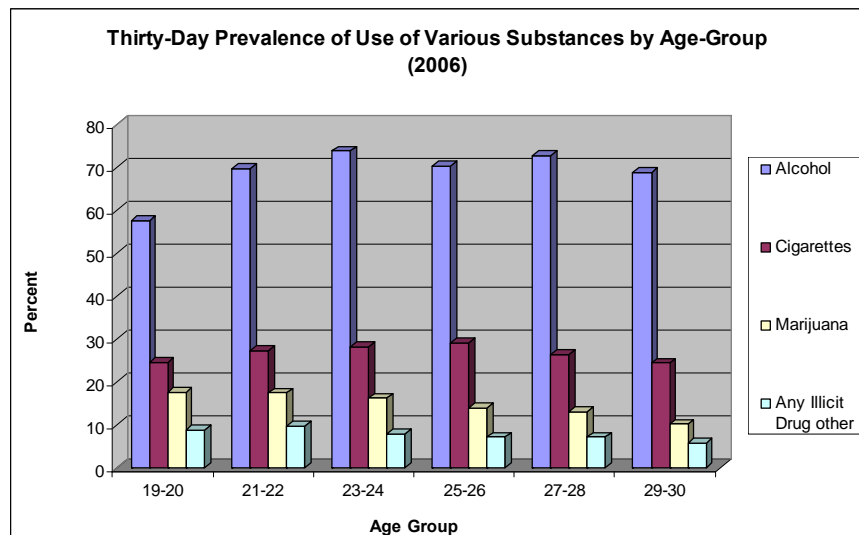


# WORKING UNDER THE INFLUENCE

## Addressing Substance Use Prevention among 18- to 25-Year-Olds in the Workforce

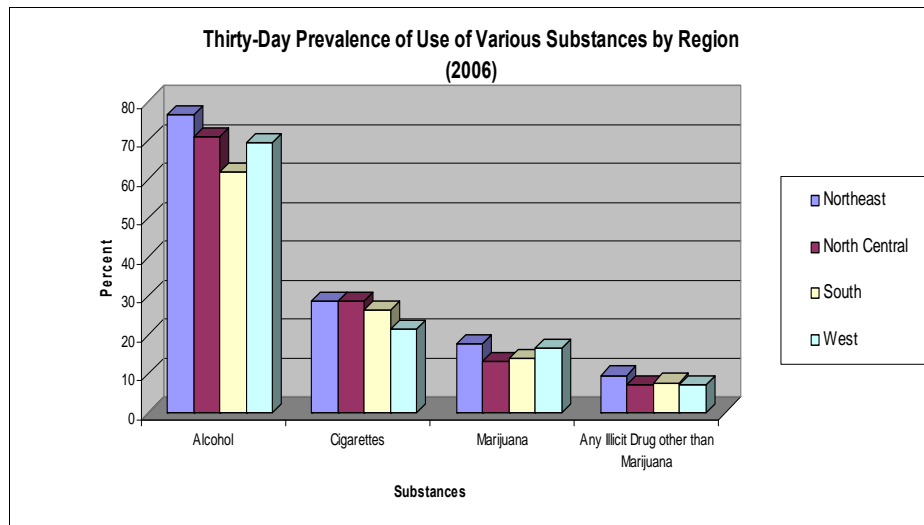
Shai Fuxman, M.Ed, Courtney Pierce, MPH, and Lisa McGlinchy, MPH  
Health and Human Development Programs, Education Development Center, Inc.  
NPN Conference • Portland, Oregon • September 17<sup>th</sup>, 2007

### Looking at the Data- By Age Group



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Looking at the Data- By Region



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Why focus on 18- to 25-year-olds?

- Highest prevalence of binge drinking (42%), heavy drinking (15%), and illicit drug use (20%)
- Alcohol prevalence rates steadily increase for the first three to five years after high school
- Two-thirds of today's young adults have tried an illicit drug

Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.; Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Why focus on 18- to 25-year-olds?

- Highest rates of driving under the influence:
  - 20% of 18- to 20-year-olds and 27% of 21- to 25-year-olds report driving under the influence of alcohol
  - 13% of 18- to 25-year-olds report driving under the influence of illicit drugs

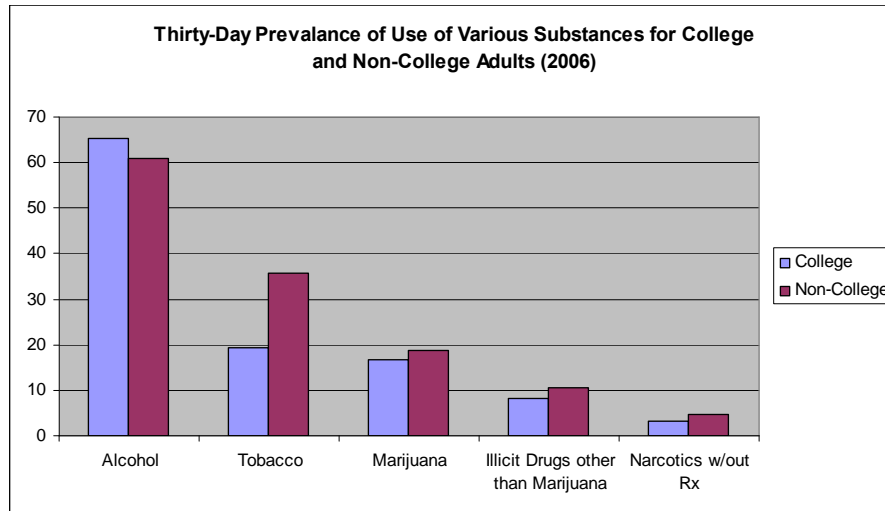
Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

## Characteristics of 18-25 year-olds

- Risk-takers
- Resistant to authority
- Hold high ideals regarding social ills
- Vulnerable to cultural influences
- Others

Mosher, J.F. (1999). Alcohol Policy and the Young Adult: Establishing Priorities, Building Partnerships, Overcoming Barriers. *Addiction*, 94(3), p. 357.

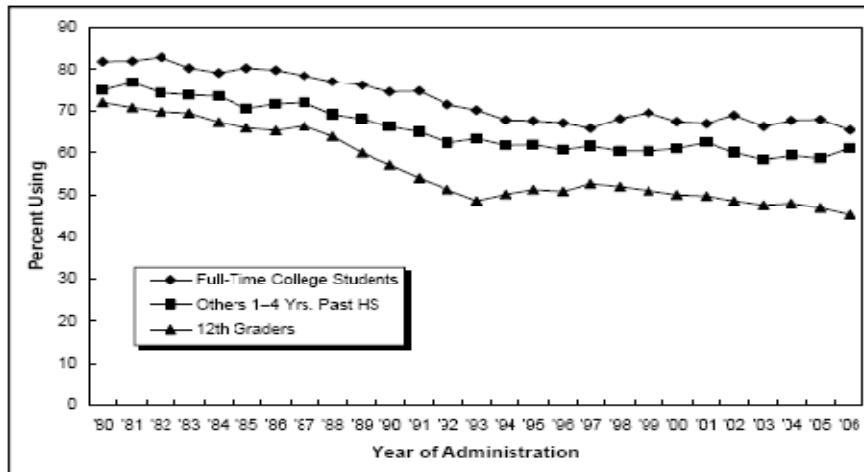
## Looking at the Data- College vs. Non-College



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Looking at the Data- Trends

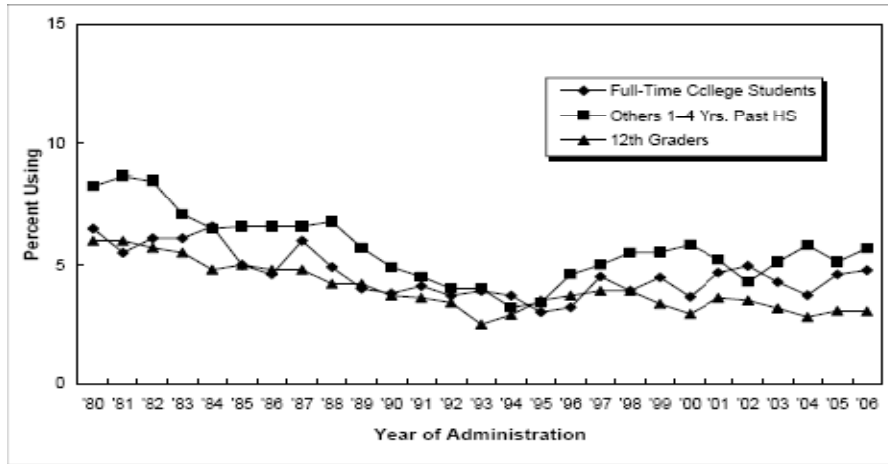
### Alcohol: Thirty-Day Prevalence



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Looking at the Data- Trends

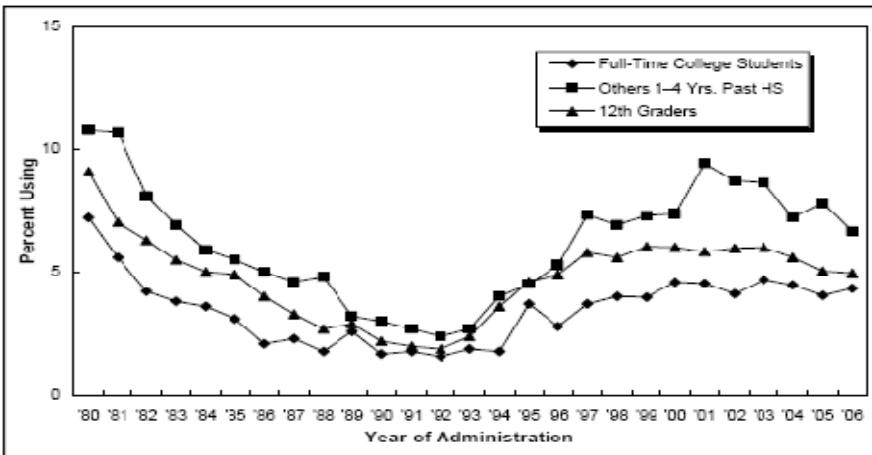
### Alcohol: Thirty-Day Daily Use



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Looking at the Data- Trends

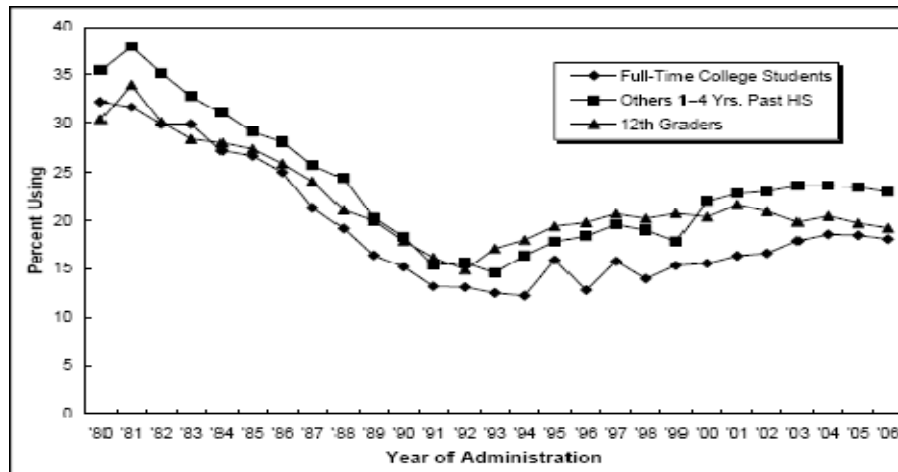
### Marijuana: Thirty-Day Daily Use



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## Looking at the Data- Trends

### Annual Prevalence: Illicit Drugs other than Marijuana



Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national survey results on drug use, 1975-2006. Volume II: College students and adults ages 19-45* (NIH Publication No. 07-6206). Bethesda, MD: National Institute on Drug Abuse, 307 pp.

## High School Dropouts

- Illicit drug use higher among dropouts:
  - 11% of high school dropouts, 9% of high school graduates, and 6% of college graduates
- Over half of school dropouts smoked cigarettes in the past month
- Binge drinking rates slightly higher among dropouts, except ages 21-24

Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

## Why focus on 18- to 25-year-olds not in college?

- Illicit drug use in the US is among the highest in the world's industrialized nations
- Steady increase in alcohol and drug use post-high school
- Although college students have a higher rate of binge drinking, young adults not in college are more likely to be using drugs and alcohol on a daily basis
- Prevention programs for this age group are traditionally focused in college settings

## Where can this group be reached?

- 57% of 18 and 19-year-olds and 75% of 20- to 24-year-olds are employed
- 75% of illicit drug users are employed
- 81% of binge and heavy drinkers are employed
- Workers aged 18 to 25 are twice as likely to engage in illicit drug use and/or heavy drinking than older workers

Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.  
US Department of Labor, Bureau of Justice Statistics, Current Population Survey 2006. Available online: <http://www.bls.gov/cps/#charemp>

## Why should employers care?

Workforce alcohol and drug use is associated with accidents, absenteeism, turnover, job withdrawal and other factors reducing productivity.

- In 2002, the estimated societal cost of alcohol and drug abuse was \$180.8 billion, including \$128.6 billion in productivity losses
- 11% of all employer costs and 14% of fringe costs are alcohol-involved; most of that cost is preventable

*Workplace-based programs have the potential to improve both worker health and productivity.*

National Institute on Drug Abuse. (1998). Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy. NIDA Research Monograph, Number 176: <http://165.112.78.61/pdf/monographs/monograph176/download176.html>

## What are risk factors in the workplace?

- Learned versus Selection Theory
- Stress
  - Low job satisfaction
  - Little faith in management
  - Low commitment to job
- Alienation
  - Low sense of identity and control
  - Interpersonal conflict
- Cultures and Subcultures
  - Tolerance of on the job and “night before” drinking

Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57; Nusbauer, M., & Reiling, D. (2002). Environmental influences on alcohol consumption practices of alcoholic beverage servers. *American Journal of Drug & Alcohol Abuse*, 28(4), 733.



## Occupational groups at highest risk for alcohol and drug use

- **Construction:**
  - Highest past month heavy alcohol use
  - Second highest past month illicit drug use
- **Food service:**
  - Highest past month illicit drug use
  - Second highest past month alcohol use
- **Trucking:**
  - Third highest for past month alcohol use
  - Seventh highest for past month illicit drug use

Cook, R., & Schienger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention*, 23(1), 115-142; Hersch, R. K., McPherson, T. L., & Cook, R. F. (2002). Substance use in the construction industry: A comparison of assessment methods. *Substance Use & Misuse*, 37(11), 1331-1358; Hoffman, J. P., Brillingham, A., & Larson, C. (1996). Drug use among us workers: Prevalence and trends by occupation and industry categories. Rockville, MD. *Substance Abuse and Mental Health Services Administration*, May, 96-3089; Nusbaumer, M., & Reiling, D. (2002). Environmental influences on alcohol consumption practices of alcoholic beverage servers. *American Journal of Drug & Alcohol Abuse*, 28(4), 733; Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57

## Risk Factors: Construction

- Culture of heavy male drinking
- Leisure activities restricted to coworkers and work-related contexts
- Lack of community and social group involvements
- Working away from home
- Boredom and dissatisfaction
- Bonding in defiance of management rules and working conditions

Hersch, R. K., McPherson, T. L., & Cook, R. F. (2002). Substance use in the construction industry: A comparison of assessment methods. *Substance Use & Misuse*, 37(11), 1331-1358; Janes, C. R. J., & Ames, G. J. (1989). Men, blue collar work and drinking: Alcohol use in an industrial subculture. *Culture, Medicine and Psychiatry*, 13(3), 245-274.

## Risk Factors: Food Industry

- Environment where lots of drinking occurs
- Socializing with drinking patrons, which leads to higher tips
- Young workers who are at higher risk for substance use
- Frequent job changes
- Tend to have lower education levels
- Late and/ or long hours
- Social networks consist of coworkers

Nusbaumer, M., & Reiling, D. (2002). Environmental influences on alcohol consumption practices of alcoholic beverage servers. *American Journal of Drug & Alcohol Abuse*, 28(4), 733.; (WSU, 2007)

## Risk Factors: Truck Drivers

- Separation from normal, social, and sexual relationships
- Lack of supervision leading to a higher frequency of drinking
- Occupation that demands long hours, mental alertness, and physical endurance

Hoffman, J. P., Brittingham, A., & Larison, C. (1996). Drug use among us workers: Prevalence and trends by occupation and industry categories. Rockville, MD. *Substance Abuse and Mental Health Services Administration, May*, 96-3089.

## What strategies can be used?

- Changing Workplace Norms
- Employee Assistance Programs
- Drug Testing
- Workplace Education
- Workplace Policies

## Changing Workplace Norms

*Workplace norms – the beliefs that define the acceptable contexts for substance use and usage behaviors*

- Underutilized technique in the workplace
  - Privacy issues
  - Discomfort dictating off-the-job usage

Ames, G., & Cunradi, C. (2004). Alcohol use and preventing alcohol-related problems among young adults in the military. *Alcohol Research and Health*, 28(4), 252–257.; Mangione, T., Howland, J., & Lee, M. (1999). Alcohol and work: Results from a corporate drinking study. In S. L. Isaacs & J. R. Knickman (Eds.), *To improve health and health care 1998-1999*. San Francisco, CA: Jossey-Bass.; Nusbaumer, M., & Reiling, D. (2002). Environmental influences on alcohol consumption practices of alcoholic beverage servers. *American Journal of Drug & Alcohol Abuse*, 28(4), 733.

## Employee Assistance Programs (EAP)

- Goal: Minimize employment loss caused by unaddressed substance abuse problems
  - Focus on early identification of a “problem”
  - Self-referral design
  - Counseling and treatment services
  - Relapse prevention
  - Family involvement
- Success in rehabilitating workers

Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57

Cook, R., & Schlenger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention*, 23(1), 115-142..

## Drug Testing

- Goal: To identify workers using illicit drugs
  - Pre-employment testing
  - “For-Cause” testing
  - Random testing
- Success in identifying users
- No conclusive evidence that testing deters substance use

Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57

Cook, R., & Schlenger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention*, 23(1), 115-142..

## Workplace Education

- **Goal: To change attitudes, social responsibility, workplace culture**
  - Health Education
  - Health Promotion
    - Substance abuse prevention embedded in general health promotion
  - Peer Assistance
    - Encourage workers to intervene with colleagues (via professional groups and unions)
- **Some evidence of effectiveness**
  - NREPP workplace programs – Get Fit Program  
<http://getfit.samhsa.gov> an interactive health/wellness substance abuse prevention program

Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57

Cook, R., & Schlenger, W. (2002). Prevention of substance abuse in the workplace: Review of research on the delivery of services. *The Journal of Primary Prevention*, 23(1), 115-142.

## Workplace Policies

- **Goal: Set standard for whole company**
  - Drug-free workplaces
  - Alcohol policies
    - Expand no drinking policy to include at work, before work, at lunch, at functions, or before driving company vehicle
    - Change definition of drinking to include “night before work” drinking
    - Offer health education on hangovers
- **Can address risk factors such as stress and alienation**

Mangione, T., Howland, J., & Lee, M. (1999). Alcohol and work: Results from a corporate drinking study. In S. L. Isaacs & J. R. Knickman (Eds.), *To improve health and health care 1998-1999*. San Francisco, CA: Jossey-Bass.

Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57.

## How does the field move forward?

- Research exists on the effectiveness of EAP and drug testing programs
- More research needed on the effectiveness of other approaches, particularly those targeting young adults
- Increase focus on young adults and industries that have higher rates of substance abuse

## Young Adults in the Workplace (YIW)

- Purpose: To study needs of & efficacy of diverse workplace-based substance abuse prevention & early intervention programs for young adults (16 to 24) entering the workplace
- Phase I: funded 13 grantees in 2004
- Phase II: Funded subset of 6 programs in 2006 to implement the interventions developed in Phase I
  - This phase is designed to provide comprehensive picture of how interventions were implemented, effects on employees, & value provided to employers. Grantees are collecting data and will be working toward becoming NREPP programs.
- Grantees located in industries such as: restaurants, construction, transportation, & hospitals
- Approaches include an interactive DVD promoting healthy lifestyles, training network of volunteers, supervisor training workshop, and web-based wellness resources, and others

SAMHSA. Division of Workplace Programs, Young Adults in the Workplace (YIW). Available online at: <http://dwp.samhsa.gov/YIW/>

## National Registry of Evidenced-based Programs and Practices (NREPP)

- NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders.
- SAMHSA announced Fiscal Year 2008 review priorities, including preventing alcohol and drug abuse among young adults.
- Substance abuse treatment priorities include treating young adults with alcohol or drug use disorders that utilize screening, brief interventions, and referral.

## Mandate of State Epidemiological Workgroups (SEW and SEOWs)

- Promote data-driven decision making throughout the State substance abuse prevention system
- Bring systematic analytical thinking to the causes and consequences of alcohol, tobacco, and other drugs in order to effectively and efficiently utilize prevention resources

## Who Needs to be at the Table?

### **Industry leaders:**

- Leaders who are well-informed about the risk and consequences of substance abuse in the workforce, and evidence-based practices (especially information tailored to their industry) can be more effective in ensuring a healthy workforce
- Can play an active role in prevention efforts by participating in community-based coalitions and instituting prevention-related policies

## Who Needs to be at the Table?

### **Human Resources:**

- Employees' health-related matters often fall in the domain of human resources, thus they should be well-informed about evidence-based practices
- Can institute such practices in their companies
- Can also take pro-active position in getting employees with drug problems or potential drug-problems to use company's resources (i.e., EAP program) and prevention programs to address substance abuse problems



## Who Needs to be at the Table?

### **Unions:**

- As advocates for their members, often promote the need for health-related benefits
- With an understanding of the health risks associated with drug use, unions can promote prevention in the workforce
- For example, airline unions succeeded in getting airlines to institute smoke-free workplace policies on airplanes

## Who Needs to be at the Table?

### **Policymakers:**

- Can provide businesses incentives to employers implementing evidenced-based prevention practices
- Can fund needed research on effective prevention practices, and use the knowledge to promote evidence-based practices
- For example, CSAP's Young Adults in the Workplace (YIW)

## Who Needs to be at the Table?

### Community Coalitions:

- Can invite business leaders to participate in coalition activities
- This will ensure that business leaders are well informed about the risk of substance abuse, the impact that these risks can have on their company, and the actions they can take to prevent substance abuse
- As coalition members, business leaders will have more buy-in to such activities

## Resources

### CSAP's Drug-Free Workplace Kit

<http://www.drugfreeworkplace.gov/WPWorkit/index.html>



## Contact Information

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- Shai Fuxman, M.Ed [sfuxman@edc.org](mailto:sfuxman@edc.org)
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- Lisa McGlinchy, MPH [lmcglinchy@edc.org](mailto:lmcglinchy@edc.org)