potential cases of addiction, including guidelines for identifying users, initiating a dialogue with them, organising treatment at an appropriate facility under specified terms, and setting conditions for resumption of duty.

All the companies adopted a policy on alcohol and drugs use at the workplace.

Companies and individuals initially expressed several doubts about adopting such a policy, especially fears of stigmatisation and recrimination. This had to be repeatedly clarified at different fora, including meetings held with various representatives by the National Project Co-ordinator. Some companies instituted a stand alone Alcohol and Other Drugs (AOD) policy. Others incorporated the AOD component in a safety or occupational health policy.

All the policies recognise AOD problems as health problems requiring assistance. The conditions for assistance have also been enunciated. They vary across companies in terms of duration of leave, financial assistance for treatment and the number of times a person would be entitled to assistance. The policies highlight that seeking assistance would not jeopardise the person's career. The consequences of continuing non-

BOX 2. A Model Policy

The policies of the twelve organisations that participated in the WPP Project adhere to some general principles, but vary in the details. For instance, some AOD policies cover alcohol, other drugs and tobacco, while one restricts itself only to alcohol. Similarly, some policies offer reinstatement after dismissal so long as the employee is declared medically fit within a stipulated period of time, while others do not. A few policies extend medical benefits such as covering the complete cost of treatment to employees seeking assistance; others offer a fixed amount towards such expenses. The AOD policy is tailored to suit each organisation. The participatory process of policy making enables each organisation to select its own modus operandi for dealing with the issue.

Here are the main points any AOD policy needs to consider and cover:

- Coverage: specific substances covered by the policy
- General approach: prevention and assistance (aims and objectives, such as a drug-free environment, non-discriminatory stance)
- Scope within the organisation: the categories of employees and management for whom the policy is applicable

- Steering committee: a body with employers' and employees' representatives to oversee policy implementation
- Assigning responsibility: clearly spelling out the roles and responsibilities of all concerned including management, employees, company unions, personnel department, medical and welfare departments (if any), so that systems for AOD policies are put in place and run effectively
- Facilities: provision of facilities for medical examinations and monitoring, through medical or welfare officers, and collaborations with specialised treatment agencies such as NGOs and hospitals
- Rules regarding use of substances defined above: for example, prohibition of consumption on premises and of reporting for duty under the influence
- Rules and procedures governing AOD tests: the conditions under which an employee may be asked to undergo a test, for instance, to determine cause of an accident/error, or on the basis of a supervisor's assessment
- Prevention strategies: information dissemination, recreational activities, random checking, etc.
- Rules to respect confidentiality of employees' medical history and records

Assistance Strategies:

1. Procedures for identifying addicted employees (behavioural and other indicators).
2. Ways of initiating a dialogue with substance using employees to discuss the problem and offer help.
3. Guidelines for a series of offers of assistance, followed by warnings and conditions for disciplinary action where the user is unresponsive.
4. Measures to provide counselling (to the individual and/or family).
5. Procedures for referring addicted employees to a rehabilitation facility.
6. Rules concerning costs of treatment and leave in case of hospitalisation.
7. Processes to assess treated cases and determine fitness for resumption of duty after treatment.
8. Regulations regarding relapses.
9. Rules for dismissal on grounds of AOD use.

performance despite intervention are spelt out in most of the policies. The policies have been translated into local languages and disseminated among employees.

Policy Safeguards Worker's Right to Non Discriminatory Treatment

In order to ensure that substance users do not suffer discrimination, companies adopted policies that protect the rights of those seeking treatment. A history of substance addiction must not affect prospects for increments, promotions, and job security, subject to terms specified in the policy. This assurance is vital to creating an open atmosphere where an addicted employee does not fear the possibility of dismissal by admitting that he/she has a problem with substance use.

Each of the policies specifies a system to identify employees with addiction and rehabilitate them. This includes an offer of treatment, counselling, and assessment for resumption of duty. Policies also spell out the kinds of financial aid the company would provide, and rules regarding leave from work, applicable in case of hospitalisation for treatment. While the specifics of each policy differ, the basic approach to assistance focuses on offering medical help and counselling, rather than immediate disciplinary action such as suspension or dismissal.

Nearly all the AOD policies require that a user be provided a series of opportunities to accept help, failing which disciplinary action is warranted. Most companies set out a timeline, such as: informal chat, confirmation of addiction, first offer of help, first warning, second offer of aid, second warning, etc. Discharging the employee is the last resort. In addition, some companies offer to reinstate the worker after such dismissal if he/she is successfully rehabilitated within a certain period. Thus these policies reveal a more complete understanding of the problem of substance use and addiction.

Programme Implementation

Prevention and Assistance – A Two - Pronged Approach Green Zone strategies

The programmes set out to prevent addiction by generating awareness of the risks and consequences of substance use. All participating enterprises conducted awareness programmes using a variety of methods - messages on pay slips, logo and slogan competitions open even to family members of employees, awareness campaigns (articles in in-house magazines, leaflets, street plays, puppet shows, poster/painting/essay competitions) and meetings. Some of the enterprises used experts in their city to sensitise employees not just to alcohol and drug problems, but also to prevention strategies including life skills training, health promotion, and prevention of HIV, among others. Many of the enterprises included AOD training in the training programme for new recruits as well as for in-service training. Some of the organisations organised health camps and drew attention to the issue through special days like 'No Tobacco Day'.

As part of their Alcohol and Other Drugs (AOD) policies, all twelve companies prohibited the consumption of alcohol and drugs on their premises (some also banned tobacco, including cigarettes and gutka). Many firms decided not to serve alcohol at official gatherings, while some resolved not to associate themselves with companies producing alcohol or cigarettes. A power production company disallowed the consumption of alcohol in public spaces in its residential colonies, and had the licenses of liquor vendors in the area cancelled.

Some of the enterprises, e.g. the transport industry undertook regular breathalyser tests of its staff, with follow-up action for those who tested positive for alcohol use while working.

Most companies actively involved the family members in their awareness programmes. One organisation conducted summer camps for employees and their children, and nearly all encouraged social and recreational activities for the extended community.

Amber Zone Strategies

Medical officers were trained in early detection and counselling for substance related problems, to include alcohol and other drug assessment and in counselling persons with substance use related health problems. Health camps were conducted as part of the strategy of early detection. Some of the enterprises encouraged employees to self-administer screening instruments for identifying problems.

Red Zone Strategies

The need to provide assistance and rehabilitation to workers addicted to alcohol or drugs was clearly spelt out in the AOD policy document itself.

Assistance programmes were set in place in all the enterprises

through designated NGOs. While some of the enterprises worked solely with designated NGOs, others began to identify larger networks for care and prevention, in addition to NGOs. In some enterprises, social welfare officers carried out counselling. In others, NGO staff provided this service. Referral of cases was made either to the designated NGOs or other treatment centres. Ex-users served as role models to encourage others to seek treatment.

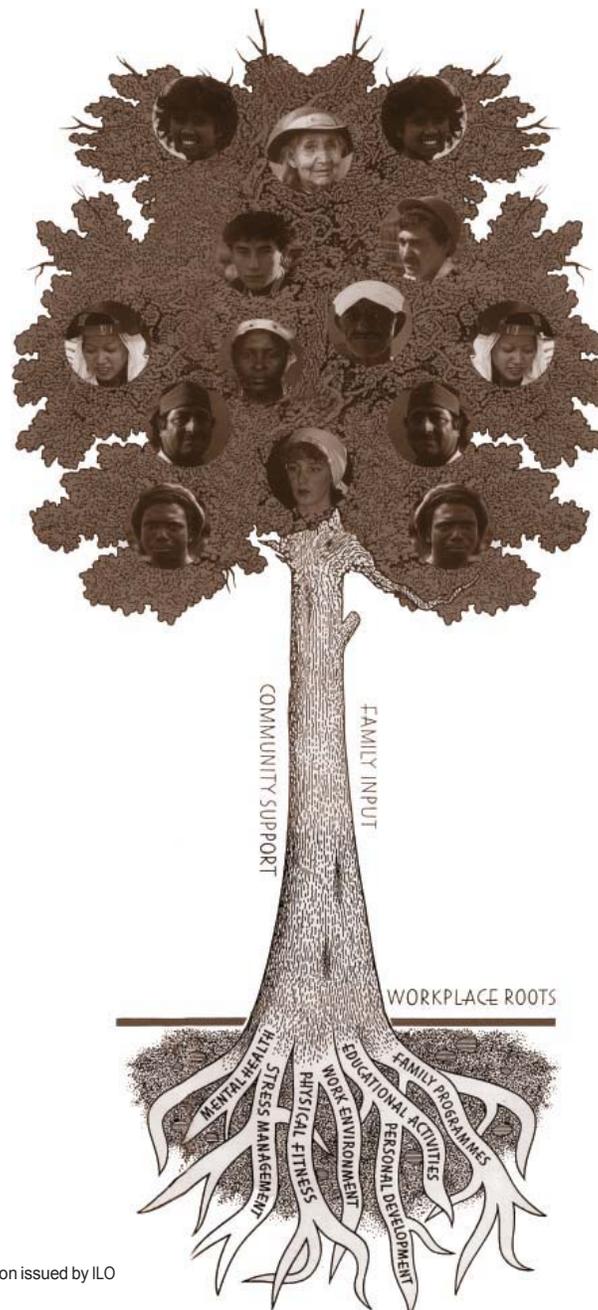
Developing Regional Networks

The expertise to carry out awareness programmes to promote healthy lifestyles and to prevent alcohol and drug problems may not always exist in-house. In addition to support from designated NGOs, each organisation identified a network of

support professionals, ranging from medical doctors to safety experts to provide both awareness and assistance to its employees.

Participatory Approach

From the beginning, the WPP Project urged participating organisations to bring all concerned parties to the table. Owners/managers and employees grew to learn the value of involving workers in this process. In every case, the policy was drafted, discussed and finalised by employers and employees' representatives. This participatory approach ensured that the final AOD policy was acceptable to and binding on all members of the organisation. It also ensured that the concerns of both parties were addressed.



Public Interest Information issued by ILO