

What *Are* Employers Thinking?

Colorado Small Business Survey: Implications for EAPs

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Introduction

The practice of employee assistance can trace its roots to the 1930s with issues related to alcoholism. Employers were concerned then about the impact of alcohol on employees and on safety in the workplace. Not much has changed in seventy years except that the number of substances that affect worker performance has grown. With the introduction of the federal Drug-Free Workplace (DFWP) legislation in 1988, attention has been increasingly focused on addressing the problem of substances in the workplace. Yet the limited number and acceptance of DFWP programs indicates that a lot of work remains to be done.

Consider the following examples.

A. Imagine that you are an internal EAP provider for a 250 person manufacturing company. Before you sits Marilyn Sanders, an employee who has come to see you on her own initiative. She is 38 and suffering from problems in her marriage. Her husband has been using cocaine regularly, she tells you and ashamedly admits that she uses it too. Now she has decided that the cocaine is causing irreparable harm to their relationship, and although she is willing to stop her own drug use, her husband is not. She is worried because they are significantly behind in their bills and she fears that her wages will be attached. She also reveals that she has been spending a lot of personal time on the phone, and while no one has said anything to her yet, she fears that some type of disciplinary action could result. As a result she has been avoiding her boss more and more.

As you discuss with her the many resources available to her, you wish that your company's Drug-Free Workplace Program included more than the statement that no drug use will be tolerated, and all employees will be drug-tested on initial hiring. Maybe Marilyn would have referred herself sooner if the company's program encouraged early intervention rather than a no tolerance position. Perhaps a supervisor would have noticed a work performance or attitude shift and given you a confidential call to discuss. You decide it is time to raise the issue of a broader DFWP program and pick up the phone to call Vicky in Human Resources.

B. Imagine that you are an external EAP provider trying to help Jack Owens, the CEO of a 75 person recreation company, understand how best to use your services. As you discuss the benefits of an EAP with Mr. Owens, he becomes animated when you introduce the topic of Drug-Free Workplace policies. "I am not going to subject all my employees to drug testing", he declares. "I already have a big enough problem with finding qualified workers, and the unemployment rate around here is at an all-time low. It is a violation of the privacy rights of individuals and the last thing I need is an attorney breathing down my neck around here! Besides, I know most of the workers, I *hired* them, and I trust them with my life. I have to."

You find yourself wishing that employers of any size would not automatically equate drug-free workplace programs as drug-testing programs. In many instances drug testing is a *choice* for businesses, not a requirement. You proceed to ask Mr. Owens more about his company's experience with employees who abuse drug and alcohol, as one way to begin to help quantify the financial impact of substance use on his business's profitability.

The Colorado experience

Colorado currently ranks second in the country in terms of an alcohol problem index, and fifteenth in the nation in terms of a drug problem index. If the rest of the country's experience holds true for Colorado, almost three-quarters of Colorado's current drug users aged 18 and older are employed, at least part time. In addition, the rates of use are highest among persons 16-25, the age group of people entering the workforce most rapidly. Studies have suggested that individuals with substance problems may gravitate toward companies without a drug-free workplace program. Those companies are often small employers. Colorado is dominated by small business. Over 95% of all business establishments have fewer than 100 employees, employing about 46% of the state's workforce.

In July of 2000, the Colorado Alcohol and Drug Abuse Division (ADAD) contracted with Peer Assistance Services, Inc. to conduct a needs assessment survey of small businesses to better understand the impact of drugs and alcohol in the workplace, and find out how possible problems are being addressed. In order to understand the perspective and needs of small business owners, a descriptive study was conducted using a convenience sample of 122 small businesses who responded to a telephone survey. Originally focus groups were identified as the method for data collection, but it was later decided that a telephone survey would provide more information more efficiently. The business size was restricted to a base of 99 or fewer employees. Industry categories contacted were construction, hospitality, recreation, healthcare, retail/trade, manufacturing and personal services. Questions were asked about business size, market sector, EAP availability, the intensity of substance effect (alcohol and drugs were separated) on standard business measures, and the level of implementation of DFWP program components. At the end, employers were asked if and what resources they felt they needed to better help address problems.

Findings

Employee abuse of alcohol and drugs on their own time or at work affects Colorado small business owners who have fewer resources than big businesses to deal with the problem. Alcohol was perceived to be a moderate to major problem by a high percentage of the businesses surveyed. Despite the national statistics on alcohol and drug use as well as industry specific statistics, small business employers did not respond predictably. Although a large percentage of employers acknowledged a problem with drugs or alcohol, fewer than 1 in 5 took steps to address the issue. The concern is more significant because according to SAMHSA (1999), workers who use illicit drugs and alcohol abuse alcohol are more likely to work for a small company without a drug free workplace program. Small businesses are fertile ground for drug and alcohol problems.

Market segment. It was expected that there would be some differences between the market segments, but alcohol and drug impacts were reported across all business sectors. There was some difference in the reported degree of intensity and the impact on different business problems, but overall, businesses across the board acknowledged that alcohol and drugs were a problem for their businesses, at some level. For example, construction is more affected by staff turnover than absenteeism and use of sick time. Although they were generally familiar with common strategies to reduce the consequences of alcohol and drug use on business (written policies, use of employee assistance programs, employee education, supervisor training and drug testing), many employers narrowly interpreted drug-free workplace programs as drug testing alone.

DFWP components. Survey participants were asked about the standard five components of DFWP programs (employee education, supervisor education, policy development and consultation, use of an employee assistance program, and drug testing). They were asked about their knowledge of these components, their company's use of these strategies, and whether or not they would be interested in education, policy consultation, additional resources, EAP group purchasing opportunities and networking.

As might be expected, there were consistent discrepancies between knowledge of a strategy and actual use in a company. Over 76% of the total sample was familiar with drug-free workplace policies, and 59% stated they had policies in their companies. However only 30% of the companies trained supervisors about the policies. Oftentimes we were told that there was a policy in the manual, but with the small percentage of supervisors trained, one wonders if the policies are actually enforced.

Questions and responses about drug testing were very interesting. In the overall sample, almost 88% knew about pre-employment drug testing (the most common form), but only 18% actually used it. Many respondents were firmly opposed to drug testing, citing violation of privacy and legal implications as the typical reasons why they would not consider testing. In small companies with the “family feel”, there was also the sense that “if I implement drug testing, it looks like I don’t trust my employees”, a more personal interpretation of a practice that employers felt was often difficult to defend. Others talked about maintaining the boundary between personal and work time and felt they had no right to intervene in an employee’s personal choices.

Through additional comments, respondents often gave the impression that they thought a DFWP program was the same as a drug testing program, and/or a policy reference in an employee manual. Very few participants had full understanding of how the components work together, or the fact that they may have a lot more choice than they believe to implement certain components.

Employee assistance programs. Respondents were asked about the availability of employee assistance programs (EAPs), and how they would handle employees with alcohol or drug problems. Approximately 25% of the total sample had access to an EAP. Some of those with EAP’s indicated that they came about as a benefit linked with the company’s health insurance program. Respondents sometimes indicated a lack of awareness of how to access EAP services, both for themselves and their employees. Interview comments suggested that lack of awareness of the purpose of an EAP and its cost were reasons why this option was not pursued more aggressively. Education about the value and impact of employee assistance programs, as well as making purchase of EAP services more affordable might provide employers with the resources for effective referral and lift some of the burden of managing an employee’s problems by themselves. Although the concept of group purchasing EAP services did not receive high interest from employers, several respondents said they were not authorized to make those decisions, and they were not given a dollar range about which to respond.

Employee discipline. Overall, there was a tendency to be more tolerant of employees with alcohol problems, “after all, alcohol is legal, right?” Employees with drug problems were more likely to be fired initially than those with alcohol problems. However employees actively drinking or using drugs while on the job were more likely to be fired than referred for assistance. Employers had mixed responses when it came to the reason for disciplining employees. Some were very clear that the reason for firing, discipline or referral was because of performance problems that couldn’t be tolerated. Others focused more on the substance problem than the problematic workplace behavior. And in general, employers agreed that recognizing an alcohol problem was easier than a drug problem.

Financial impact. Although businesses acknowledged that alcohol and drug problems did exist, almost no one had a reliable estimate of the cost of the impact of alcohol and drugs, other than a guess. Helping small business owners quantify the financial impact to their companies would be highly valuable in determining a specific impact, raising awareness and generating interest about the topic. Many respondents addressed concerns about the legalities of drug testing. Many people liked the idea of a collection of resources that could be provided to answer questions, providing testing and treatment referral information, and the like.

Other employee groups. Respondents also mentioned four employee groups that may deserve additional outreach consideration; teenagers, “older” (i.e. once-retired) workers, culturally diverse workers, and entry-level, low paid workers with multiple personal problems. Each of these groups brings unique problems to the workplace related to substance use, and some employers were frustrated at their inability to find resources to help.

Although denial of the problem of chemical dependence is often a part of an individual’s disease process, and cultural discomfort with the issue of substance abuse occurs at every level, it is impossible to deny that business across the country has a problem. Employers are not immune from the effects of substance abuse, even though employees may not be actively using substances at work. For the small employer, having one or two employees with a drug or alcohol problem can create a significant negative impact on the health of the business and its profitability. Raising awareness of the problem, providing education and creating a climate that encourages a culture of health in small businesses will benefit all of America’s citizens.

(Note: Peer Assistance Services, Inc., contracted with the Colorado Alcohol and Drug Abuse Division to conduct this study. Peer Assistance Services is a statewide EAP that provides prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues. For further information, please contact Jill Bachman at 866-369-0039, or visit their website at www.peerassist.org Additional information can be found at the Colorado Drug-Free Workplace Alliance website at www.codrugfreeworkplace.org)

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