

COLORADO SMALL BUSINESS NEEDS ASSESSMENT

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Published by Peer Assistance Services, Inc.
November, 2000

Peer Assistance Services, Inc., contracted with the Colorado Alcohol and Drug Abuse Division to conduct this study. Peer Assistance Services is a statewide agency 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

OMNI Research and Training, Inc. is a social research company that specializes in qualitative and quantitative approaches to program evaluation, instrument design, data analysis and training in research methods. To learn more about OMNI, contact Jim Adams-Berger at 303-839-9422, ext. 17 or visit their website at www.omni.org.

ABSTRACT

In order to understand the perspective and needs of Colorado small business owners regarding the impact of alcohol and drugs in the workplace, a descriptive study was conducted using a convenience sample of 125 small businesses who responded to a telephone survey. 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.

Although business segments were affected to varying degrees, all segments surveyed were impacted. Alcohol and drug use creates employment problems in specific areas, but may differ depending upon the industry. 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.

The survey results clearly suggest that the strategies of raising awareness about the impact of drugs and alcohol on business, providing education and technical assistance, helping employers quantify the financial impact of alcohol and drug use, and providing resource information (such as treatment referral sources, EAP providers, and drug testing information) would be helpful in responding to the needs expressed by small businesses.

Background

In December of 1999 the Colorado Alcohol and Drug Abuse Division (ADAD) issued a Worksite Prevention Services RFP to “provide a Colorado Worksite state-wide small business employee assistance program.” In April of 2000, a decision was made to withdraw it rather than award funding because the specifications were thought to be “ambiguous or inadequate” (Purchasing cancellation notice, 4/7/00). In order to have more specific information for a worksite RFP in 2000, ADAD authorized Peer Assistance Services, Inc. to conduct a needs assessment to help understand “which Colorado small businesses are most likely to become involved in a Drug-Free Workplace program, and the scope of their needs in implementing such a program” (Dr. Kathy Akerlund, ADAD Prevention Division Director, June, 2000). The initial plan was to conduct focus groups with expert interviews throughout the state and to collect and analyze data to help address the following questions:

1. Which Colorado industries should be the target for drug-free workplace services?
2. Which components of the drug-free workplace program should be emphasized?
3. Which regions of the state should be targeted?
4. What methods should be used to most effectively reach out to the targeted industries?

Research Design

The proposal called for conducting four regional focus groups across the state. A meeting was held with representation from ADAD (Karen Abrahamson), Peer Assistance Services, Inc. (Jill Bachman, Jackie Westhoven, Elizabeth Pace), OMNI Research and Training, Inc. (Jim Adams-Berger) and the Colorado Drug-Free Workplace Alliance (Dennis Follett). The group concluded that a focus group approach would lead to a small number of subjects and result in findings of limited application and generalizability. The group decided, instead, to try and reach a larger and more diverse audience across a number of identified market sectors through a short telephone survey. It was thought that this approach would allow for a greater understanding of alcohol and drug workplace issues both across and within the selected market areas.

Through discussions, a review of the workplace literature, and a careful reading of the RFP issued by ADAD in 1999, several market sectors were identified to be included in the survey; construction, health care, high-tech, hospitality, manufacturing, personal services, recreation, and trade (retail and wholesale). Next, drug-free workplace websites and literature were reviewed to determine significant elements that business owners, managers, and human resource directors consider important in making the decision to adopt or not adopt drug-free workplace programs. These elements formed the basis of the developed survey (See attachment 1).

Research Method

The research approach had OMNI and Peer Assistance Services staff working together to fulfill the research work. Peer Assistance staff were to contact small businesses in the eight selected markets to identify people willing to participate in the confidential telephone survey, described to last approximately 10-15 minutes. For the purpose of this study, a small business was identified as having 100 or fewer employees at a site. The willing contacts' names and phone numbers were given to OMNI research staff to conduct the actual phone interviews. Referrals, personal contacts, the telephone book and the Internet were used to identify companies, and attempts were made to include cities and towns beyond metro Denver to broaden sample representativeness. It was later determined that the initial contact by Peer Assistance was often an opportune time to conduct the actual survey. Therefore, when appropriate, Peer Assistance staff completed surveys, which were forwarded on to OMNI for data entry.

Sampling

Ideally, a random sample of subjects, stratified by market segment and geography, would have been drawn for the study. This would have allowed for market and geographic based comparisons, and increased confidence in overall findings. However, a sampling procedure of this nature was beyond the scope and resources of the project. Instead, a small convenience sample of businesses within each market segment was obtained. In addition, it became evident that the high-tech sector was difficult to categorize. This sector includes many small computer and internet-based services, as well as research and development companies with varying employee bases - many contacted companies had fewer than 5 employees, and others as many as several hundred. After conferring with OMNI and ADAD, a decision was made to stop collecting contacts from high-tech, and convert the few completed interviews to the retail/trade category.

The business segments of construction, health care, manufacturing and retail/trade are fairly straightforward categories. Hospitality contacts consisted of people employed in the hotel/motel industry, or food service. Recreation contacts consisted of entertainment and attractions businesses. Personal services was the broadest category as well as the one most difficult to gain willing participants. Businesses contacted for this segment included beauty salons, spas, financial assistance, tanning salons, home cleaning and rental management companies.

In light of the sampling procedure, it is important to emphasize the tentativeness of the findings. Given that businesses were selected as available (i.e., by convenience), it is important that readers not interpret the data or presented charts as reflecting actual trends in the presented markets. The small number of companies contacted and the lack of controls on the sampling procedure does not allow for such claims. However, the data can be interpreted as suggestive of trends within these market sectors, to the extent that sampled companies are reflective of the larger trends in their markets¹.

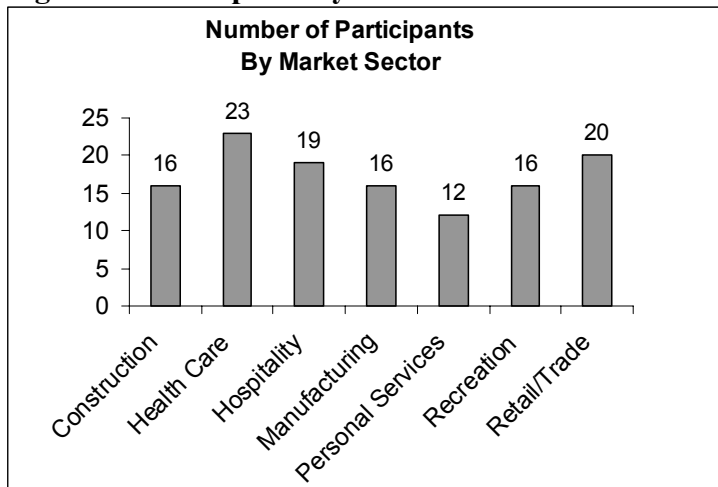
¹ Additional information about the sampling issues and response levels is provided in attachment 2.

Findings

Sample Participants

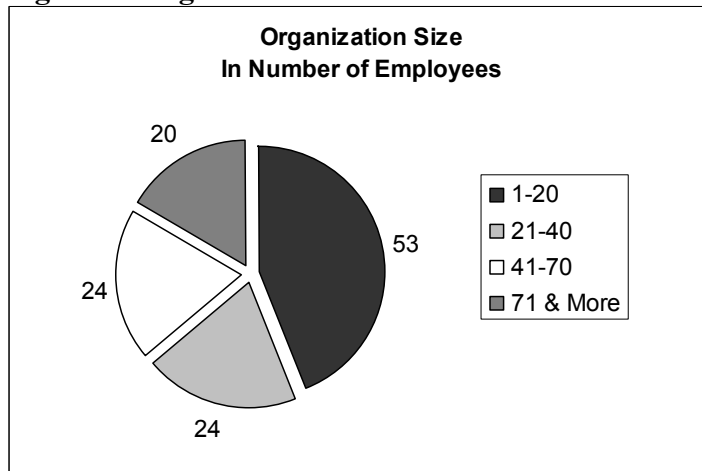
A total of 122 businesses participated in the survey. The number within sectors ranged from a low of 12 for personal services and high of 23 for health care.

Figure 1: Participants by Market Sector



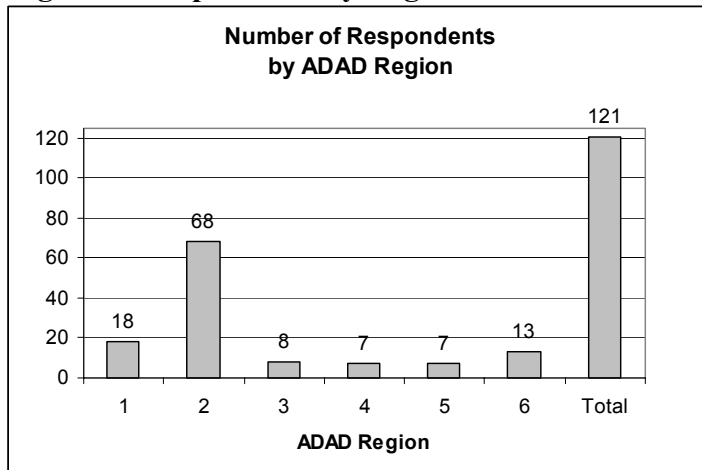
Participating businesses also ranged by size. Most (53) were small companies with between one and twenty 1-20 employees, and the remaining were divided fairly equally between the other size categories, 21-40, 41-70, and 71 and more.

Figure 2: Organization Size



In a larger sample, it would be ideal to take a closer look at drug and alcohol workplace issues in relation to ADAD regions. Again, because the sample was relatively small, this was not possible. While representation was found across all ADAD regions, the vast majority of participants were from Region Two.

Figure 3: Respondents by Region



Participants were also asked about whether they had an employee assistance program. In general, they did not, and this was reflected across organizational size.

Figure 4: Access to an EAP

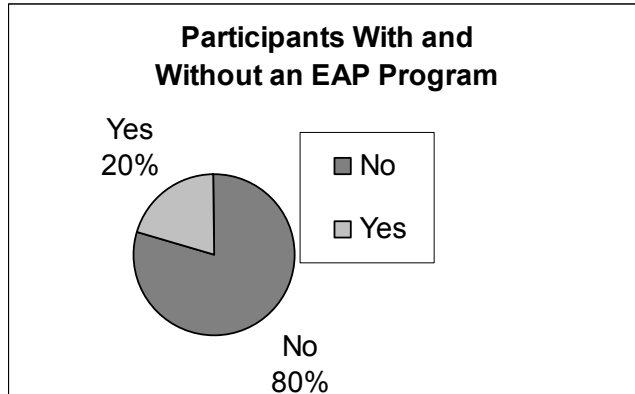
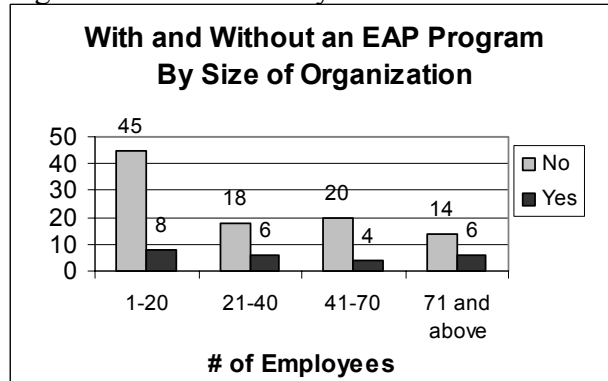


Figure 5: EAP Access by Business Size



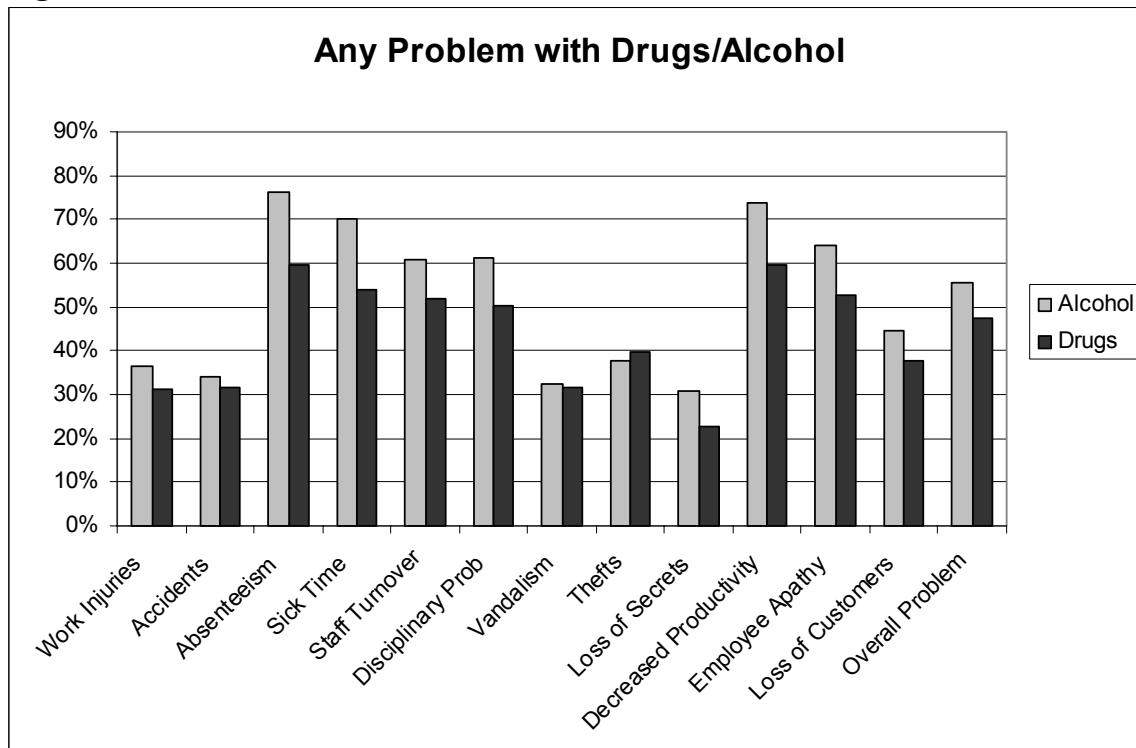
Descriptive Findings

Questions six through nine of the survey asked respondents about the way they perceived alcohol and drug issues impacting their organization and business activities. Questions seven and nine were global assessments of alcohol and drug problems, respectively, while six and eight related these issues to 12 possible problems areas:

1. Work-related injuries
2. Workplace accidents
3. Absenteeism
4. Use of sick time
5. Staff turnover
6. Disciplinary problems
7. Acts of vandalism, violence or sabotage
8. Workplace thefts
9. Loss of trade secrets
10. Decreased productivity
11. Employee Apathy
12. Loss of customers

The questions were scaled as: Not a problem, a Small problem, a Medium problem or a Large problem. Respondents were also provided the opportunity to answer that they did not know or that the item was not applicable. Results from these questions, as reflected in the percent of respondents reporting any problem (small, medium or large) in each area is provided in Figure 6, below.

Figure 6.



In Figure 6, it appears that drugs and alcohol track fairly well with each other within problem area. That is, the degree to which alcohol is seen as a problem within one of these areas, drugs are also seen, though to a lesser extent, to be a problem. In addition, there are clear areas where alcohol and drugs are seen to be greater problems. In particular, the impacts on absenteeism, decreased productivity, sick time, employee apathy, staff turnover, and disciplinary problems were all mentioned by more than 60% of business participants. Finally, 56% and 48% of respondents, respectively, saw alcohol and drugs as a problem in their business.

Market sectors were next examined in relation to each problem area when the area was rated as either medium or large. In general, alcohol was seen to be a larger problem in relation to these areas, in particular with regards to absenteeism, sick time, staff turnover, and decreased productivity, as shown in figures seven, eight, nine and ten.

Figure 7

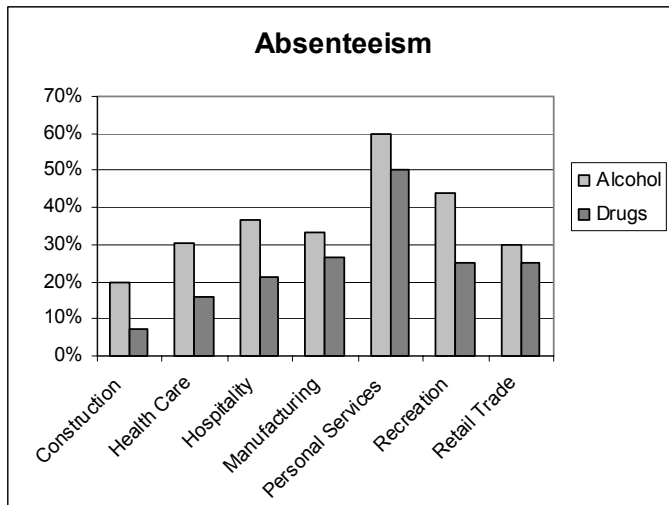


Figure 8

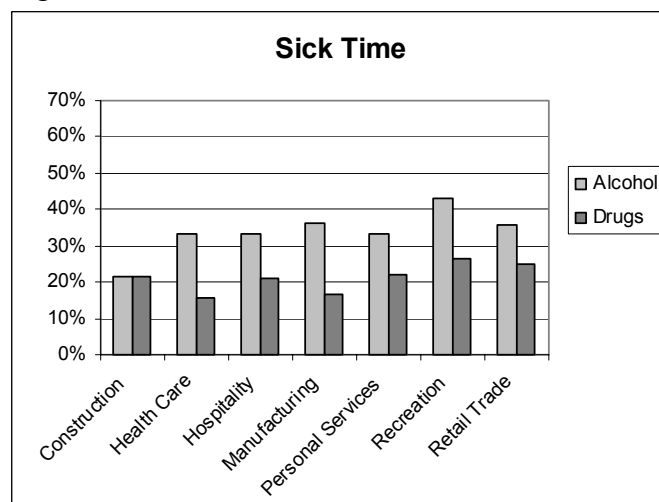


Figure 9

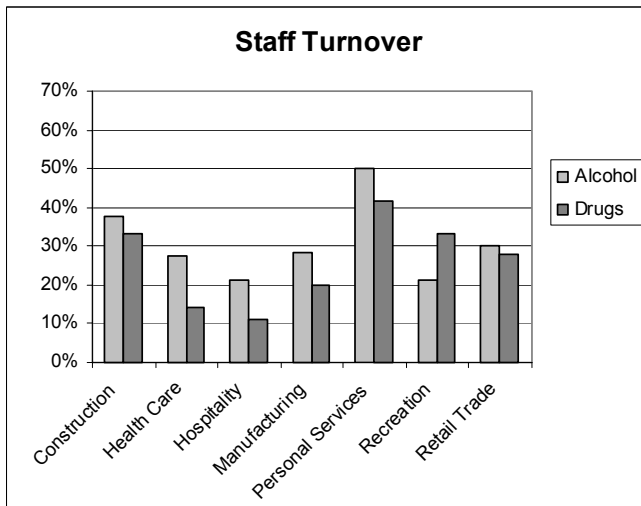
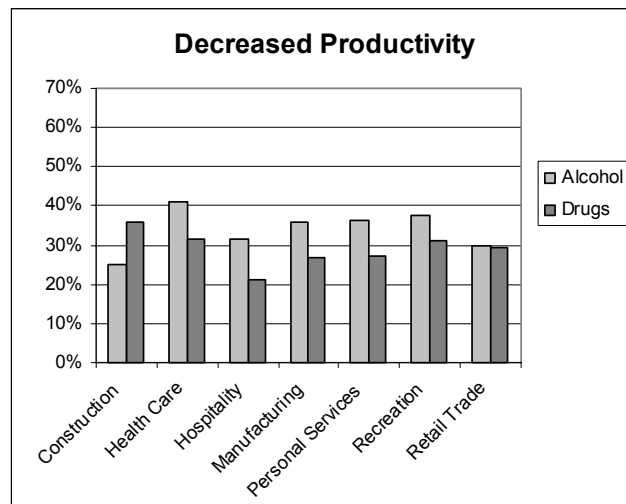


Figure 10



The one exception is found in the recreation sector, where drugs were reported to be a greater problem with staff turnover than was alcohol.

By contrast, and limited to the recreation and retail sectors, drugs were found to be more problematic with respect to work injuries, accidents, thefts and vandalism. This is demonstrated in the figures 11-14.

Figure 11

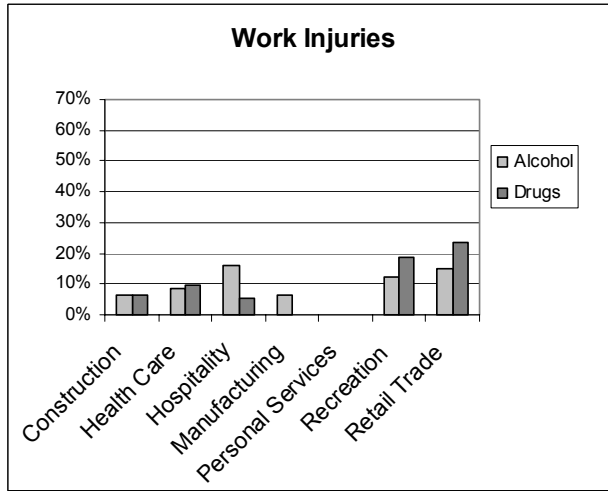


Figure 12

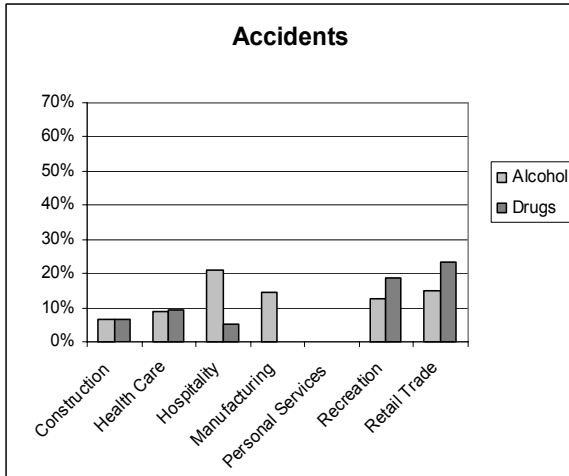


Figure 13

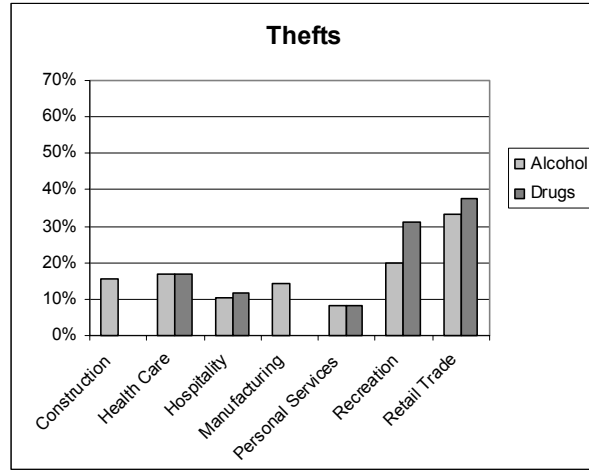
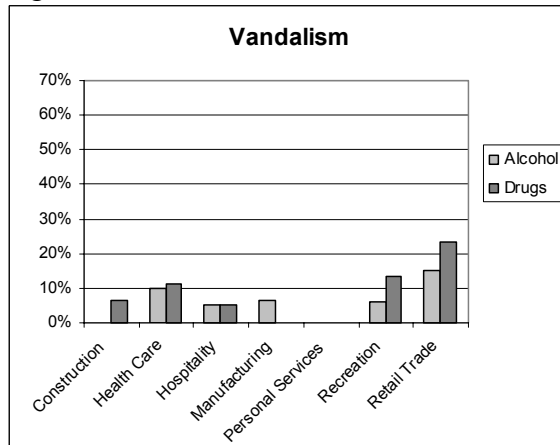


Figure 14



The above data suggest that, in general, alcohol is perceived to be a moderate to major problem by a high percentage of sampled businesses. Its effects, however, impact industries in different ways. For example, construction is more effected in the areas of staff turnover, than it is in absenteeism and sick time. By contrast, the personal services sector shows significant impact for a large percentage of organizations across staff-related issue areas. This would tend to indicate that sectors experience the impact of alcohol in different ways, requiring a somewhat different service orientation and focus by sector.

Drug related issues, again, appear to track relatively well with alcohol, though at a lower rate. However, it appears to be more problematic in specific areas (e.g., injuries, accidents, vandalism, and thefts) and in specific sectors (e.g., recreation and retail/trade) suggesting, again, the need to address these issues and their related impacts in different ways by type of organization.

Questions 14 and 15 asked respondents about their familiarity and use of various strategies related to drug free workplace issues. The table below presents response to each of the areas, comparing what businesses are familiar with and what they actually use.

Table 1

Area	Familiar	Use
Education for employees about substance use in the work place	77 (63%)	29 (24%)
Drug free workplace policies	93 (76%)	72 (59%)
Education for Supervisors about how to handle drugs in the workplace	80 (65%)	37 (30%)
Use of an EAP to help employees with drug or alcohol problems	63 (52%)	30 (25%)
Drug testing for:		
Pre-employment	107 (88%)	22 (18%)
Cause	94 (77%)	18 (15%)
At Random	94 (77%)	12 (10%)
Post Accident/incident	80 (66%)	18 (15%)
Pre-promotional or job change	42 (34%)	2 (2%)

The table suggests that a large percentage of the respondents are familiar with the major strategies used in dealing with drug free workplace issues. At the same time, there is a low percentage of actual use of these strategies, with the exception of the drug free policy area. While respondents were not asked to specify whether they might in fact use some of these strategies, the low use side of the table suggests opportunities for further education and implementation.

Question 17 is related to 14 and 15, in that it asks respondents about specific resources or services they would like to take advantage of. Table 2 below, provides a break out of participant responses and suggests that a large percentage of respondents would take advantage of training and consultation services, and would particularly appreciate the development of a comprehensive resource manual.

Table 2

Area	Would Use
Training on a drug free work place policy interpretation or implementation	45 (37%)
Training on managing alcohol and drug issues in the business environment	48 (39%)
A resource guide that lists things like EAPs, drug testing agencies, etc.	84 (69%)
Consultation to help develop and implement appropriate policies	31 (25%)

The final questions of the survey focused on participant interest in joining a consortium of small business owners to purchase EAP services and /or in networking with other small businesses in relation to implementing drug free workplace ideas. Summarized below in table 3, these data suggest that there is clear interest in developing consortiums, especially with regards to networking between small businesses.

Table 3

Area	Yes
Would you be interested in joining a consortium of small business owners as a way to purchase EAP services at a group rate?	32 (26%)
Would you be interested in joining a consortium of small business owners to network with others who are implementing drug free workplace ideas?	50 (41%)

Discussion

Information for this section is formed by the data previously presented as well as additional qualitative data from the surveys.

Which Colorado industries should be the target for drug-free workplace services?

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.

Which components of the drug-free workplace program should be emphasized?

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 have a choice to implement certain components.

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. 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.

Which regions of the state should be targeted?

Over half of the respondents were from the Denver metro and Front Range region, which is consistent with the general distribution of Colorado’s population. Although daily attempts were made to include companies from the outlying areas, there were obstacles such as finding fewer businesses in general, smaller employee groups decreasing the likelihood than someone would want to participate in the survey, and fewer resources for contacts.

In spite of this disproportion of regional representation, it is important to point out that small businesses (20 or fewer employees) in the Denver metro area tended to comment about a lack of resources in general, despite the fact that they were operating in the geographic area with the supposed greatest resources. It seemed to us that small businesses tend to behave like small businesses anywhere in the state, related more to employee size than to geography. In our experience there are different regulations and resources for small companies, which tend to insulate them within a large geographic center. Small health care companies for example seem to network more with other health care companies, large or small, regardless of location, than with companies that are closer to them geographically. They are looking for ideas for implementation that come from others like them, which is defined by business type and size, not geography.

What methods should be used to most effectively reach out to the targeted industries?

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.

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.

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.

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.

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 Colorado business 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 Colorado's citizens.

Recommendations for a future worksite RFP

This was a descriptive survey to help understand the perspective and needs of small business owners relating to the impact of alcohol and drugs in the workplace. Perhaps an additional research study could be a phase of a future RFP, stimulating more awareness of the problem as well as collecting pre-project data for further evaluation. Understanding what factors contribute to a stable workforce and investigating the relationship between a stable workforce and maintaining a drug-free workplace might also be valuable.

Although some business segments were affected to a different degree than others, all segments were affected. To make any other conclusions about which specific business types to target is beyond the scope of this descriptive survey. All market segments and regions could benefit from small business worksite services.

The data clearly suggest that the strategies of raising awareness about the impact of alcohol and drug use on business, providing education and technical assistance would be a necessary

foundation upon which subsequent services are offered. This would include helping employers quantify the financial impact of alcohol and drug use for their specific businesses.

Providing resource assistance would be another important service to offer. Resources such as treatment referral sources, EAP providers, drug testing locations, legal information, and working with varied employee groups (i.e., teenagers, culturally diverse populations, older workers and workers with multiple personal problems) would be helpful in responding to stated needs.

Despite the limitations of the survey, any scope of work developed should take into consideration the trends suggested by this data. We could find no similar studies about small business and the impact of alcohol and drugs in the workplace. This is important information for employers and employees in Colorado, and the findings should be disseminated.

Attachment 1. Survey Tool

Small Business Owner Survey re: Substance Abuse in the Workplace

INTRO:

Hello, my name is _____ and I'm doing research on the incidence and effects of substance use in small businesses. Could I speak with the person in your organization who is in charge of making decisions about issues related to substance use (for example, the owner or human resources person).

Hello, my name is _____ and I'm doing research at the request of Peer Assistance Services, (an employee assistance program) on the incidence and effects of substance use in small businesses. This information will be used to help design a program to provide assistance to small business in helping them deal with substance use issues. The survey should only take about 10 minutes and your information will be held strictly confidential. By this, I mean that information specific to your organization will not be shared with anybody, also note that this is in no way a marketing call and you will receive no solicitations resulting from your participation.

Section 1: Organization Descriptors

For the Interviewer

Organization Name: _____

Interview Date: ___/___/___

Interviewer Name: _____

Organizational Sector:

Construction

Health care

Manufacturing

High tech

Trade (include sales)

Hospitality

Personal services

Recreation

Questions Begin

1. Please tell me the approximate size of your business in terms of number of employees
(Note: not in terms of FTEs, but all employees, part and full time) _____
2. What city are you located in? _____
3. How many years have you been in business? _____ years
4. What is your official title _____
5. Do you have an Employee Assistance Program: Yes / No

Section 2: Scope of the Problem

6. Please tell me how much you think employee alcohol use or abuse contributes to the following list of possible problems in your business. After hearing the issue, please tell for your company, if you think alcohol use or abuse does not contribute to the problem, is a small contributor to the problem, is a medium contributor, or a large contributor. You may also state that you “Don’t Know” or that the issue is “Not Applicable”

	Not	Small	Med	Large	D/N	N/A
Work-related injuries	1	2	3	4	-8	-9
Workplace accidents (non-injurious)	1	2	3	4	-8	-9
Absenteeism	1	2	3	4	-8	-9
Use of sick time	1	2	3	4	-8	-9
Staff turnover	1	2	3	4	-8	-9
Disciplinary problems	1	2	3	4	-8	-9
Acts of vandalism, violence or sabotage	1	2	3	4	-8	-9
Workplace thefts	1	2	3	4	-8	-9
Loss of trade secrets or other critical information	1	2	3	4	-8	-9
Decreased productivity	1	2	3	4	-8	-9
Employee apathy	1	2	3	4	-8	-9
Loss of customers	1	2	3	4	-8	-9

7. Given your responses to the items above, would you say that, **overall**, alcohol use abuse is:

- Not a problem
- is a small problem
- is a medium problem, or a
- is a large problem

at your place of business.

8. Please tell me how much you think employee drug use or abuse contributes to the following list of possible problems in your business. After hearing the issue, please tell for your company, if you think illicit drug use or abuse does not contribute to the problem, is a small contributor to the problem, is a medium contributor, or a large contributor. You may also state that you “Don’t Know” or that the issue is “Not Applicable”

	Not	Small	Med	Large	D/N	N/A
Work-related injuries	1	2	3	4	-8	-9
Workplace accidents (non-injurious)	1	2	3	4	-8	-9
Absenteeism	1	2	3	4	-8	-9
Use of sick time	1	2	3	4	-8	-9
Staff turnover	1	2	3	4	-8	-9
Disciplinary problems	1	2	3	4	-8	-9
Acts of vandalism, violence or sabotage	1	2	3	4	-8	-9
Workplace thefts	1	2	3	4	-8	-9
Loss of trade secrets or other critical information	1	2	3	4	-8	-9
Decreased productivity	1	2	3	4	-8	-9
Employee apathy	1	2	3	4	-8	-9
Loss of customers	1	2	3	4	-8	-9

9. Given your responses to the items above, would you say that, **overall**, illicit drug use or abuse is:

- Not a problem
- is a small problem
- is a medium problem, or a
- is a large problem

at your place of business.

10. How do you handle employees when you encounter an **alcohol problem**?

- Fire them
- Discipline them in some way
- Give them a second chance
- Refer employees for assistance

If So: Where? _____

- Do nothing
- It depends on the circumstance: (elaborate)

Please Describe: _____

11. How do you handle employees when you encounter a **drug problem**?

- Fire them
- Discipline them in some way
- Give them a second chance
- Refer employees for assistance

If So: Where? _____

- Do nothing
- It depends on the circumstance: (elaborate)

Please Describe: _____

12. Taken together, what do you think drug and alcohol problems cost your company annually? \$ _____

13. Is this financial impact at a level that would prompt you to do more about the problem? Yes / No

Section 3: Level of implementation

14. Which of the following possible actions or strategies are you familiar with that deal with drugs or alcohol abuse in the workplace? (**Check all that apply**)

- Education for employees about substance use in the workplace
- Drug free workplace policies
- Education for supervisors about how to handle drugs in the workplace
- Use of an employee assistance program to help employees with drug or alcohol problems

Drug testing at:

- at Pre-employment
- for cause
- at Random
- Post accident/incident
- Pre-promotional or job change

15. Given these same strategies, which do you currently use to assist you in managing drug and alcohol problems in your organization? (**Check all that apply**)

- Education for employees about substance use in the workplace
- Drug free workplace policies
- Education for supervisors about how to handle drugs in the workplace
- Use of an employee assistance program to help employees with drug or alcohol problems

Drug testing

For any reason Yes / No

- If Yes: When do you do drug testing:
- at Pre-employment
 - for cause
 - at Random
 - Post accident/incident
 - Pre-promotional or job change

Section 4: Benefits and Needs

16. If you could receive services or support to help you deal with alcohol and drug issues in your business, what would this be?

17. Would you use any of the following? (Check all that apply)

- Training on drug free work place policy interpretation or implementation
- Training on managing alcohol and drug issues in the business environment
- A resource guide that lists things like EAPS, drug testing agencies, etc.
- Consultation to help develop and implement appropriate policies

18. Would you be interested in joining a consortium of small business owners as a way to purchase EAP services at a group rate?

Yes / No

19. Would you be interested in joining a consortium of small business owners to network with others who are implementing drug free workplace ideas?

Yes / No

20. Do you have any additional comments or questions?
Thank you for your participation

Attachment 2: Further Sampling Notes

Gatekeeping

During the phase of acquiring contacts willing to participate in the survey, there was often a tendency for the initial phone contact to be a gatekeeper. When we explained that we were conducting a survey about the impact of drugs and alcohol in the workplace, many people stated that they didn't have a problem in this regard. Oftentimes these people were secretaries or receptionists, and they effectively blocked our further entry into the business even though we countered that having a problem or not wasn't the purpose of our survey. We believed that it was important to include people with all kinds of experience, positive or negative. Sometimes that response helped us to be referred to the appropriate person. This resistance may have been the result of persons' bad experience with telemarketers, but it seemed to us that there was a tendency to react to the topic of alcohol and drugs.

In the end, it was found that approximately five businesses were contacted in order to reach one willing participant. This means that almost six hundred businesses were contacted to reach the sample of 122 for this survey.

Very small business

If the business was very small (5 or fewer employees), our contacts generally seemed more reluctant to participate. Sometimes these businesses were family-owned and operated, and talking about family members who might have alcohol or drug problems may have seemed too intimate. In other instances, if the employees had worked together a long time, there was often a "sense" of family, with similar reluctance against participation. This small business sense of family occurred in businesses across all market segments as well as urban and rural settings.

Companies with no problems

Occasionally we talked with companies whose representative maintained that they didn't have a problem at all with alcohol or drugs. Through further discussion we were told that their particular workforce was quite stable, or their company was a great employer for whom to work.