

WORKPLACE SCREENING & BRIEF INTERVENTION:

WHAT EMPLOYERS CAN AND SHOULD DO ABOUT EXCESSIVE ALCOHOL USE



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SUMMARY

Excessive alcohol use by employees and their family members has a substantial impact on the cost of doing business in the United States. Problems associated with alcohol use are not just confined to drinking during work hours. Excessive drinking boosts absenteeism, diminishes productivity, and contributes to skyrocketing health care costs.

Analysis of recent government surveys related to substance use and the workplace reveals the true extent of hazardous alcohol use and the negative effect it has on the American workplace. A research team led by Eric Goplerud, Ph.D., the director of Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center, has found that the burden of workplace alcohol problems is disproportionately distributed, with industries such as construction, hospitality, and manufacturing having higher than average rates of alcohol misuse and dependency.

For example, according to the research team's analysis, a hotel chain with 20,000 employees operating throughout the United States would accrue \$8.9 million in alcohol-related health care costs and absenteeism in a single year.

Only a handful of employees and family members with alcohol problems ever get help. Ensuring Solutions' research finds that fewer than 10 percent of working people with serious alcohol problems receive any kind of treatment.

Yet there is a relatively simple way to reduce alcohol-related costs. By working with health plans, health care providers, and employee assistance programs, employers can initiate a proven method to identify and help people who drink too much alcohol. This method—called screening and brief intervention or SBI—has been demonstrated to reduce problems associated with excessive alcohol use in a variety of settings, including hospitals, universities, and primary care. If the Virginia-based construction company were to implement a workplace SBI program that identified and provided brief treatment for half of the employees and family members with an alcohol problem (an identification rate similar to depression), savings in lowered health care costs and improved productivity would amount to \$1.8 million.

In the past, employers have played a significant role in promoting screening and treatment for illnesses like diabetes, heart disease, and depression—all of which were once significantly under-diagnosed. Alcohol problems have a similar impact on the quality of American life and the profitability of American business. Yet alcohol use disorders are significantly under-diagnosed. By promoting Workplace SBI, employers can improve productivity, reduce costs, and identify problems before they lead to tragic accidents or expensive health care interventions.

INTRODUCTION

In late August 2007, the firefighters of Engine 30, Ladder 25 in the Boston neighborhood of West Roxbury were summoned to fight a kitchen fire at the Tai Ho Restaurant. The fire was significantly more potent than they expected—it had apparently been burning undetected in the ceiling long before they arrived. As the fire intensified, the ceiling collapsed. Two veteran members of the company—Paul Cahill and Warren Payne—lost their lives.

The death of Cahill and Payne was a shock to their families, fellow firefighters and the Boston area. But it was an even greater shock when autopsies revealed that both of the firefighters were working under the influence of alcohol and drugs.

Payne had traces of cocaine in his system. Cahill, the coroner said, had a blood alcohol level three times the legal limit for driving in Massachusetts.¹ Because cocaine traces remain detectable for many days after use, it is unclear whether Payne was impaired at the time of the accident. But it is quite clear that Cahill was significantly impaired and it is likely that his impairment contributed to the fatal accident.

This tragedy has trained a bright light on the policies and practices that govern the use of alcohol and other drugs among firefighters in Boston. But the harmful consequences associated with alcohol problems are not limited just to Boston or firefighters. Excessive alcohol use is an important issue for American employers.

ALCOHOL PROBLEMS DEFINED

Most people who drink find alcohol to be a source of safe pleasure, but drinking becomes a problem when people use alcohol in ways that are harmful to themselves or others. People who are excessive drinkers may be addicted to alcohol—that is, suffer from alcoholism. But many more, although not addicted, drink in ways that lead to health or safety problems.

Alcoholism is a progressive disease. Less severe forms of hazardous drinking usually precede alcoholism. Health care providers can categorize various stages of alcohol use disorders. The amount, frequency and context of an individual's drinking make it possible to determine

Alcoholism, also known as alcohol dependence, is a disease with four primary symptoms:

- ◆ **Craving** – A strong need or compulsion to drink.
- ◆ **Loss of control** – The inability to limit one's drinking on any given occasion.
- ◆ **Physical dependence** – Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety occur when alcohol use is stopped after a period of heavy drinking.
- ◆ **Tolerance** – The need to drink greater amounts of alcohol over time in order to get the desired effect.

Source: National Institute on Alcohol Abuse and Alcoholism

where an individual may fall on the problem drinking continuum. The spectrum ranges from light to moderate drinkers who consume too much alcohol on occasion to people with alcoholism.²

Alcohol problems have a far-reaching impact on families, communities and the workplace. Drinking can play a commanding role in the decline of an individual's health. Alcohol kills approximately 76,000 Americans annually; it causes serious injury, destroys families, and contributes to violent crime.³ In 2006, 19.5 million people age 12 or older had a treatable alcohol problem.⁴ Most are 18 to 49 years of age and employed full-time. Nearly 100 million light and moderate drinkers also put themselves at risk if they drink too much in the wrong place or at the wrong time.

Improved access to treatment can save lives and reduce the burden of alcohol use disorders. Better understanding of the chemical changes in the brain caused by alcohol has led to treatment approaches that have the same success rate as treatment for other chronic diseases such as diabetes. The earlier a problem is spotted and treated, the higher the likelihood treatment will succeed and patients will recover. Effective treatment varies widely from person to person, but medical experts have clearly identified the elements that make up effective care and the standards to which treatment providers should adhere. Treatment can include various combinations of talk therapy, medication and participation in peer support groups.

Despite these advances in treatment, millions go without the help they need. In 2006, only eight percent of the people with a serious alcohol problem got the treatment they needed.⁵ This gap exists, in part, because access to care can be thwarted by insurance policies. Some insurers limit the coverage available for mental health and substance use care to far less than what is available for treatment of other medical problems. But the gap also exists because alcohol problems are significantly under-diagnosed. Although approximately eight percent of the population has a diagnosable alcohol problem, less than one percent are diagnosed.

THE WORKPLACE IMPACT OF ALCOHOL PROBLEMS

On-duty use of alcohol and other drugs among first responders may be alarming, but problem drinking poses great societal and economic costs across the American economy, affecting workers of all occupations and professions. Challenges exist in every occupation and industry. On average, more than nine percent of U.S. workers drink in unhealthy or risky ways. Problem drinkers can be found among health care practitioners, reporters, cafeteria workers, software developers, arborists and accountants. Some occupations and industries have higher rates than others.

“Employees with alcohol problems are not likely to leave those problems behind when they come to work, and no business can afford to risk workplace safety by

simply hoping they will,” warns Elena Carr, director of the U.S. Department of Labor’s Working Partners for an Alcohol- and Drug-Free Workplace initiative.⁶

To develop a better understanding of the workplace impact of alcohol misuse, Ensuring Solutions to Alcohol Problems, an initiative sponsored by The Pew Charitable Trusts and based at The George Washington University Medical Center, conducted an extensive analysis of two large government-sponsored epidemiological surveys, the National Survey on Drug Use and Health (NSDUH) and the National Comorbidity Survey (NCS).⁷ This analysis estimates the workplace impact of the continuum of alcohol problems — categorized here as alcohol dependence (alcoholism) and alcohol abuse—on 13 sectors of U.S. industry. It shows:

- ◆ How common alcohol problems are in each sector.
- ◆ The number of work days lost to alcohol problems.
- ◆ The extent of alcohol-related hospital and emergency room visits by employees and their family members.
- ◆ Excess health care costs associated with alcohol problems.

Results of the analysis have been used to develop a Web-based calculator that employers can use to estimate the impact of alcohol problems and the potential return that could result from implementing workplace screening and brief intervention. The calculator is

available at

<http://www.alcoholcostcalculator.org>.

WORKPLACE PREVALENCE OF ALCOHOL DEPENDENCE AND ALCOHOL ABUSE

Most people with alcohol problems work and the majority work full time. Among adults who currently have the disease of alcoholism, 75 percent work (59 percent work full-time and 16 percent work part-time). An even higher workforce participation rate is found among adults who currently have alcohol abuse disorders: 82 percent are employed (66 percent worked full-time and 16 percent worked part-time). By contrast, only 68 percent of people with no alcohol problems are employed (55 percent full-time, 13 percent part-time). In fact, employed adults have a 27 percent greater risk of having any alcohol problem compared to adults not in the workforce.⁸

One employee in twenty-six (3.9 percent) has alcoholism and one in nineteen (5.3 percent) has an alcohol abuse disorder. Male employees are over twice as likely to have an alcohol problem as female employees. Employees with alcohol problems tend to be younger, on average than the general workforce population.⁹

Rates of alcohol problems vary greatly from industry to industry (see Table 1). Alcohol dependence rates are generally highest in hospitality/leisure (15 percent) and construction/mining (14.7 percent) industries; and lowest in education/social services (5.4 percent) and public administration (5.3 percent). Data analysis revealed gender differences in

certain sectors. In every industry, men tend to have alcohol problems at a higher rate than women. For instance, the male prevalence of alcohol problems in the wholesale trades (14.6 percent) is almost three times the rate for women (5.3 percent). Likewise, rates for men in the retail trades (13.4 percent) and information and communication industry (12.7) more than double rates for women (6.2 percent and 4.8 percent, respectively) in those same industries.¹⁰

Among occupations with the highest rates of problem drinking are

construction, technical service and mining. Technicians with alcohol problems, for example, miss nearly a

week and a half of work more than employees without drinking problems.¹¹

Young workers are particularly susceptible. More than 18 percent of 18 to 25-year-old workers engage in problematic drinking compared to seven percent of adults 26 years and older. The difference in problematic drinking patterns among young adults and older workers is significant; prompting more young workers to suffer accidental injuries, interpersonal conflicts and reduced productivity due to problems with alcohol. Two-fifths of working people age 18–25 engage in binge drinking and nearly a fifth are heavy drinkers, putting them at risk for developing alcoholism.

Table 1: Prevalence of Alcohol Problems by Industry Sector (Percentage)

Industry Sector	Male	Female	Overall Prevalence
Leisure, Hospitality, Arts	17.4	12.6	15.0
Construction and Mining	15.2	10.0	14.7
Wholesale Trade	14.6	5.3	11.9
Professional	13.3	7.1	10.6
Retail Trade	13.4	6.2	9.7
Finance & Real Estate	11.2	7.6	9.2
Manufacturing	9.5	6.5	8.6
Transportation & Utilities	9.1	4.8	8.2
Information & Communication	12.7	4.8	8.1
Agriculture, Forestry, Fishing, and Hunting	8.7	1.9	7.2
Other Services	8.9	3.8	6.4
Education, Health & Social Services	9.4	4.3	5.4
Public Administration	6.4	4.1	5.3

Source: Ensuring Solutions to Alcohol Problems¹²

COSTS TO EMPLOYERS

Alcohol problems drain \$185 billion from the nation's economy each year.

- ◆ Health care costs for employees with alcohol problems are twice as high as those for other employees.¹³
- ◆ People who abuse drugs or alcohol are three and a half times more likely to be involved in a workplace accident, resulting in increased workers' compensation and disability claims.¹⁴
- ◆ One in five workers reports being injured or put in danger on the job because of a coworker's drinking, or having to work harder, redo work, or cover for a coworker as a result of a fellow employee's drinking.¹⁵
- ◆ More than half of working family members of alcoholics report that their own ability to function at work and at home was negatively affected by their family member's drinking.
- ◆ Experts estimate that alcohol problems contribute to 500 million lost workdays annually.¹⁶

Clearly, employers could improve productivity and decrease health care costs by educating employees about disruptive drinking patterns and behaviors. Potential employer-led efforts could include:

Update drug and alcohol workplace policies through redefining “under the influence.” A survey by the Robert Wood Johnson Foundation found that many senior managers assume that work performance is only hampered by

employees that are obviously alcohol-impaired or those who have high blood alcohol concentrations while on the job.¹⁷ However, work-performance and employee morale may be negatively affected by even small amounts of alcohol consumption.¹⁸

Educate all employees about the health effects of excessive alcohol consumption. Problem drinking causes many health problems that increase health care costs including injuries, alcohol poisoning, stroke, heart-attacks, depression, and liver diseases.

Support employees that work or live with problem drinkers. While alcohol-related injuries and illnesses are significant contributors to alcohol-related absenteeism, coworker and familial alcohol problems can hurt employees without drinking problems. These employees may suffer significantly from “presenteeism” (ineffectively working while sick, injured, stressed or burnt-out). Support can include programs that facilitate use of employee assistance programs, human resource representatives, and/or workplace wellness programs about alcoholism and its effects.¹⁹

Actively promote alcohol screening and brief intervention by employee assistance programs, health plans and health risk appraisals (HRAs). Simply asking employees about their drinking and briefly counseling those who drink too much or in risky ways can produce results.²⁰

ABOUT SCREENING AND BRIEF INTERVENTION

After the Tai Ho fire in Boston, some observers quickly began to clamor for a more rigorous practice of random testing of firefighters for alcohol and illicit drug use. Many major cities employ this practice but it had been long resisted by the Boston firefighters union.

More employees misuse alcohol than illicit drugs. Since alcohol is eliminated from the body at a much faster rate than illicit drugs, testing for blood alcohol levels on a random basis would only identify employees who are under the influence at the time of the test and would not address the reduced level of performance associated with the aftereffects of heavy drinking (see Table 2).²¹

Unlike most drug testing protocols, SBI incorporates an educational component that can help produce immediate and significant reductions in drinking. Furthermore, if screening indicates a serious alcohol use disorder, employees can be referred to treatment.

SBI might have been able to help firefighter Cahill stop or reduce his drinking before it became so serious. Cahill, who had been convicted of drunk driving in 2005, may have had a drinking problem for some time. He would not have been alone—some 10 percent of the Boston firefighting corps sought treatment at the behest of their supervisors over the three years before the Tai Ho fire.²³

Through SBI, trained interviewers use a short questionnaire to ask about drinking amounts, frequency and consequences. Several brief questionnaires have been extensively tested and found to be reliable and valid, whether administered in an interview, by paper and pencil or on the Internet. Many use the Alcohol Use Disorders Identification Test (AUDIT).

Table 2: Drug Detection Time Periods

Drug	Length of Time Detectable
Alcohol (1 standard drink)	1.5 hours
Cocaine	2-10 days
Heroin (morphine)	2-3 days
Marijuana	3-4 days (casual use) Several weeks (chronic use)
Methamphetamine	2-3 days

Source: Department of Labor²²

Alcohol Use Disorders Identification Test (AUDIT)²⁴

<p>1. How often do you have a drink containing alcohol?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 2-4 times a month</p> <p><input type="checkbox"/> 2-3 times a week</p> <p><input type="checkbox"/> 4 or more times a week</p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p><input type="checkbox"/> 1 or 2</p> <p><input type="checkbox"/> 3 or 4</p> <p><input type="checkbox"/> 5 or 6</p> <p><input type="checkbox"/> 7, 8 or 9</p> <p><input type="checkbox"/> 10 or more</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, but not in the last year</p> <p><input type="checkbox"/> Yes, during the last year</p>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily or almost daily</p>	<p>10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, but not in the last year</p> <p><input type="checkbox"/> Yes, during the last year</p>

If the screening indicates that the person is engaging in risky drinking, a short counseling session follows. A brief intervention of 1-5 short sessions can help most people who use alcohol in a hazardous way to change their risky drinking behavior and to reduce their drinking. Brief interventions can take as little as five minutes, or may take two, three or more short counseling sessions to discuss problem drinking and its health risks. The discussions focus on helping the patient understand how harmful their drinking or drug use is to their health and safety, and how it affects others.

Counselors or health care professionals may use a technique called motivational interviewing during brief intervention sessions. In this approach, the counselor helps a person to draw upon his or her own resources and desires to make a change. Even though a brief intervention takes just minutes, it can reduce alcohol and drug problems and help engage the patient in treatment.

Early treatment can make a big difference. Brief interventions at certain teachable moments, such as immediately after an alcohol-related car crash, can prompt a person to curtail or reduce drinking or drug use. Physicians, nurses, and other health professionals can conduct brief interventions to help decrease the incidence of hazardous drinking.²⁵

Brief interventions are likely to include the following elements:

- ◆ Discussion of screening results.
- ◆ Explanation of risk levels.
- ◆ Review of drinking limits.
- ◆ Solicitation of commitment to reduce drinking.
- ◆ Discussion of steps and tips.
- ◆ Offer of literature and encouragement.

Over a period of 6 -12 months, drinkers who receive a brief intervention are twice as likely to reduce their drinking compared to drinkers who do not receive a brief intervention.²⁶ Intervention can also motivate risky drinkers to seek help and significantly reduce the risks related to drinking.²⁷ (It is important to note that brief intervention is not a substitute for the more intensive treatment necessary to address alcoholism.)

SBI: PROVEN EFFECTIVE

SBI has been widely studied and shown to be effective. This methodology has been rigorously tested in various health care settings, delivered by a range of providers, and consistently produced reductions in drinking and alcohol-related problems. Even the simple distribution of a brochure about the detriments of unhealthy drinking and available treatment options can reduce drinking. In 2002, an analysis of 30 years of alcohol research and more than 360 controlled clinical trials of alcohol treatments, found SBI to be the most cost-effective alcohol treatment presently available.²⁸ SBI proponents include:

- ◆ Federal agencies.
- ◆ Medical professional associations.
- ◆ Major insurers.
- ◆ Business health organizations.
- ◆ Foundations.

Federal health services and major foundations are investing substantial resources in developing SBI demonstration programs. For instance, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration has invested more than \$175 million to support states, health care providers and colleges to expand their capacity to conduct screening and brief intervention as routine medical practice in hospitals, emergency rooms, community health centers, and college health clinics.

The Institutes of Medicine (a respected nonprofit that provides independent, evidence-based advice about health care issues) has recommended since 1990 that primary care practitioners conduct SBI with their patients, especially if they are experiencing illnesses that can be tied to unhealthy drinking (such as diabetes or gastrointestinal disorders).

In 2007 and 2008, both the U.S. Department of Health and Human Services and the American Medical Association moved to establish patient care codes for physicians that will enable tracking and insurance payment for substance use SBI. These codes will be

used to seek reimbursement from public and private insurers and to track trends in the administration of SBI – which will support further scientific evaluation of the practice. In the past, health care practitioners who administered SBI used other counseling or screening codes to cover their SBI billing. The establishment of the new codes may encourage wider SBI implementation.

SBI IN THE WORKPLACE

OTHER SUCCESSFUL HEALTH INITIATIVES

A host of workplace programs have emerged in the last two decades to address chronic illnesses and conditions that can have an impact on worker productivity, safety and longevity. The National Business Group on Health found in a survey of nearly 600 employers with a total of 11 million employees that three-quarters offered annual health risk assessments (HRAs) for employees and their family members, and more than one quarter offered reduced insurance premium costs for employees who participated in health management programs.²⁹

Employers have started programs to help workers prevent or control chronic illnesses such as depression, diabetes and cardiovascular diseases. Some have comprehensive initiatives to help employees address obesity, which increases the risk of many chronic illnesses. These disease management programs need additional rigorous study to determine their overall effectiveness but initial research has shown that these health interventions can bring promising results.

A Centers for Disease Control and Prevention review of workplace programs to help reduce heart disease and stroke showed that “employers who invest in comprehensive worksite health promotion can improve employee cardiovascular health and yield a \$3 to \$6 return on investment for each dollar invested over a two to five-year period.”³⁰

The Center’s review included programs at all sizes of companies—from a small catalog distribution company with 225 employees to Fieldale Farms, a Georgia poultry processing company with 4600 employees, to General Motors, with 165,000 employees. Successful programs included health screenings, individually targeted education sessions, promotion of healthy lifestyles, healthy practice reminders in company publications and other settings, and classes and support groups.

A recent study of workplace-based telephone screening and intervention to address depression among employees showed that the people suffering from depression experienced improvement in their symptoms and rates of productivity and job retention went up while absenteeism rates went down. Employees who participated in interventions improved their ability to function at work, reporting that they had 2.6 more hours of productivity.³¹

TWO APPROACHES TO SBI AT WORK

Why address alcohol problems at work? Many employers may still believe that alcohol problems are personal concerns

to be dealt with outside the workplace. However, the workplace can be an ideal setting for helping people overcome their drinking problems. Employed people generally spend more time on the job than anywhere else. Addiction to alcohol and even less severe alcohol use disorders brings about biological changes in the brain that lead people to use poor judgment and drink regardless of a dangerous or ill-advised situation. But the threat of job loss may prompt needed focus.³² Employees who rely on their job for income to survive and support their families may suddenly pay attention when those jobs are at risk.

The daily routines of work, interactions with colleagues and supervisors, and periodic performance reviews provide a framework for gauging a person’s commitment to reduce or eliminate alcohol consumption. Problem drinkers may find it more difficult to ignore clear and concrete evidence about how their drinking affects themselves and those around them—effects that may well find their way into a negative or disappointing performance review. Thus, alcohol screening may become a critical first step toward helping employees get treatment.

Confidential SBI can be offered to workers and their families through:

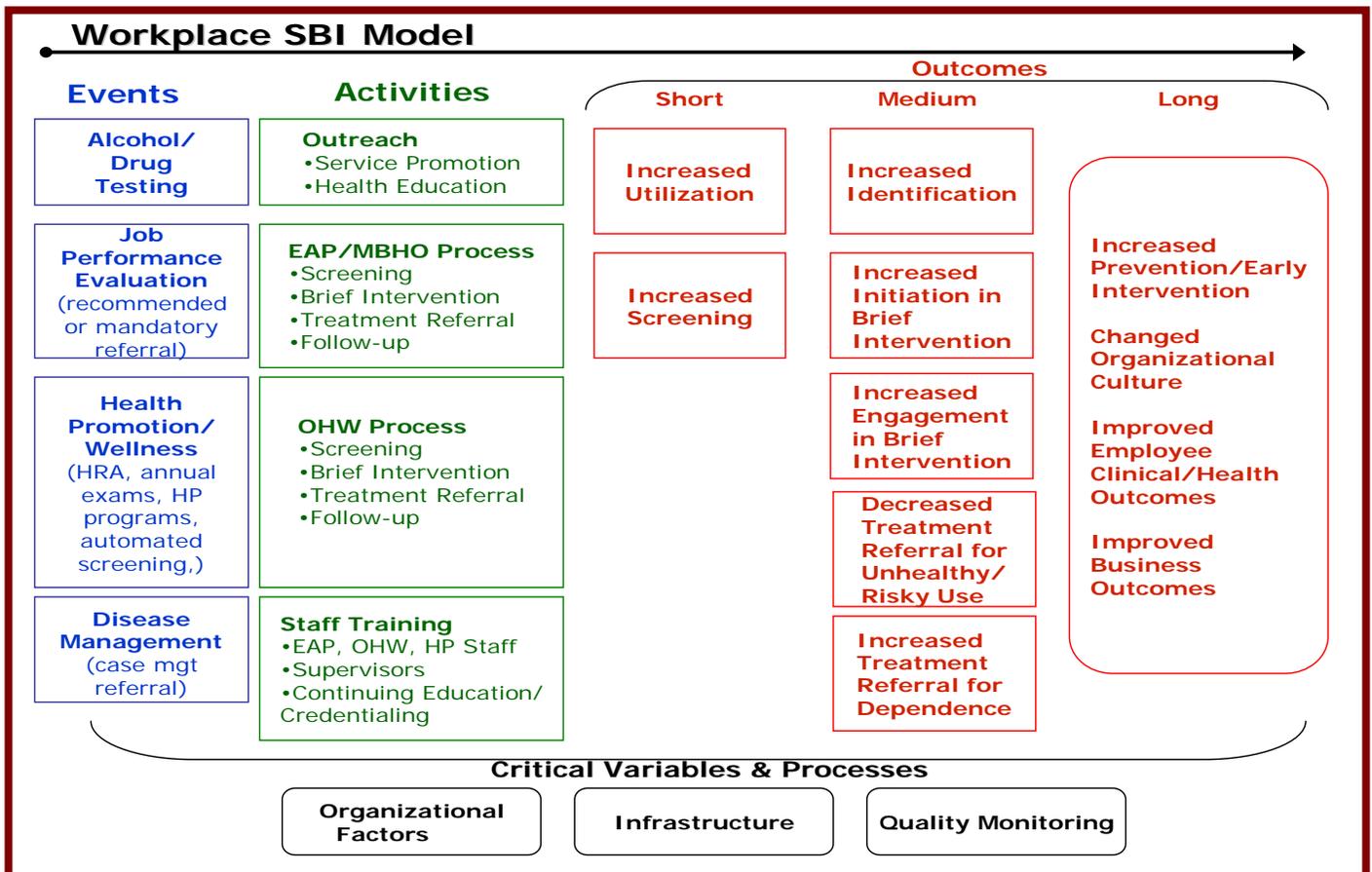
- ◆ Employee assistance programs (EAPs)
- ◆ Health promotion and wellness programs
- ◆ Occupational health and safety clinics
- ◆ New employee orientations
- ◆ Health fairs

- ◆ Employer-sponsored health insurance plans
- ◆ Disease management programs
- ◆ Disability/rehabilitation programs
- ◆ Employer, health plan and other Web sites

In a 2006-2007 study, in partnership with the Network of Employers for Traffic Safety and the National Highway and Traffic Safety Administration, Ensuring Solutions conducted a Web-based survey, interviews, and discussion circles with more than 700 employers and vendors. Results showed that successful workplace SBI efforts fit into two general categories: the After Testing approach or the Health and Wellness approach.³³

After Testing: Some employers use SBI after an employee has tested positive on a drug or alcohol test administered through work. The test may have been given as part of a random testing program or as part of an ongoing regimen to determine employees' readiness for work.

Health and Wellness: Other employers provide SBI during occupational health and safety clinics, health promotion/wellness programs, health risk assessments, or through telephone and online screenings. Employees who seek assistance from these resources are asked about drinking patterns (often using the first three questions of the AUDIT) and offered brief counseling if problem drinking patterns are identified.



SBI IN EMPLOYEE ASSISTANCE PROGRAMS

The Employee Assistance Professionals Association has defined employee assistance as “the work organization's resource to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues.” Many employees turn to these confidential programs when they are experiencing job or family-related stress.³⁴ Since people experiencing stress, depression, or family problems can turn to EAPs, these programs can be helpful in identifying risky or hazardous alcohol use that may be contributing or causing the employee’s distress. SBI can give employee assistance professionals an effective, cost-saving technique that can reduce the need for more extensive treatment.

For example, United Healthcare, a very large health insurer that provides employee assistance services, found that 64 percent of the people who took advantage of alcohol counseling through the EAP did not need further treatment to address their problem drinking.³⁵

Because of brief intervention’s significant impact, the National Business Coalition on Health encourages employers to monitor their health care plans to ensure that providers conduct brief counseling. The failure of a health plan to meet this standard may negatively affect its contract with a plan purchaser; thus a plan has a financial incentive to see that providers implement SBI.

SBI IN WELLNESS PROGRAMS

Alcohol screening can be included in wellness programs. Employees can receive a stand-alone screening or screening can be part of a more comprehensive health risk assessment that investigates a range of health concerns including depression, smoking, diabetes, hypertension and obesity. When screening indicates that participants may have alcohol problems, they can be encouraged to contact an EAP or counselor.

Many EAP and wellness program-based SBI efforts have proven effective. The U.S. Air Force, for instance, conducts a program for young workers called 0013 which has been shown to reduce DUI charges and underage drinking among members of the force. The program, which derives its title from its prescription: 0 drinks if you are under 21, 0 DUIs, a maximum of 1 drink per hour, and a maximum of 3 drinks in one night, includes SBI along with family and community outreach and education. According to the Naval Safety Center, the program reduced the number of alcohol-related incidents at a Wyoming air base by 74 percent in 2004 and cut drunk-driving in half.³⁶

PeerCare, a union-management collaboration for a peer intervention program, has reduced injury rates among young workers at a national transportation company. PeerCare focuses on changing workplace attitudes toward on-the-job substance use and trains workers to recognize, intervene with and refer coworkers who have a problem. At one point, the monthly injury rate among one union’s members was down 14 percent.³⁷

A SUCCESSFUL SBI INITIATIVE IN HOUSTON

As a health facility and one of the largest employers in Texas, Baylor College of Medicine (BCM) in Houston has a strong incentive to eliminate substance use problems in its workforce. The prestigious medical institution treats hundreds of thousands of patients each year. It trains hundreds of physicians, allied health professionals and medical researchers, and employs 9,000 people. BCM administrators help improve the lives of employees and their family members while saving millions of dollars by offering an extensive program to identify and treat employees with addiction and related issues.

“One of the reasons that alcohol, tobacco and drugs are one of our nation’s largest preventable health care issues is because physicians rarely screen for tobacco use, alcohol use and drug use,” says Scott Basinger, a neuroscientist and BCM associate dean. Basinger heads BCM’s Addiction Scholars Program and serves as a key member of BCM’s Substance Abuse Assistance Council, an integrated EAP. The council offers employees a range of services to address the unhealthy use of alcohol and other addictive substances. BCM’s innovative council is a stand-alone, in-house effort, not linked to an external EAP.

The Assistance Council relies on SBI to identify employees with substance use problems and provide initial treatment. BCM supervisors refer employees to Basinger and the confidential assistance program when they suspect an alcohol or

drug problem. After initial screenings and dialogue, the employees are often told that they must participate in the program or lose their job.

The employee undergoes one or more screenings and then is referred to one of a wide variety of treatment programs selected to meet the specific needs of the employee. Each employee will be referred to a treatment center that the team deems the best match, such as a specialized treatment program for anesthesiologists.

After completion of the intensive treatment the employee signs an aftercare contract pledging to participate in an individually tailored set of activities, such as a 12-step program, a mentorship, limited use of prescribed medications, halfway house residency, individual or group behavioral therapy or other commitments. Such aftercare, Basinger says, is “the key to success.” “Seventy percent of people we’ve referred have completed treatment successfully and returned to work,” he adds.

HEALTHY RETURN ON INVESTMENT

Researchers have found that the savings realized through SBI is much greater than the cost of conducting screening because early detection can help avoid more costly treatment of alcohol use disorders.

At the BCM, where the institution has made a significant investment in its employees, the return on investment from the SBI is “astronomical,” according to Basinger. “In the case of physicians we’ve invested hundreds of thousands in them.”

As a provider of patient care, BCM also participates in a federally funded pilot project to educate health care practitioners about SBI and increase its use. Basinger reports that early studies show that this pilot has had dramatic results in Harris County, of which Houston is the county seat. A cost analysis of 903 patients showed a significant reduction in the utilization of emergency and inpatient services resulting in an annual cost reduction of \$4 million for the Harris County health care system. “Our emergency department sees 165,000 people a year, so the cost reduction is even greater,” Basinger added.

CONCLUSION

Like Boston firefighter Paul Cahill, thousands of other workers are killed, maimed or otherwise injured each year in on-the-job accidents related to alcohol misuse. Alcohol use disorders don’t just cost lives—they pose enormous costs for employers as well. Employers must pay directly—spending millions for health care and workers’ compensation bills that stem from problem drinking. They pay indirect costs because many thousands of employees experience lowered productivity resulting from their own alcohol problems or those of family members.

Low-cost, easy-to-implement workplace SBI programs will save lives and money. By identifying

hazardous drinkers, providing brief counseling, and offering more extensive treatment through employee assistance and insurance programs, employers large and small have seen results. Widespread adoption of SBI in the workplace promises to play a significant part in reversing the devastating health and social effects of hazardous drinking.

Resources

Employee Assistance Association of North America
<http://www.easna.org>

Ensuring Solutions
<http://www.ensuringsolutions.org>

National Alcohol Screening Day
<http://www.mentalhealthscreening.org/events/nasd>

National Clearinghouse for Alcohol and Drug Information
<http://ncadi.samhsa.gov>

National Highway Traffic Safety Administration
<http://www.nhtsa.gov>

National Institute on Alcohol Abuse and Alcoholism
<http://www.niaaa.nih.gov>

National Institute on Drug Abuse
<http://www.nida.nih.gov>

Network of Employers for Traffic Safety
<http://www.trafficsafety.org>

Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov>

The Alcohol Cost Calculator
<http://www.alcoholcostcalculator.org>

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ABOUT ENSURING SOLUTIONS

Ensuring Solutions to Alcohol Problems develops authoritative, research-based information about problem drinking for business leaders, policymakers, and others working to save lives and money by increasing access to treatment. Ensuring solutions, based at The George Washington University Medical Center, is funded by the Pew Charitable Trusts. For more information contact us at:

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