

## Workplace drug programmes in Britain

# DOES IT BAKE MORE BISCUITS?

Wary of working with business? Think again — it's the obvious way to reach Britain's 23 million workers.

James Kay

IN THE LAST few years increased attention has been paid to alcohol and drug problems in the workplace. Employers have been urged to develop substance abuse policies and to see these as an investment in improved efficiency rather than merely as the cost of humane personnel practices.

The CBI has argued that "the number who risk impaired efficiency in their everyday affairs by reason of drug misuse almost certainly runs into millions."<sup>1</sup> Employment Minister Patrick Nichols recently said: "There is an increasing recognition of the effect of drink and drugs on people's working lives. It is estimated that in 1987, industry in England and Wales lost more than £700,000 from alcohol-related sickness alone" (*Personnel Today*, 30 May 1989).

More than 8000 US companies have employee assistance programmes (EAPs) offering support, referral and treatment for 'troubled' employees with alcohol and drug problems.<sup>2</sup> Growth of such schemes has been explosive: from less than 50 in the United States in 1961, today more than half of the largest US companies have their own EAPs and thousands of smaller companies have joined EAP consortia.<sup>3</sup> The US National Institute on Drug Abuse has established an expert advisory committee and an Office of Workplace Initiatives to promote EAPs and to ensure good practice.<sup>4</sup> Guidelines have been produced covering procedures for the development and assessment of a comprehensive programme.<sup>5</sup>

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There is an international association for staff working in EAPs<sup>6</sup> and a growing market in training packs, courses and promotional materials on developing such programmes. The International Labour Office in Geneva has produced a pack which promotes workplace policies on drug and alcohol problems.<sup>7</sup>

In Norway there is a long tradition of seeing alcohol as a major social problem. Employers and unions have together formed AKAN<sup>8</sup> to:

- prevent the employee from using alcohol or drugs in the workplace;
- develop help for employees with early alcohol problems and with chronic alcoholism;
- develop cooperation between labour and management in the workplace.

***'Run your programme as a business,  
not as a health programme.  
Remember the company exists to  
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About 100,000 of Norway's 650,000 employees are covered by AKAN schemes.<sup>9</sup>

Employers in the UK have been less enthusiastic. The title of this article comes from a discussion with a manager working for a large food manufacturer. Impatient with my emphasis on the quality of life of his employees, what he wanted to know was, "Does it bake more biscuits?" Would an EAP increase productivity? If it wouldn't, he really wasn't interested.

To convince UK employers of the importance of EAPs, we will first have to show that they do indeed help 'bake more biscuits'.

First, we will have to convince employers that drug and alcohol problems are costing them money. This is fairly easy. There is evidence in relation to accidents, sickness, absences, reduced efficiency, poor decision-making and lost productivity.<sup>10</sup>

Then we will have to convince employers that

it is more economical to respond to substance problems through an EAP than to simply fire the employee. An American reviewer has suggested that for smaller companies, or for those employing unskilled labour, "it might be cheaper to fire than to rehabilitate... the capital investment tied up in an EAP might realise a better return somewhere else."<sup>11</sup>

## Ways to convince employers

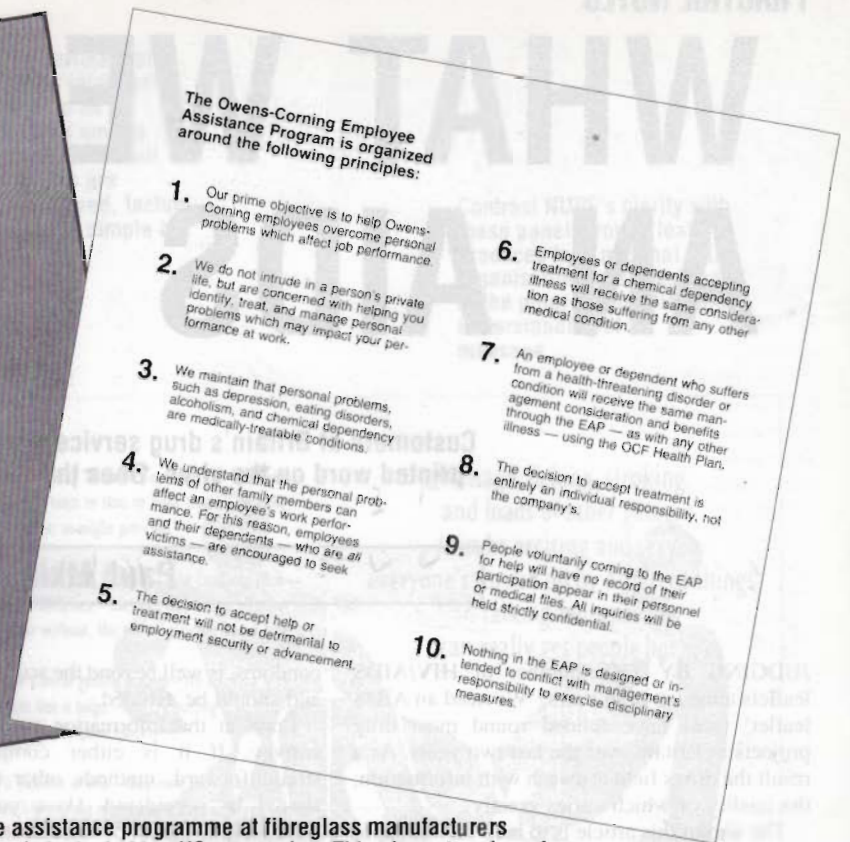
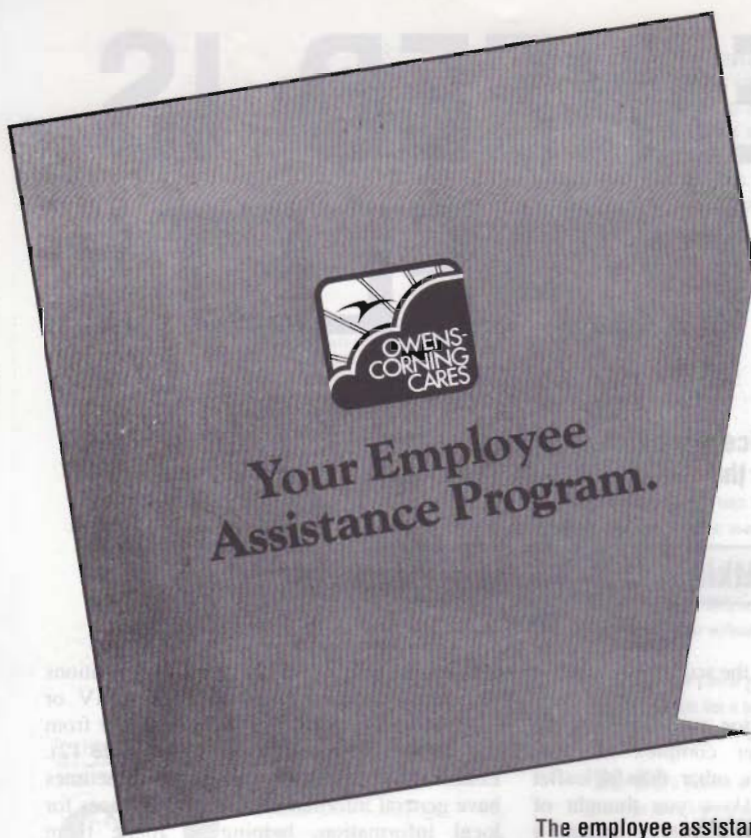
Despite this, we can still make the case that assisting employees makes economic sense. Smaller companies can reduce costs by forming EAP consortia. In the next decade the number of 16-19 year olds entering work will fall by over one million.<sup>12</sup> As this works its way through the economy it will be increasingly important for employers to hang on to expensively trained and difficult to replace staff at every level.

Some evidence is available of the impact of EAPs on productivity. Employers in New York State were asked to report on changes in productivity in the first year after implementing an EAP. Of the 155 firms which responded, none reported declining productivity and 28 per cent claimed improvements.<sup>13</sup>

One study gave a cost-benefit analysis of a university staff assistance programme. Savings in sick time after employees had been referred to the programme were compared to the costs of staffing it. Most referrals achieved savings in sick time after intervention, allowing the evaluators to claim a return on the investment in the EAP of between 1.5:1 and 3:1.<sup>14</sup> (These first year results need to be followed up. Evidence elsewhere has shown how important long-term studies are assessing treatment impact.)

To succeed with employers drug agencies and workers must themselves change their attitudes to business and 'enterprise'. A speaker at a recent workshop on EAPs argued:

"If you are interested in industrial and employee assistance, then think business, think



The employee assistance programme at fibreglass manufacturers Owens-Corning is typical of top US companies. This glossy brochure for employees is upfront about the aim — to increase productivity.

marketing! You must orient yourself to business philosophy. Sell your goods and wares. Run your programme as a business, not as a health programme. Remember the company exists to make a profit. A properly run EAP can contribute to that goal.<sup>15</sup>

These ideas will not sit easily with many in the drugs field. Is it worth the effort? I believe the answer is, yes.

Workplace programmes offer an opportunity to work with new groups of problem drug users. Most clients attending drug agencies are unemployed but this may have more to do with the opening hours and targeting of the agencies than with the employment status of drug users as a whole. Many drug users in employment may respond positively to an offer of services and support made through the workplace.

Employee assistance programmes also facilitate early intervention before serious problems develop, and can form a very efficient conduit for disseminating information and educational materials to large 'captive' audiences.

Manchester City Council, for instance, employs over 40,000 staff. With their spouses and children, this represents an audience the size of a large town. Wage packet mail-shots — for

example, on HIV and safer sex — can be targeted much more tightly than mass media campaigns.

Working with employers and trade unions also has great potential for developing public awareness of drug problems. These groups are important opinion leaders. Persuaded to make common cause on an issue, they can have a powerful impact on social attitudes.

### The challenge of business

Drug agencies and drug workers in Britain need to rise to the challenge of making "business the business of EAP".<sup>16</sup> The explosive growth of workplace programmes in the United States is testimony to the power of the marketplace if it can be harnessed to such a progressive development.

Hundreds of US private enterprise management consultants and trainers are now employed in promoting employee assistance programmes. They draw very little funding from government, instead charging employers for their services. The substantial profits to be made from this work are the incentive for its further development. This is an entrepreneurial dynamic which could be harnessed in the UK to develop

workplace policies on drugs.

In the short term some new initiatives are needed. Research on the cost efficiency of American programmes can help persuade UK employers — but they will take much more notice of evidence from major UK companies.

Research should contrast the costs of establishing a policy and support systems on drug and alcohol problems with the savings made through implementing the programme. In the last analysis, if we cannot demonstrate the cost-efficiency of our work in the employment sector, then employers will not fund it.

Secondly, quality training materials are needed to promote employee assistance programme training for employers. These need to be enthusiastically sold to employers throughout the UK.

Public, charitable and voluntary sectors in the UK are probably just too nice to do this job effectively. What's needed is to bring in some marketing expertise and back it up with hard-nosed and effective sales staff. If the product is worth making, it's worth selling well.

FOR THOSE WHO find the language and methods of the marketplace distasteful, employee assistance programmes will not be a priority. Others will take up the challenge of 'business' and look to improve their marketing and sales techniques. There are also many potential drug field entrepreneurs waiting in the wings. Hundreds of management consultancies and training organisations work in the human resources sector in the UK. Almost none have yet woken up to the profit potential offered by employee assistance programme development.

When a clear public marketplace develops and draws in entrepreneurs from the human resources sector anxious to prove that employee assistance programmes can indeed 'bake more biscuits', then we could be set for the sort of rapid development of workplace drug and alcohol programmes already seen in the USA. ■

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 4. Backer T.E. *Strategic planning for workplace drug abuse programmes*. Rockville, Maryland: US National Institute on Drug Abuse, 1988.  
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