Let's Take Action on Alcohol Problems in the Workplace

Let's Take Action on Alcohol Problems in the Workplace. A practical guide to policy development for employers, employees and others concerned about health, safety and liability.

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Other guides in this series include:
Let's Take Action on Alcohol Problems in Schools and on Campus. A practical guide to policy development for administrators, educators, students and others concerned about health, safety and liability.
Let's Take Action on Alcohol Problems in Community Halls and Rental Facilities. A practical guide to policy development for non-profit leaders and others concerned about health, safety and liability.

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Introduction

Why the concern?
The use of alcohol and other drugs by employees can, and often does, have a negative impact on work performance. It also presents a potentially serious safety risk for sectors of the economy such as transportation and construction. Various studies have linked alcohol and other drugs with a long list of problems. These include:

♦ tardiness, absenteeism and increased sick days
♦ poor decision-making
♦ errors in production or service delivery
♦ unsafe work practices
♦ decreased productivity or increased need for overtime
♦ conflicts among employees
♦ low morale
♦ high turnover
♦ early retirements and loss of experience and knowledge.
♦ rise in grievances, arbitration and disciplinary actions
♦ inappropriate or extended use of a supervisor’s time and attention
♦ preventable injuries on and off the job involving both workers and the general public
♦ theft, fraud or embezzlement
♦ damage to the organization’s public image increased vulnerability to lawsuits.

The estimated cost to Ontario of alcohol and substance abuse is $9.2 billion per year in health care, law enforcement, and lost labour productivity. Alcohol use alone accounts for about one-half of these costs (Ministry of Health and Long Term Care, 2002).

Why target alcohol?
Alcohol is the most widely used substance in our society — 78% of Canadians consume alcohol at least once a year — and its impact on health and safety is well documented (Canadian Centre on Substance Abuse, 2004). According to the Centre for Addiction and Mental Health (1998), alcohol:

♦ is associated with a wide range of chronic and acute problems. Acute problems may be felt by people who occasionally drink too much or who may not drink at all but fall victim to those who do. Examples include: traffic and recreational vehicle crashes, pedestrian injuries, suicide, violence in the home, in bars and other settings, unplanned and/or unprotected sex, fire-related injuries, drowning, alcohol poisoning and complications from alcohol/drug interactions. Chronic problems are most often associated with heavier drinking over a longer period of time. Examples include: high blood pressure, cardiac dysrhythmias, pancreatitis, gastritis, psychosis, liver disease and addiction. However, not all chronic problems involve heavy drinking. Increased rates of breast cancer or babies with birth defects, for example, have been found among women who consume as little as two drinks a day.

♦ has a harmful effect on the friendships, social life, physical health, home life, marriage, work, studies, employment opportunities or financial position of one in three Ontarians as determined by opinion surveys.

♦ either alone or in combination with other drugs, is a problem in 85% of the 75,000 cases handled annually by addictions treatment agencies in Ontario.

♦ plays a role in approximately 2,400 deaths, 30,000 hospitalizations and 330,000 days spent in hospital annually in Ontario. Seventy percent of alcohol-related deaths are due to cancer, alcohol dependence syndrome, alcoholic liver cirrhosis, motor vehicle crashes, falls, suicide and self-inflicted injury.

“One of the chief problems in combating drug and alcohol abuse in the workplace and in society lies in the widespread acceptance of the social consumption of alcohol, and increasingly, drugs.”
— International Labour Organization
accounts for two-thirds — some $1 billion annually — of the costs associated with substance abuse in the workplace.

**Why focus on policy?**

Steps to prevent and reduce employee alcohol and other drug problems can have a significant impact on health and safety in the workplace and the community. But not all strategies are equally effective.

Research shows that education alone is likely to make little difference on drinking norms and drinking problems. To have an impact, education must be backed by an organizational culture that values and promotes healthy lifestyles, along with workplace policies and practices that are clear, comprehensive, well-promoted, and well-enforced.

An effective workplace alcohol (and other drug) policy allows employers and employees to be clear about what is acceptable and not acceptable in the workplace. It provides a framework for the prevention, screening, early intervention and treatment of alcohol problems experienced by workers. Ultimately, it provides a way to ensure that corporate goals related to productivity, safety, and employee relations are met.

Having a policy however, does not ensure success. Sometimes the top-down process used to develop the policy creates resistance among employees. Sometimes the policy infringes unnecessarily on the rights of workers. Sometimes it is enforced unfairly, unevenly, or not at all.

**About this guide**

*Let's Take Action on Alcohol Problems in the Workplace* provides a step-by-step process for developing a workplace alcohol or other drug policy. It offers practical tips and suggestions, highlighting many of the challenges and issues that organizations encounter in the development and implementation phases. Whether you are revising an existing policy or developing a new one, we hope this guide will offer valuable assistance.

We recognize that the development of workplace alcohol policies involves a broad range of stakeholders. That is why we have tried to include information that will be particularly useful to:

- health promotion, injury and substance abuse prevention practitioners
- human resources staff
- occupational health nurses
- employee assistance professionals
- senior managers and supervisors
- union representatives
- workplace health and safety coalitions and committees.

*Let's Take Action* is divided into four sections beyond the introduction. **Section B** discusses the role of policy as a means of preventing alcohol problems in the workplace. **Section C** presents a 7-step process for developing workplace alcohol policies. **Section D** includes practical tips and suggestions for effective policy development based on discussions with colleagues in the field. It also includes a policy toolkit and three checklists to help you evaluate the process, content, and implementation of your policy. **Section E** provides a list of key contacts and resources, along with a sample workplace substance abuse prevention policy developed by the city of Niagara Falls. Each section opens with a community story to help ground the content.

We hope this guide will help make your workplace a safer, more health-promoting place for employees. We look forward to hearing about your own policy development experiences — and successes.

> “When measuring the impact of substance abuse on your company, ignoring the role of alcohol is almost like ignoring the problem altogether.”

— Working Partners for an Alcohol and Drug-Free Workplace
Alcohol consumption is often a part of workplace social events such as company holiday parties, farewell and retirement banquets. Because alcohol is an intoxicating drug, law regulates its sale and distribution. In Ontario, the Liquor Licence Act specifically prohibits the sale and service of alcohol to anyone who appears to be intoxicated or is under the legal drinking age of 19 years. It also establishes fines and liability for noncompliance. Liability established by law is known as statutory liability (Cameron, 1996).

There is a second form of liability, common-law liability, which applies to the sale of alcohol in Ontario. Common law liability exists in the form of legal principles, which are considered and applied by the courts on a case-by-case basis. Previous rulings can be used as precedents. These accumulate over time as new applications of a particular principle are accepted by the courts (Solomon and Usprich, 1994; Cameron, 1996).

In Ontario, the Ontario Superior Court reinforced common law liability in a recent decision. It ruled that Sutton Group Realty, a real estate firm in Barrie, Ontario, must pay more than $300,000 in damages to an employee who was allowed to drive while intoxicated after attending an office Christmas party in 1994. In it’s ruling, the court noted that the duty to protect employees from harm applies to more than company premises and extends to harm on the road. During the party, which featured an unsupervised bar, the employer offered to call the employee’s partner to pick her up. However, the court’s judgment deemed this response to be insufficient since no effort was made to monitor the employee’s alcohol consumption and prevent her from becoming intoxicated (Tyler, 2001).

While liability is obviously a primary concern for employers sponsoring an event where alcohol is served, there are other important issues to consider. The presence of intoxicated participants who engage in rowdy drunken behaviour may mar the enjoyment of the event for others. This concern was highlighted in a recent U.S. Survey of 2,450 human resource managers. One third of respondents reported observing inappropriate behaviour at company holiday parties, including excessive drinking (25%), rowdy behaviour (11%), unwanted sexual overtures or advances (6%) and fistfights or other altercations (2%).

To reduce the likelihood of alcohol problems at work-related social events, here are a few do’s and don’ts:

**DO**
- ensure that organizers know about your company alcohol policy and how it applies to work-related events.
- review the special occasion permit application package to ensure you understand your legal obligations regarding responsible alcohol sales and service, as well as advertising and promotion of the event.
- do a walk-through of the event location to identify and remove potential safety hazards.
- provide food throughout the event.
- promote the Low-Risk Drinking Guidelines through appropriate signage and educational messages on coasters, table tents, etc. (see Section B).
- offer a variety of non-alcoholic and low-alcohol beverages.
- set a limit on the number and size of alcoholic beverages served at any one time.
- set a time limit for alcohol service, and stop serving alcohol at least one hour before the party ends.
- use Smart Serve-trained bartenders and servers (see Section E for contact information).
- train staff organizing the event to monitor drinking behaviour of guests and intervene in a non-confrontational way.
- provide taxi chits or a designated driver program to ensure that no one gets behind the wheel drunk.
DON’T

♦ make alcohol the focus of the event.
♦ combine alcohol with potentially dangerous recreational activities such as boating, swimming, skiing or snowmobiling.
♦ organize drinking games or competitions that promote over-consumption.
♦ provide unlimited free booze.
♦ serve “doubles” or extra-strength beverages.
♦ have a self-serve or unsupervised bar
♦ allow anyone who is intoxicated or under 19 to drink.
♦ allow anyone to drink to intoxication — remember, you’re liable for his or her actions until they are sober!
♦ promote the event as an opportunity to get drunk and go wild. See above.

By taking these steps employers can help to reduce liability and ensure that all employees are safe and have fun.

For tips and information about alcohol and the law and how you can reduce the risk of problems at work-related social events, contact the Alcohol and Gaming Commission in Toronto at 416-326-8700, Toll free in Ontario at 1-800-522-2876 or visit online at www.agco.on.ca. As well, see the other guides in this series.

“Sutton, as the defendant’s employer, did ... owe a duty to the plaintiff as its employee to safeguard her from harm. This duty ... extended to a duty to make sure that she did not enter into such a state of intoxication while on his premises and on duty so as to interfere with her ability to drive home afterwards.”
— Ontario Superior Court Justice Marchand in Hunt v Sutton Realty
A. Alcohol and the Workplace

What is low-risk drinking?

In 1997, the Centre for Addiction and Mental Health, the Ontario Public Health Association and Association of Local Public Health Agencies joined forces to promote a new set of guidelines to help Ontarians make more informed choices about alcohol.

The Low-Risk Drinking Guidelines (LRDGs) recommend daily and weekly drinking limits and practices based upon the most current research.1 These guidelines take into account the documented benefits of alcohol for people at risk of coronary heart disease, while minimizing its overall risks to health and safety.

The LRDGs advise healthy people who choose to drink, and are of legal drinking age to:

♦ Drink no more than 2 standard drinks on any day
♦ Limit their weekly intake to 14 or fewer standard drinks for men and 9 or fewer standard drinks for women
♦ Consume alcohol with food
♦ Drink slowly to avoid intoxication
♦ Wait at least one hour between drinks
♦ Space drinks with non-alcoholic beverages such juice, water, or pop.

In Canada, a standard drink contains 13.6 grams of alcohol, the amount in:

♦ 341 ml / 12 oz of beer (5% alcohol) or
♦ 142 ml / 5 oz glass of table wine (12% alcohol) or
♦ 85 ml / 3 oz of fortified wine such as sherry or port (18% alcohol) or
♦ 43 ml / 1.5 oz of spirits (40% alcohol).

Note: Higher strength beer, coolers, and overproof liquor contain more than 1 standard drink.

The Low-Risk Drinking Guidelines also recommend that:

♦ If you don’t drink alcohol, don’t start for its protective effect against heart disease. Less risky alternatives include more exercise, better nutrition and not smoking.
♦ If you choose to drink, the protective effect of alcohol can be achieved with as little as one drink every other day.
♦ If you are seeking help for a drinking problem, follow the advice of your counsellor or health professional.

The LRDGs recognize that there are some people who should not use alcohol, or who should limit their drinking to less than the maximum amounts above. These groups include:

♦ people with health problems such as liver disease or certain psychiatric illnesses
♦ people taking medications such as sedatives, sleeping pills and painkillers
♦ people with a personal or family history of serious drinking problems
♦ women who are pregnant, trying to conceive, or breast-feeding
♦ people who are or will be operating vehicles such as automobiles, motorcycles, boats, snowmobiles, all-terrain vehicles or bicycles
♦ people who need to be alert. For example, those responsible for public order or the safety of others; those working with machinery or dangerous equipment; those performing challenging physical activities
♦ people who are under any legal or other restriction on drinking – personally or because of the environment they are in. For example, many Ontario municipalities have rules about alcohol consumption on their property or at sponsored events.

The Low-Risk Guidelines advise individuals who belong to any one of these groups to talk to a health professional about alcohol. For more information visit www.lrdg.net.
Drinking and workers

There are few Canadian surveys on the prevalence of substance abuse in the workplace. However, population-based research on alcohol and other drug use can provide a window on the drinking patterns of people in various types of occupations.

According to the National Population Health Survey, 1996-97, drinking rates among Canadians aged 15 and older ranged from 68% among those looking for work to 87% among those in technical or manufacturing jobs.

Approximately one in four workers exceed the Low-Risk Drinking Guidelines\(^1\). Rates of heavy episodic drinking — having 5 or more drinks in a single occasion — tend to be fairly similar for skilled, unskilled and technical/ manufacturing sector workers. Those in professional and semi-professional occupations have the lowest rates of heavy or high-risk drinking while those looking for work have the highest. The tables below summarize some of the findings of the National Population Health Survey, 1996-1997.

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**Table 1. Drinking Status of Canadians, 15 years or more, by employment**

(Source: Canadian Profile, Canadian Centre on Substance Abuse, 1999)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Never Drank</th>
<th>Former Drinker</th>
<th>Past Year Drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi- or Professional</td>
<td>5.1%</td>
<td>8.4%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Technical/Manufacturing</td>
<td>4.5%</td>
<td>8.3%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Skilled/Semi-Skilled</td>
<td>5.6%</td>
<td>10.4%</td>
<td>84.0%</td>
</tr>
<tr>
<td>Unskilled</td>
<td>8.4%</td>
<td>11.6%</td>
<td>79.9%</td>
</tr>
<tr>
<td>Looking for Work</td>
<td>20.8%</td>
<td>11.2%</td>
<td>68.0%</td>
</tr>
<tr>
<td>Student</td>
<td>14.3%</td>
<td>17.4%</td>
<td>68.1%</td>
</tr>
<tr>
<td>Family Responsibility</td>
<td>12.3%</td>
<td>19.0%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Retired</td>
<td>12.3%</td>
<td>19.0%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Other</td>
<td>12.9%</td>
<td>28.0%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Ontario</td>
<td>11.0%</td>
<td>12.0%</td>
<td>75.3%</td>
</tr>
</tbody>
</table>

**Table 2. Percentage of Past Year Canadian Drinkers who report high-risk or heavy drinking**

(Source: Canadian Profile, Canadian Centre on Substance Abuse, 1999)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>One or more heavy drinking occasions (≥5 drinks) in past year</th>
<th>One or more heavy drinking occasions (≥5 drinks) weekly</th>
<th>Drinkers who exceed Low-Risk Drinking Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi- or Professional</td>
<td>39.2%</td>
<td>3.2%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Technical/Manufacturing</td>
<td>48.9%</td>
<td>6.1%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Skilled/Semi-Skilled</td>
<td>50.5%</td>
<td>8.0%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Unskilled</td>
<td>51.0%</td>
<td>7.8%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Looking for Work</td>
<td>54.4%</td>
<td>13.4%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Student</td>
<td>53.8%</td>
<td>17.2%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Family Responsibility</td>
<td>26.9%</td>
<td>2.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Retired</td>
<td>17.0%</td>
<td>2.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Other</td>
<td>37.6%</td>
<td>8.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Ontario</td>
<td>39.0%</td>
<td>7.4%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

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1 The Low-Risk Drinking Guidelines will be reviewed and revised as necessary by the Centre for Addiction and Mental Health and its partners. For more information visit [www.lrdg.net](http://www.lrdg.net).
The link between drinking patterns and drinking problems

According to the US National Institute on Alcohol Abuse and Alcoholism, the frequency of absenteeism, arriving late to work or leaving early, performing inadequate or less work, and arguing with co-workers are positively associated with:

♦ drinking at work
♦ problem drinking and
♦ frequency of getting drunk.

What sectors are at risk?

While Canadian research is scarce, international research has identified some sectors of the economy where alcohol and other drug problems may be more prevalent. These include:

♦ foodservice industry
♦ maritime sector
♦ construction
♦ processing and assembly line workers
♦ military
♦ recreation and entertainment sector.

Young workers, workers in lower-status jobs, and working males are three separate groups that appear to be particularly vulnerable to alcohol and other drug abuse. However, high consumption rates have also been found among senior managers, lawyers, doctors, police officers, marketing and sales professionals, and others.

Factors thought to increase employee alcohol use and misuse include:

♦ a workplace culture that accepts or encourages drinking as a way to bond with clients and colleagues, or to deal with stresses. Workplace culture is influenced by factors such as organizational policies and practices; regional, occupational or industry norms; the attitudes, preferences and behaviours of individuals or groups with power and influence; the socio-economic and ethno-cultural make-up of the workforce; and the promotion and availability of alcohol in the community-at-large

♦ workplaces where people feel alienated or unsupported either because of the work they do (i.e. boring, isolating, stressful), or the environment in which it is done (i.e. poor working conditions, long periods away from family and friends, intolerance of sexual harassment, verbal/physical aggression, disrespectful behaviour)

♦ workplaces with poor controls on alcohol consumption due to poor on-the-job supervision, (common in shift work, for example), lack of policies on alcohol consumption, impairment, possession, availability, etc., or limited awareness or enforcement of existing policies.

Emerging research

Research from the US is shedding some light on two popular myths. The first is that the majority of alcohol-related performance problems are caused by alcohol-dependent employees. The second is that performance is only a concern if employees are drinking on the job.

According to a comprehensive study conducted by Mangione (1998), employees defined by CAGE2 as alcohol-dependent, were responsible for less than half of alcohol-related problems such as: absenteeism, arriving late or leaving early, doing poor quality work, doing less work and having arguments with co-workers. The reason: they comprise only one-fifth of the workforce. Non-dependent drinkers reported fewer problems individually, but because they make up the majority of the workforce, are collectively responsible for a greater share of the problems.

Mangione’s findings also suggest that it is not drunkenness or drinking at work, but rather low-level alcohol exposure and hangovers that are associated with the most problems in the workplace. According to Mangione (1998), “low blood alcohol concentrations (BACs) can increase

“If corporate managers direct their intervention efforts primarily toward alcohol-dependent employees, they are missing the source of a substantial number of alcohol-related problems.”

— Thomas W. Mangione, researcher

2 CAGE is a screening instrument commonly used in clinical settings. It is an acronym for: have you ever felt the need to Cut down on your drinking? Have people ever Annoyed you by criticizing your drinking? Have you ever felt bad or Guilty about your drinking? Have you ever had an Eye opener (a drink first thing in the morning)? Employees who answered yes to two or more of four questions on the CAGE questionnaire were determined to be alcohol-dependent.
the likelihood of impaired performance even when the employee is not, nor appears to be, intoxicated … alcohol’s residual effects (hangovers) are such that even at zero BAC and without obvious physical symptoms, work performance can be impaired the day after a night of heavy drinking.”

Taken together, these findings suggest that to have an impact, efforts to address substance abuse in the workplace must:
♦ target all workers, not just those thought to be at risk of problems
♦ try to influence drinking practices within and outside the workplace.

The link between policy and prevention

One of the most effective ways to reduce alcohol-related problems is through policy development. The Alcohol Policy Network defines policy simply as “what governments or institutions do — or don’t do — about a particular problem and the conditions that give rise to it.”

At the broadest level, policies that affect the physical, social and economic availability of alcohol can have a significant impact on drinking rates and problems in society. Examples of such policies include:
♦ alcohol prices and taxes
♦ number, location, days and hours of operation of alcohol outlets
♦ sales and service practices
♦ minimum drinking age
♦ control of alcohol advertising and promotion
♦ enforcement of laws related to drinking and driving, liquor licensing, etc.

If alcohol is widely available, or if existing controls are ineffective, poorly enforced or weakened, resulting problems will likely be felt in all sectors of the community, including the workplace. Efforts focused solely on the workplace are unlikely to prevent the full extent of the damage.

Those concerned about workplace health and safety are encouraged to monitor changes in alcohol availability, and work with key agencies and groups to support comprehensive policies that prevent and reduce alcohol-related harm. Those that play an important role in alcohol policy in Ontario include:
♦ The Alcohol and Gaming Commission of Ontario. Among other things, the AGCO is responsible for enforcing the Liquor Licence Act and Regulations. These make it illegal, for example, to sell or serve alcohol to minors and the intoxicated. The AGCO regulates licensed establishments and “special occasion permit” events where alcohol is served (for example; weddings, office parties). The AGCO also oversees alcohol manufacturers and their representatives, brew-on-premise facilities and alcohol delivery service operators. It conducts hearings on liquor licence applications, renewals and violations. It also works with Smart Serve Ontario and others to educate operators about liquor laws and responsible alcohol service practices.

♦ The Liquor Control Board of Ontario. The LCBO is a provincial agency set up by the Government of Ontario to control sale of alcohol in over 1600 liquor, beer and wine stores across the province. It has special responsibility to ensure that all beverage alcohol sold in Ontario meets strict public health and safety criteria. It also fulfills a social responsibility mandate by educating the public about responsible alcohol use and training liquor board staff to spot and refuse sales to minors and the intoxicated.

♦ The Centre for Addiction and Mental Health. CAMH is a provincial research and treatment facility offering education and training, community-based health promotion and prevention services, and direct patient care for people with mental health and addiction problems. Among other things, it conducts alcohol and other drug use surveys, publishes policy and research papers, operates a fee-for-service workplace health consulting service, and provides advice to governments and others on mental health and addiction issues.
♦ Public Health Units. There are 37 regional health units across Ontario. They are overseen by regional Boards of Health composed of municipal politicians, the Medical Officer of Health, and community members. Public health units deliver a core set of programs in keeping with guidelines established by the province. These programs may be categorized into three areas: health protection (i.e., food and water safety, toxic waste handling, air pollution, vaccinations); screening (i.e., speech, language, dental, cancer); and health promotion (i.e., chronic disease prevention, substance abuse/injury prevention, reproductive health.). Most health units are active in developing alcohol policies at the municipal and provincial levels and educating the public about alcohol and other drug use, injury prevention, etc. Some also offer comprehensive workplace health services to organizations within their region.

♦ The Government of Ontario. The provincial government defines the overall policy framework within which decisions affecting alcohol regulation and funding for prevention and treatment services are made. Individual government departments also play a role. The Ministry of Consumer and Business Services, for example, oversees the AGCO. The Ministry of Economic Development and Trade oversees the LCBO. The Ministry of Health and Long-Term Care oversees CAMH and funding for local public health, substance abuse prevention and treatment services.

There are many ways to get involved in alcohol policy discussions. For example:

♦ Subscribe to free or low-cost publications that keep you up-to-date on alcohol policy issues. Three recommended sources are: Licence Line (quarterly newsletter of the Alcohol and Gaming Commission), Alcohol Policy Update (quarterly fax-newsletter of the Alcohol Policy Network) and The Journal of Mental Health and Addiction (Centre for Addiction and Mental Health). Another way to keep up-to-date is by visiting the websites of the Ontario government, www.gov.on.ca, the Ontario Legislature, www.ontla.on.ca, or the organizations listed above.

♦ Participate in discussions on alcohol policy. You may be interested in attending local seminars or workshops organized by local health, safety or substance abuse prevention groups. Often these events are organized to stimulate debate and action on problems such as: lax enforcement of liquor, traffic and related laws; an over-concentration of licensed establishments in vulnerable neighbourhoods; or underage drinking or irresponsible alcohol ads and promotions. Another way to participate in alcohol policy discussions is by joining an email discussion group. The APOLNET discussion list, for example, is a free service devoted exclusively to Canadian alcohol policy issues. For instructions on how to subscribe, visit www.apolnet.ca.

♦ Join a local drug awareness committee or community coalition. There are groups throughout the province actively working on issues related to substance abuse, drinking and driving, parenting, violence, community safety and health and wellness. Many are volunteer-driven, non-profit or charitable groups. They can be great sources of information and resources — some provide speakers and material for distribution in workplaces, for example. Most rely on in-kind and financial contributions and welcome people with energy, commitment and good ideas to help them carry out their mission.

For contact information, please see Section E or download the Directory of Substance Abuse and Injury Prevention Contacts from the Resources/Publications section of the Alcohol Policy Network website, www.apolnet.ca.
**The role of workplace policies**

Broad-based policies are the most effective way to reduce and prevent problems that spill over into the workplace. However, they will have a bigger impact if complemented and reinforced by policies that address factors within the employer’s control. For example:

- the availability, promotion and consumption of alcohol on the job, on company property or at company events
- the expectations of workers in safety-sensitive positions and
- the extent to which health and safety regulations are enforced.

We define a **workplace alcohol policy** as a formal set of principles, guidelines and rules governing the *job-related behaviour* of directors, employers, employees, contractors, volunteers, agents, students and others with regard to the use, misuse and abuse of alcohol. Often, the workplace alcohol policy is part of a broader policy covering the use of other psychoactive substances, including tobacco, illicit drugs, over-the-counter medication and prescription drugs. For the purposes of this guide, a **workplace** is defined as a site where the consumption of alcohol or other drugs occurs, and/or where the negative consequences of consumption are felt.

Workplace alcohol policies generally serve four goals:

- to increase productivity
- to reduce safety risks
- to improve employee health and
- to reduce employer liability.

According to the US Center for Substance Abuse Prevention (CSAP), successful policies include:

1. **A rationale**
   - why the policy was developed, how it was developed and what it is meant to accomplish.

2. **Policy application**
   - Information on who the policy applies to and under what circumstances. For example: will it cover volunteers and board members or only paid staff? Will it cover alcohol and other drug use during work hours or on company property only? Will it also include drinking at social events organized by the company?

3. **Expectations and prohibitions**
   - what substances and behaviours are unacceptable
   - supports available from the company and the community to help those covered by the policy to comply.

4. **Consequences**
   - progressive penalties
   - procedures for dealing with incidents and the appeal process
   - how principles of confidentiality, fairness, consistency and access to needed supports will be respected.

5. **Implementation Considerations**
   - how the policy will be implemented and evaluated
   - the role of various people/departments
   - process for reviewing the policy, including the date of the next review.
A comprehensive approach

Ideally, workplace alcohol and other drug policies should be part of a comprehensive health promotion program that also includes: 1) employee education and awareness 2) training and ongoing support for supervisors, managers and union representatives and 3) a comprehensive employee assistance program that supports all workers, not just those experiencing problems.

1. Employee education and awareness

Employee education and awareness programs often highlight the impact of alcohol and other drug use on health and safety. In addition, these programs define low-risk drinking practices and promote effective programs offered by the employer, or available in the community to prevent, diagnose, deal with, or reduce harm. Educational campaigns also serve to inform employees about workplace alcohol/drug policies and procedures.

Health messages will likely have more impact if they are communicated in different ways and at different times throughout the year. For example, basic information may be included in employee orientation sessions, policies and procedures manual, and/or on the company’s internal website. Additional information could be disseminated through more interactive means as part of seasonal celebrations (December holiday season) or annual awareness campaigns (Drug Awareness Week held annually in November). There are many ways to reach workers. Below are a few examples:

- paycheque stuffers
- newsletter articles
- lunch-and-learn sessions
- health fairs
- interactive displays
- posters and brochures in high traffic areas, such as the kitchen or washrooms
- effective use of email and the corporate intranet/website.

2. Training and ongoing support for supervisors, managers and union representatives

Training helps managers, supervisors and union representatives to understand the rationale, goals and requirements of workplace alcohol and other drug policies. People need to know how to deal with employees who are known or suspected of having a problem with alcohol and/or drugs, and what to do when an incident occurs. Ongoing training often focuses on effective ways to manage worker performance, including observation, feedback and referral skills. Follow-up support from senior management, Human Resources, or outside consultants is also important to help troubleshoot and/or manage specific situations.

3. An employee assistance program

Employee assistance programs have been around for many years. Whether delivered in-house or subcontracted to fee-for-service providers, EAPs offer a range of confidential counselling and information and referral services related to issues such as:

- health and wellness. Examples include: alcohol misuse and abuse, substance abuse and misuse, stress management, smoking cessation, fitness, nutrition, eating disorders, AIDS prevention, diabetes, heart health, blood pressure checks, depression, anxiety, compulsive behaviours, coping with work-related injuries, assertiveness training, and post-traumatic stress disorder

- family and financial difficulties such as marital problems, child/parent relationships, child care, in-law issues, elderly care, domestic violence, debt and financial problems, legal issues and pre-retirement planning

- environmental and occupational issues including: indoor air quality, noise levels, handling hazardous substances, co-worker relationships, supervisor conflict, role conflict, out-placement counselling, shift work, retraining and career development.
In many instances EAPs also help reintegrate workers in recovery back into the workforce. For example, by helping to develop a “return to work” agreement; monitoring worker compliance and coaching supervisors on effective management of people recovering from alcohol and other drug abuse.

While EAPs are more likely to be implemented in larger or unionized settings, they have been shown to improve performance and overall productivity and reduce absenteeism, lost-work hours, workers’ compensation claims, and labour grievances.

Despite their benefits, fee-for-service EAPs are not for everyone. They require an initial investment of resources. Also, their impact depends on the extent to which they are promoted and used, and the quality and relevance of the services offered.

Some employees also prefer to take advantage of services in the community—those set up to meet the needs of particular religious, linguistic or cultural groups—or to be part of self-help groups such as Alcoholics Anonymous.

What constitutes “employee assistance” will therefore differ between workplaces. From a health promotion perspective, the important thing is that a range of effective resources and supports be available and accessible to all workers, including those coping with issues that have not yet resulted in work-related difficulties.

A final word

Effective workplace policies do not happen by chance; they are developed through a careful assessment of possible policy components weighed against the nature of the problem. The next section provides a simple step-by-step process to guide the development of workplace substance abuse policies.

Your written policy statement is your opportunity to express clearly your position on employee substance abuse. For some workers, the knowledge that the company is active on the issue and they will be held accountable for their behavior is enough to deter future substance abuse. For others, knowing that their company is aware of the problem and is trying to respond to it will strengthen their commitment to being loyal and productive workers. Still others who may be struggling with a loved one’s substance abuse problems will appreciate the opportunity to obtain support and assistance through their company.

— US Department of Labor
In Ontario, health units must comply with the Mandatory Core Programs and Services Standards for Public Health Services. Among other things, these require health units to provide consultation, health promotion resources, skills development programming, policy development, assessment and awareness-raising activities to workplaces, workplace personnel, occupational health and safety practitioners and trade/business associations. As a result, public health staff is forging new and innovative partnerships with the private sector.

According to David Fell, a workplace health promoter with the Peterborough County-City Health Unit, the nature of workplaces poses a number of challenges for health promotion initiatives. First, the purpose of business is to make a profit and satisfy shareholders, not to tend to the health needs of employees. Second, unlike many of the traditional settings for health promotion, the workplace is not a ‘public place;’ health promoters are essentially ‘guests’ of the employer. Third, employers drive the agenda, as they control access to the organization and the ultimate clients of any health promotion initiative, the workers. Lastly, the workplace is a political environment. Health is not a neutral issue that brings employers and workers together. Rather, health issues are embedded in other workplace issues, including internal workplace politics, supervisory practices, and bargaining around working conditions and labour standards.

To overcome these challenges, Fell recommends that health promoters emphasize three key reasons why employers should support and invest in workplace health promotion. First, research indicates that a healthy workforce yields a positive cost-benefit ratio to the employer. Second, employees will be able to improve their quality of life by adopting healthier lifestyles. Third, the workplace itself is an important determinant of health and, therefore, should fall within the sphere of public policy.

To ensure that its programming efforts address the health needs of employees, the Peterborough City-County Health Unit is in the process of developing a Family Friendly Workplace Audit Tool, and a Corporate Health Assessment Tool. These provide a ‘snapshot’ of employee health relative to recognized standards such as the Ontario Health Survey and the Low Risk Drinking Guidelines. Both tools can be used to assess the health status of employees at a particular workplace and help the employer, workers and health unit partners to negotiate an appropriate intervention strategy.

The health unit has also initiated a series of educational and awareness raising activities in local workplaces. A good example of this is the Substance Abuse Awareness month activity at Pan Osten - a local manufacturer of steel checkout counters. The activity included a poster campaign, payroll inserts, an alcohol staff awareness presentation, and a computer simulation-exercise using the Centre for Addiction and Mental Health's Blood Alcohol Calculator Software. As a result of positive feedback from management and employees alike, the health unit developed a resource binder for employees. The health unit hopes to develop similar binders for all of its workplace health promotion content areas. To date, several employers in the health unit’s catchment area have expressed an interest in these products. To ensure the accessibility of workplace health information, the health unit has also modified its website to include information on workplace health promotion policies and links to relevant materials and websites.
B. Developing a Policy: 7 steps to a safer, healthier workplace

One of the most effective ways to change behaviour in the workplace is through a carefully crafted and well-implemented policy. This section will guide you through the seven steps in our recommended policy development process. These are:

**Step 1 - Get buy-in**
- do some research
- identify stakeholders
- secure initial support

**Step 2 - Recruit a good policy development team**
- recruit power brokers and champions
- invite outside experts
- analyse existing policies and practices
- find out what others have done
- find out what works

**Step 3 - Gather Information**
- collect data; assess needs
- review existing policies and practices
- find out what others have done
- find out what works

**Step 4 - Make your case**
- assess support for action
- present your business case

**Step 5 - Draft a policy**
- set goals and objectives
- identify policy components
- draft a written policy

**Step 6 - Do a reality check**
- assess resources and capacity for implementation
- consult with stakeholders
- finalize policy

**Step 7 - Take action!**
- develop policy implementation plan
- tips for evaluation

Below is a questionnaire to get you thinking about some of the alcohol and other drug-related issues that may need to be addressed in your workplace. We suggest you take a few moments to complete it before proceeding.
### Are these problems in your workplace?

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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
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<tr>
<td>Drinking before coming to work.</td>
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<td>Drinking at breaks or lunch.</td>
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<td>Bringing alcohol to work.</td>
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<td>Coming to work drunk.</td>
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<td>Coming to work hung over.</td>
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<td>Doing a lot of “team building” in bars.</td>
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<td>Drinking too much when out with friends from work.</td>
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<td>Made to feel embarrassed if one stops at one or two drinks or doesn’t drink at all.</td>
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<td>Calling in sick or missing work because of drinking or hangover.</td>
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<td>Not doing job because of drinking.</td>
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<td>Problems at work because family members abusing alcohol.</td>
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<td>Getting into fights/altercations because of alcohol.</td>
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<td>Posing a risk to self or others because of alcohol.</td>
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<td>Being injured because of own or other’s drinking.</td>
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<td>Drinking and driving to/from work or company events.</td>
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<td>Rowdy, inappropriate behaviour at work-related events where alcohol is served.</td>
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<td>Living/working in community where alcohol is readily available and widely promoted.</td>
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<td>Managers/supervisors unsupportive of workers experiencing problems related to alcohol/other drugs.</td>
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<td>Unclear, unfair, or non-existent policies on alcohol/drugs in the workplace.</td>
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<td>Other:</td>
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Step 1: Get buy-in

Good policies are not developed in isolation. They must reflect the priorities of your workplace, be based on good research and information and count on the support of key people at all levels of the organization. Convincing colleagues and superiors that alcohol is an issue in your workplace – and one that you can help tackle – is your first task.

Not everyone will have the same level of knowledge, or be as convinced about the need for action. You may therefore have to spend some time collecting information on alcohol and the workplace, along with external sources of funding and support. Section E includes a list of Canadian and international organizations offering a wealth of statistics, resources and useful advice. There are also numerous industry, professional and regional associations, too diverse to be listed here that might be able to offer assistance. We recommend that you contact these groups or visit their websites to obtain information specific to your needs or those of your colleagues.

It is important that the information gathered and disseminated in the early stages be comprehensive, research-based and representative of both the employer and employee perspectives. It is also important not to overwhelm your key stakeholders with facts. The purpose of disseminating information is to create awareness and interest for policy development.

Identifying stakeholders

Although successful policies have been developed by individuals with expertise or responsibility for workplace health and safety, we recommend that this task be done by a small group or committee of key stakeholders.

You can anticipate that employees, supervisors, senior management, human resource staff, union representatives, health and addictions service providers, occupational health and safety organizations, and the broader community will have an interest in a comprehensive workplace alcohol policy. You cannot, however, assume that members of a particular group will share the same opinions. For example, some may feel that a policy is too difficult to develop or enforce; others may feel drug testing is the only policy you need.

The identification of these stakeholders will help you to:
♦ determine who should be involved in the development of your policy;
♦ assess the degree of support and opposition among different groups.

Below are a few questions to help you get started.
1. Who is affected by alcohol use in the workplace or the alcohol-related problems of employees?
2. How do some stakeholders stand to benefit from a policy on alcohol use in your workplace? How strong is their support likely to be?
3. Are there others who you might bring on side if the issue was brought to their attention?
4. Why would some stakeholders object to a policy addressing alcohol-related problems in your workplace? How strong is their opposition likely to be?
5. What information, strategies, or resources will you need to bring key stakeholders on side?

Thinking through some of these questions will also help you to determine whose support you need to get in the early stages of the process – and to begin to make a case for policy development.

Committees can be difficult to manage and may require more time to complete the task than a dedicated individual might need. But they can also be very useful in policy development because they:
♦ allow people with different views and expertise to interact, negotiate, and arrive at a consensus on how best to tackle a problem
♦ spread the workload and ensure that policy development continues even if someone is reassigned or leaves the organization
♦ help sustain energy and commitment to policy integration and ongoing implementation – elements that can “make or break” your policy.

Even if there is no general consensus on the need for a workplace policy on alcohol and other drugs, securing initial support from the top to bring together a work group to look at substance abuse issues in your workplace – or persuading an existing committee to accept this task is an important first step.
Step 2: Recruit a good policy development team

When recruiting committee members, it’s important to secure the participation of power brokers and “champions” – people whose leadership, dedication and effort will contribute directly to the improved health and well-being of employees. Some examples include:

♦ the director of human resources
♦ occupational health nurse
♦ union steward
♦ formal and informal leaders from key departments, professional designations or work teams.

It’s also important that the committee charged with developing your policy include representatives of the key stakeholder groups identified above. This will help to ensure that:

♦ your policy is able to meet the needs and concerns of key stakeholders
♦ your policy is realistic and appropriate, reflecting the norms and values of your workplace and community
♦ employees and other stakeholder groups will support your policy and comply with its requirements.

Invite outside experts

Developing an effective and appropriate policy requires time and more importantly, people with knowledge and expertise in areas such as:

♦ the nature and scope of alcohol-related problems in the workplace or in your industry
♦ effective strategies to prevent alcohol problems
♦ addiction treatment services for employees with, or at risk of developing, alcohol problems
♦ effective procedures for dealing with alcohol-related incidents
♦ current laws governing alcohol use and enforcement issues.

In most communities, there are groups and organizations with an interest in preventing alcohol-related problems in the workplace. Senior volunteers or staff members from these agencies may have a history of involvement in the development of workplace alcohol policies, and may be prime candidates for your committee. Some external experts to recruit to your committee include:

♦ staff of local public health units or community health centres (i.e., community health nurses, health educators, etc.)
♦ Centre for Addiction and Mental Health consultants
♦ law enforcement officials
♦ Employee Assistance Program (EAP) provider
♦ representative from industry or occupational health and safety organization.

How many people should be on the committee?

A committee of five or six individuals is usually sufficient to manage the task, although the size of the workplace will dictate, to some extent, the number of participants on the committee and the amount of work and time needed to develop the policy.

Much has been written on creating effective committees and work groups. Prior to embarking on this process, we recommend that you take some time to re-familiarize yourself with some of this material. Below are two online resources you may find useful:

♦ Rural Development Handbook and Fact Sheets from the Ontario Ministry of Agriculture, Food and Rural Affairs. These documents include tips on effective communications, managing change, planning meetings, forming and working with groups and more. Visit www.gov.on.ca/OMAFRA.

♦ Community Tool Box. Although developed with a community audience in mind, this resource compiled by the University of Kansas, contains lots of useful information. Particularly recommended is Part E, the section focusing on Leadership, Management and Group Facilitation. Visit www.ctb.ku.edu.

For links to these and other resources visit the Policy-making Information Pack on APOLNET, www.apolnet.ca.
Suggested agenda for first meeting of the committee

The first meeting of your committee is a key milestone in the policy development process. Careful advance planning will help to ensure that all involved understand the purpose of the group and their roles and responsibilities. Below are some items you may want to cover in your first meeting.1

Introductions
♦ describe the purpose of the first meeting and rationale for the committee
♦ invite committee members to introduce themselves, identify skills, interests and experiences they bring to the table, and amount of time they are able to contribute.

Focus of committee’s work
♦ facilitate roundtable discussion on the impact of alcohol in the workplace and effective ways to prevention and reduce problems.
♦ discuss potential role of the committee
♦ identify who else should be informed about the committee or asked to endorse its formation.

Roles and expectations of committee members
♦ identify the roles for committee members (organizing and facilitating meetings, taking minutes, conducting background research, writing/revising drafts of the policy, serving as a liaison with other groups)
♦ identify who can and is willing to take on these roles
♦ determine whether anyone else should be approached to join the committee
♦ identify resource needs (photocopying, postage, e-mail, clerical support, etc.)

Wrap-up
♦ list next steps (draft Committee Terms of Reference, develop communications strategy)
♦ create contact list for members
♦ select time, date and location for next meeting
♦ decide who will facilitate/chair the next meeting.

“The more broadly participative and inclusive the ... process is, the more likely it is to be health-promoting in its own right and therefore part of the solution to organizational problems that may be identified”
— Martin Shain and Helen Suurvali, researchers

Step 3: Gather Information

To guide the development of your policy, it’s important to understand the nature and scope of alcohol and drug problems in your workplace, in your industry, and in your community. Collecting relevant background information will help to ensure your policy will meet the needs of your organization. It will also help you to assess its impact later on.

Prior to embarking on data collection, however, you may want to give careful thought to what information would be most useful and how you will go about collecting it. In particular, your team will want to come to an agreement on principles and practices you will follow to ensure that privacy and confidentiality are respected and the data gathered is valid and reliable.

Some possible sources of information about alcohol issues at your workplace include:

- **Workplace Records** — Human resources may be able to provide you with some important data. For example, the number of incidents of drinking or drunkenness on the job, on company property or at sponsored events; documented cases where workers were absent, late, injured, involved in altercations or had performance problems as a result of being drunk or hung over; suspensions and related disciplinary action where alcohol played a factor. While these are often key indicators of alcohol problems in the workplace, they are not always tracked or readily available.

- **Employees** — Employees can be valuable sources of information on alcohol problems and solutions. They are also important barometers of corporate culture. Ways to tap their expertise include: confidential opinion surveys, suggestion boxes or informal meetings or discussion groups. Each of these methods has pros and cons. As always, it’s important to select a method that will be sensitive to the needs and concerns of employees, particularly with respect to literacy, official language fluency, confidentiality, etc.

- **Key Individuals** — These include human resource managers, union stewards, supervisors and employee assistance program (EAP) representatives. Talking to these individuals one-on-one will give you a better idea of the nature and extent of alcohol-related problems in your workplace. Alternatively, you may want to convene focus groups or short meetings to obtain their perceptions about the problems and what can be done to address them.

**Review existing policies and practices**

Although your workplace may not have a policy on alcohol and other drug use, you can be certain the issue is being addressed either under the guise of existing policies or through practices that may or may not be very effective. Your committee will therefore want to spend time reviewing your company’s policies and procedures, both written and informal, to discover:

- how alcohol and other drug misuse has been dealt with in the past
- what messages about alcohol and other drugs are communicated to employees either officially or implicitly
- how issues such as absenteeism, tardiness, safety infractions, poor performance, etc. are handled
- what training supervisors and managers receive
- what types of employee assistance your company currently provides or supports
- what controls are in place to deal with alcohol at company events or on company property
- the strengths and weaknesses of the existing situation.

“Supervisors should not be expected to act as drug or alcohol counsellors or to diagnose employees; but they can refer an employee to sources of help and information for possible problems that are tied to specific performance-related observations.”

— Substance Abuse Prevention in the Workplace, An Employer’s Guide
A thorough assessment of alcohol issues in your workplace is an important milestone in your policy development process. Because the rules and procedures stipulated in your policy will stem from the way in which these issues are defined and identified, it’s a step worth the considerable time and effort it will likely take.

**Find out what others have done**

You may want to collect sample policies from other workplaces in your region or industry. This can save you time and effort as a policy developed at a similar workplace could help to guide the development of your own policy. From a decision-maker’s standpoint, it may also be less risky to implement a policy when successful precedents have been established elsewhere. The following are some questions to consider when modifying or adopting an existing policy:

♦ when was the policy developed? Why was it developed? Who was involved?
♦ how has it been implemented? What challenges were encountered?
♦ has it been evaluated/ revised? What aspects have been most/ least successful?
♦ is the policy still in place?

When considering the content, additional questions include:

1. Do different laws or policies apply to your workplace, industry or jurisdiction?
2. Are the philosophy and goals of the policy consistent with those of your organization?
3. Do the policy components meet your needs with respect to:
   • who it covers and under what circumstances
   • drugs, behaviours, and situations addressed
   • progressive disciplinary action
   • drug testing
   • staff training and employee awareness
   • implementation, enforcement, and evaluation
   • cost-effectiveness.

4. Will adopting another company’s policy weaken the stakeholders’ interest or organizational commitment to substance abuse prevention in your workplace?

This last question is a very important one. This is because the policy development process is often crucial to building group consensus and cohesion and securing needed resources for implementation.

**Find out what works**

Much is being done to address alcohol issues within and outside the workplace. The question researchers, decision-makers, and funding organizations increasingly ask is: are these initiatives effective? Although it may be important to find out what others are doing, it’s equally important not to duplicate policies or programs that have not been properly evaluated or worse, that do not work.

Access to good research on workplace health promotion and substance abuse prevention is not as difficult to obtain as it might seem. Here are a few useful — and free — online resources.

♦ CCSA Workplace Section, [www.ccsa.ca](http://www.ccsa.ca). This section of the Canadian Centre on Substance Abuse website is devoted exclusively to workplace alcohol and other drug issues. It includes upcoming events, statistics, recent court cases, research papers and codes of practice related to alcohol and other drug testing, searchable databases of employee assistance programs, treatment services and much more.

♦ Health Canada’s Workplace Health Strategies Bureau, [www.hc-sc.gc.ca/hecs-sesc/workplace/index.htm](http://www.hc-sc.gc.ca/hecs-sesc/workplace/index.htm). This resource includes guides on improving absenteeism, helping employees to juggle work and family, influencing employee health, best advice on stress risk management in the workplace, and links to Health Promotion Online.

“There is no such thing as a model policy that will fit all companies’ needs... Much depends on your company’s experience with substance abuse, as well as your business’ location, resources, circumstances and overall needs.”

— Working Partners for an Alcohol and Drug-Free Workplace
♦ APOLNET, the Alcohol Policy Network’s website, <www.apolnet.ca>. The Alcohol Policy Network’s website contains links to best practices, a sample alcohol policy collection and searchable online databases of publications and resources on alcohol and other drug issues as well as useful links and information on alcohol and the law, and substance abuse in the workplace.

♦ Ontario Health Promotion E-Bulletin, <www.ohpe.ca>. This excellent weekly email bulletin produced by The Health Communication Unit and the Ontario Prevention Clearinghouse is full of tips, resources and information on a variety of health promotion topics. While not exclusively focused on workplace issues, its contents will be of particular interest to human resource managers, EAP providers, and union representatives.

♦ Barbara Butler and Associates, Management Consultants, <www.butlerconsultants.com>. Barbara Butler is a leading Canadian expert on workplace alcohol and other drug issues. Her company’s website contains summaries of recent court decisions, background information on drug testing, advice on policy development, and useful links to more comprehensive sites.

See Section E for additional contacts.

Step 4: Make your case (or go back to the drawing board)

Before you begin to develop your policy, it’s vital to assess the amount of support you have. You need to know whether or not your key stakeholder groups agree that the development of a policy is an appropriate response to alcohol problems at your workplace. If they don’t, you may have difficulty implementing your policy due to non-compliance by employees and/or non-enforcement by supervisors or union officials.

Without the support of key stakeholder groups, your committee may need to suspend its work until certain key stakeholders can be brought on side. But this may not be as daunting as it appears. Most surveys show high levels of support for health promoting policies aimed at preventing alcohol problems in workplaces.

Assessing degree of support for action

Two levels of support are needed for the successful development and implementation of workplace alcohol policies:

♦ Internal (Workplace) Support - You will need the active support and commitment of employees, supervisors, senior management, human resources personnel, union representative, EAP representatives, and occupational health and safety personnel to implement your policy and comply with its requirements.

♦ External (Community) Support - You will need to know that the broader community, including family members of employees, other businesses, and law enforcement officials, views alcohol use in the workplace as a serious problem and supports a comprehensive alcohol policy as an appropriate solution.

See Section E for additional contacts.
Here are some questions to help you assess the degree of workplace and community support for your policy:

1. Are there other programs in local workplaces addressing the use of alcohol and drugs by employees? How long have they been running? How successful have they been?
2. Has the local media (radio, TV, newspapers) featured news articles on alcohol or other drug-related stories recently?
3. Is your industry or sector concerned about workplace substance abuse?
4. Does your workplace value its employees?
5. Do you have access to potential sources of funding or resources to undertake a comprehensive program?

**Decision-makers**

When assessing the degree of support for policy development, it’s important to be aware of the role of decision-makers. **Decision makers**, also known as opinion leaders and power brokers, are those people with the power to make changes in your workplace and community. Some have actual decision-making power, such as plant managers or presidents of local union affiliates; others may not have official decision-making power but are extremely influential nonetheless. To assess your degree of support, you need to determine who in your workplace has influential and official power and solicit their views on the scope and flow of your work.

**The climate for change**

The climate for change refers to the combination of events, values, attitudes and stakeholders in your workplace and community affecting the likelihood of your policy being adopted. The climate for change can be very difficult to gauge as it can change very quickly. It’s also important to remember that the climate for change can affect the rate at which a new idea or approach is adopted. For example, if your workplace has recently experienced a rash of serious alcohol-related incidents, then the climate for change may favour the quick adoption of your policy. If, by contrast, your workplace has been preoccupied with other issues, such as downsizing or the negotiation of a collective agreement, then the climate for change may not be receptive to the time and effort needed to address alcohol issues.

**Force field analysis**

To predict how well your policy will be received, it may be useful to examine your workplace and community to determine the forces that will help and hinder you. You need to identify:

- the positive forces (who will support the development of your policy?)
- the negative forces (who will hinder the development of your policy?)

**Force field analysis**, a process developed by Kurt Lewin, maps these opposing forces and studies their relative strengths. Force field analysis is particularly useful for identifying and responding to potential counter-arguments against the adoption of your policy.

You can conduct your own force field analysis by listing all of the forces and viewpoints that could help / hinder your efforts in developing a workplace alcohol policy. Below is a hypothetical example of a force field analysis for a workplace alcohol policy:

As you set about assessing the degree of support for your policy, try to consider all of the factors affecting the perception of alcohol issues in your workplace and community. Support from your key stakeholder groups is vital; without it, your policy will not succeed. Here are some pointers to keep in mind when building support for your policy:

- look for signs that indicate a need for change (e.g., dissatisfaction with the “status quo”)
- create a situation where people are interested in your proposed policy. Present your ideas in a positive manner, emphasizing all possible benefits while being clear about the resources and time commitment involved.
- view problems as a chance to be creative.
- be innovative; try the untried.
- plan for success. Try to ensure you have the optimal environment for adopting your policy.
### Driving forces for policy (+)

- reduce alcohol-related incidents in the workplace (injuries, fighting, etc.)
- improve productivity and decrease absenteeism
- enhance reputation as a responsible corporate citizen
- clarify expectations, responsibilities and consequences regarding alcohol use in the workplace
- promote workplace health and safety
- ensure that employees at risk of alcohol problems have access to information, counselling, and referral.

### Restraining forces for policy (-)

- limited resources to develop and implement policy, given other demands placed on employees and management (i.e., organizational restructuring)
- workplace is not currently experiencing alcohol-related problems (i.e., “if it ain’t broke, don’t fix it”)
- employees aren’t allowed to drink on the job, so why do we need a policy?
- workplace alcohol policies don’t address the root causes of employee stress and other health-related concerns
- workplace policies are too punitive, rigid and inflexible
- workplace should not be held responsible for dealing with substance abuse problems of employees.

Don’t forget the bigger picture. Remember that a workplace alcohol policy is one part of a broader response needed to prevent health-related problems and enhance the health and well-being of employees.

**Develop a business case**

Once your committee has collected data, found out what others have done and analyzed the support for change, it’s time to ensure your key stakeholders are informed of your progress and support your recommendations. Although communication should be ongoing, your committee may want to compile a short report or presentation containing:

- background information on your committee
- a list of activities undertaken to date
- a summary of your findings
- 3-4 strategic recommendations (i.e., develop/update alcohol and other drug policy, introduce EAP programs, conduct an employee awareness campaign, provide training to supervisors and managers, etc.)
- an estimate of resources needed, including budget
- next steps.

This step will allow you to share your key findings, make changes based upon feedback and secure needed resources. It will also ensure that all committee members agree on and are clear about what is to be done and who is responsible.

The report and/or presentation should be succinct. It should present a vision for the future without overwhelming its intended audience. Above all, it should be practical and attentive to your particular workplace culture and readiness for change.

While this Guide highlights the important role that policy plays in preventing and reducing alcohol problems, not all workplaces will be receptive to this message? and some may actively resist it. Your committee may therefore want to strategize about how best to present its findings and whether to make policy development a milestone or an outcome of the first year’s efforts. Similarly you may want to determine whether to present your findings and make recommendations solely on alcohol and other drugs or anchor them within a comprehensive workplace health framework.

Change is difficult for many organizations. While it’s important to keep the big picture in mind, it’s equally important not to let opportunities slip by — even when they appear small by comparison. If there is interest in developing a workplace alcohol and other drug policy, don’t wait until you have support for a broader set of goals to get started. On the other hand, if there is interest in looking at other issues such as work-life balance, nutrition, physical activity, etc., by all means integrate them into your plan — as long as alcohol and other drug use are there included as well.

Whatever the scope of your business case, the following websites may be helpful:

- **Benefits Canada**  
  <www.benefitscanada.com>. The Workplace Health Section features articles published in past issues of Benefits Canada, including The Wellness Package by Calgary consultant, Dianne Dyck.

- **National Quality Institute**  
  <www.nqi.ca>. This Ssite features excellent resources on workplace health, including The Business Case for a Healthy Workplace, and documents on comprehensive workplace health promotion by well-known Canadian researcher, Dr. Martin Shain. The Ssite also features profiles of healthy workplace award recipients.

- **Human Resource Development Canada Work-Life Section**  
  <www.hrsdc.gc.ca>. This Ssite has lots of practical information, including a business case for work-life balance and sample policies, programs and practices on employee assistance, wellness, flex-time, leaves and benefits, etc.

- **Active Living at Work**  
  <www.activelivingatwork.com>. Sponsored by Health Canada, this site is devoted to promoting health through physical activity. Site includes case studies and a business case template for active living.

“Organizations should approach health as an investment rather than a cost. Research has shown that companies which focus on detection and prevention activities can, and do, realize lower failure costs (such as dealing with attendance and disability, accident, EAP utilization and/or staff turnover rates).” — Dianne Dyck, Consultant
Step 5: Draft a policy

Set goals

When you have determined that you have sufficient support to proceed with developing your policy, your next step is to establish goals and objectives. This task helps to clarify the purpose of your policy. It also helps you to determine what should/should not be included in your policy.

A goal is a broad statement summarizing the ultimate direction or desired achievement of your policy. When setting policy goals, you need to consider:

♦ what aspect of alcohol use you want to address
♦ what your policy can achieve over the short-term
♦ what your policy can achieve over the long term.

Here are some tips for developing goals for your alcohol policy:

♦ make your goals realistic and attainable by breaking them down into smaller, more manageable chunks, or more specific objectives
♦ a comprehensive alcohol policy will probably entail multiple goals
♦ each goal should focus on a desired change or result. Write each goal separately to help you identify what strategies are needed to accomplish them
♦ rank your goals in order of importance.

Here are some examples of goal statements that could be incorporated into workplace alcohol policies:

♦ to ensure a safe, healthy environment for employees, volunteers, customers/clients and board members
♦ to ensure that employees at risk of alcohol problems have access to appropriate counselling, referral, treatment and support services
♦ to prevent alcohol-related injuries in the workplace.

Set objectives

An objective is a brief statement specifying the desired impact or effect of your policy (i.e., how much of what, should happen to whom, by when). Characteristics of good objectives include specificity, credibility, measurability, continuity, compatibility and freedom from data constraints. The SMART acronym is an easy way to remember the key features of well-crafted objectives. Good objectives are:

- Specific (clear and precise)
- Measurable (amenable to evaluation and monitoring)
- Attainable
- Realistic
- Time-limited.

Here are some examples of objectives for a workplace alcohol policy:

♦ To reduce the incidence of alcohol-related injuries in the workplace by 90% by the year X
♦ To implement an intervention and counselling protocol for employees at risk of alcohol and drug-related problems by year Y
♦ To review and update the portions of the workplace health education curriculum dealing with alcohol and drugs by date Z.

“Corporate drinking policies will be more effective in reducing alcohol-related performance problems if they address both low-level exposures, such as drinking at lunch, and the residual effects of heavy drinking on next day performance.”

— Thomas W. Mangione, researcher

Identifying policy components

Having set your goals and objectives, you now need to determine what kind of policy components are required to achieve them. Policy components are the major strategies or groups of activities comprising the “meat” of your policy (i.e., what you will do to prevent alcohol-related problems in your workplace). You will need to decide which combination of components to include in your policy, and how many components should be pursued over time. Measure policy components against your available resources.
Workplace alcohol policy expert, Barbara Butler (2000) notes, there is no ‘typical’ workplace alcohol policy. Each policy reflects the unique organizational culture and values of the workplace, the fundamental aspects of the business they are in, the regulatory environment within which they operate, and, most important, the specific health needs of employees.

There are, however, a number of key areas that effective workplace policies should address. Butler (2000) identifies four key components that should be included in any workplace alcohol policy: awareness and education programs; access to employee assistance; training for those involved in policy implementation; and a protocol for identifying and dealing with those found to be in violation of the policy.

To summarize, workplace alcohol policies need to:

- be written down and broadly communicated to employees
- provide clear direction on the objective and application of the policy
- outline applicable rules and responsibilities
- clarify ways of accessing assistance and conditions for return to work
- specify consequences for policy violation.

Butler recommends that, to be effective and workable, workplace policies address the following nine areas.

1. **Scope and Application of the Policy:** Your committee needs to determine who is covered by the policy and the circumstances under which they are covered. This includes a detailed assessment of whether there are job categories presenting significantly higher risk if performed in an intoxicated state, and if there is justification for higher standards (or stricter consequences) for those holding these positions. It also includes a determination of whether the policy applies to contractors, or whether contractors are expected to implement their own policy meeting the minimum standards set out by your committee, or some appropriate combination of the two.

2. **Key Definitions:** To ensure clarity and understanding, your policy needs to include some key definitions as required. These could include definitions of employees, supervisors, contractors, company premises, risk or safety-sensitive positions, drugs (including alcohol, illicit drugs and medications) and fitness for duty.

3. **Standards to be Met:** Your workplace’s position on alcohol and other drug use should be consistent with the overall goals of your policy. Clear expectations should be set around illicit drug use and possession, alcohol use and possession, medication use and fitness for duty. Any higher standards for certain job categories should also be specified.

4. **Responsibilities:** A core set of responsibilities will need to be set out for employees, supervisors, contractors and management. This list of responsibilities, which supplements the policy standards, comprises the “how-to” part of implementing your policy.

5. **Prevention, Assessment/Rehabilitation and Aftercare:** Your policy needs to specify the range of programs and services available to employees to prevent potential problems, assist employees with an alcohol or drug-related problem, and monitor and support the recovery of employees returning from a treatment program. Steps to consider include:

- holding meetings to explain why the policy is important (including some information of the health and social impacts of drug and alcohol use in workplaces) and reinforce these messages through various workplace health and safety initiatives
- providing access to a contracted Employee Assistance Program (EAP), a structured initiative designed to assist and support employees with substance abuse problems, or community-based assistance services
- establishing peer intervention programs to allow for early identification and referral of those with a problem
- ensuring that those responsible for implementing the policy (e.g. supervisors) have been trained on performance management procedures and understand the services offered by the EAP
• having a degree of accommodation for someone that needs assistance with an alcohol or drug problem.

6. **Procedures:** While procedures for implementation do not necessarily form the core of your policy, decisions need to be made about the following situations involving alcohol and drug use by employees:

   **Social and Business Hosting:** As noted in *Take action - Alcohol at workplace parties: Let the employer beware*, companies may be held liable for damages if they are found negligent in serving alcohol at workplace events or functions. To minimize this risk, companies should have guidelines or procedures to minimize the risk of an incident and associated liabilities in any circumstances where alcohol is provided.

   **Investigation and Escort Procedures:** Negligence issues may also result from an alcohol or drug-impaired employee at the worksite or in a company vehicle, or from letting impaired employees drive themselves or others away from company property. Accordingly, procedures should be established for those situations where an employee or contract worker is unfit for work, or otherwise in violation of your policy while at the workplace.

   **Impaired Driving Charge/Conviction:** If your policy prohibits the use of alcohol or drugs in conjunction with company businesses or premises, and driving a company vehicle is included in that situation, then an impaired charge may constitute a violation of that policy, and appropriate follow-up steps should be outlined.

   **Searches:** If possession of banned substances is prohibited under your policy, then your workplace needs to establish the principles of conducting a search where there are reasonable grounds to believe that the banned substance is present, and the procedures specifying how the search will be conducted.

7. **Standards for Contractors:** Standards for contractors engaged by your workplace should be set out and clearly communicated.

8. **Consequences of Policy Violation:** If an employee or contract worker violates the provisions of your policy, or fails to meet satisfactory performance standards as a result of alcohol or other drug use, appropriate disciplinary action should take place. Your policy should specify a standardized procedure for dealing with such incidents, including: the clarification of circumstances of immediate termination, progressive disciplinary procedures, and conditions for continued employment.

9. **Alcohol and Drug Testing:** Your committee will need to make a careful assessment of whether alcohol and drug testing should or should not be included in your policy. The introduction of drug testing in any workplace is a controversial decision, and should be made with the full understanding of its’ role in a comprehensive workplace policy, as well as consideration of whether it is justified for certain job categories. If you decide to include drug testing as part of your policy, you will need to determine: who to test, the circumstances under which testing takes place, the technology used to conduct testing, and the consequences for failing a test or refusing to be tested.

   **Circumstances for testing can include:** pre-employment or pre-assignment (e.g., to a higher risk job); random, at a specified rate per year; after an accident or drug-related incident in the workplace as part of a full investigation; as a condition of continued employment after a policy violation; or as part of a monitoring agreement after treatment. Some companies may decide that testing will be triggered for all employees under certain circumstances, or for certain job categories (i.e., high risk). Any testing policy needs to be absolutely clear about the situations when testing applies and the procedures to be used.

   “If used, alcohol and drug testing should be specified as one component of a company policy on substance use that includes education, training, prevention, employee assistance and monitoring.”

   — Alberta Alcohol and Drug Abuse Commission
There is a considerable degree of controversy surrounding the ethics and legality of alcohol and drug testing programs in the workplace. In particular, concern has been expressed about the extent to which such programs violate the employee's right to privacy, and increase the potential for discrimination based on a substance abuse problem (Macdonald, 1997; Butler, 2000). Workplace testing programs can be challenged through a variety of venues, the most likely being a grievance or complaint to the federal or provincial human rights commission. There are, at present, no provincial or federal laws that specifically prohibit drug and alcohol testing in the workplace, and there have been no Supreme Court decisions in this area. However, a series of arbitration decisions and a recent Ontario Court of Appeals decision indicate a general trend towards the acceptance of testing in “reasonable cause” situations, such as an investigation into a serious workplace accident, a condition for assignment to a high risk position, or a condition for return to work following treatment for a substance abuse problem.

Below is a summary of the Ontario Human Rights Commission’s position on alcohol and other drug testing based on an analysis of recent cases prepared by the legal firm Ogilvy Renault (2000). If your policy includes drug testing, we recommend that you have it reviewed by a lawyer or other professional with expertise in this area prior to implementation.

**ALCOHOL / DRUG TESTING and the ONTARIO HUMAN RIGHTS CODE**

**Pre-employment**
- Drug testing violates Ontario Human Rights Code.

**Safety-sensitive Positions**
- Random alcohol testing of employees in safety-sensitive positions where supervision is limited or non-existent is allowed as long as appropriate testing method/tool is used.
- Drug and alcohol testing for certification of employees in safety-sensitive positions is allowed if part of a comprehensive assessment. Testing does not necessarily indicate present impairment.
- Drug and alcohol testing of employees coming back to work after being suspended for alcohol/drug abuse is allowed if it is part of a reinstatement plan and more comprehensive assessment methods are also used.

**Non-safety sensitive positions**

**General workforce**
- Alcohol testing is allowed if there is reason to suspect alcohol was a factor in the incident.
- Drug testing is allowed if drugs are suspected and testing is part of a comprehensive assessment. Impairment can also be detected by observation. A positive test does not necessarily indicate present impairment. Urinalysis, for example, only shows that drugs were recently consumed; not when or how much was consumed.

**Implementation considerations**
- Employees cannot automatically be fired for a positive alcohol or drug test. Employer response must be tailored to individual circumstance.
- Prospective employees must be notified during hiring process if they will be subjected to alcohol/or drug testing.
- Current employees must be given reasonable notice of policy implementation. If an employee is suspected to be under the influence of alcohol or drugs, employers have the right to investigate and take necessary steps to maintain workplace safety and efficiency.

The Writing Process

Once you have selected the required policy components and identified the people and resources needed to implement them, you are ready to develop a written draft of your policy. To ensure effective implementation, a workplace alcohol and drug use policy should include the following:

♦ a preface or preamble describing the purpose of the policy and the principles and values underlying the policy (e.g., commitment to the health and safety of employees, promotion of responsible alcohol use, respect for others)
♦ policy goals and objectives
♦ a description of the policy components and the associated activities and regulations
♦ procedures for dealing with ‘failure to comply with the regulations’ specified in the policy, including clearly specified consequences
♦ a plan for promoting and disseminating the policy
♦ a plan for monitoring compliance with the policy and evaluating its impact.

The creation of clear, comprehensive policy statements takes time. Most policies go through multiple revisions before they are finally adopted. To keep the writing process as painless as possible, we recommend this task be delegated to a small group of two or three individuals. This group, perhaps headed by a designated lead writer, could be responsible for:

♦ developing drafts of the policy
♦ sharing draft versions of the policy with the policy development committee
♦ obtaining feedback from other stakeholders (as deemed appropriate by the policy development committee)
♦ undertaking the revisions agreed to by the larger committee.

Appendix 1 contains a sample policy developed by the City of Niagara Falls. For additional examples, please visit the Alcohol Policy Network website (www.apolnet.ca) and browse through the sample policy collection.

Step 6: Do a reality check

Having a draft policy is one thing. Ensuring that it is realistic — or implementable — is quite another. Therefore, the next important step in the policy development process is to assess resources and capacity for policy implementation, develop a realistic, long-term plan for action and do a final round of consultations to ensure all the important issues have been addressed.

What you need, what you want, and what you have

When considering resources for implementation, most people tend to focus exclusively on money and materials. In many cases, however, you may be able to achieve your policy objectives without much of either. The time, commitment, and energy of the people responsible for the development, implementation, and monitoring of your policy are your greatest assets.

Time

The time required to successfully implement and monitor a workplace alcohol policy is an overlooked and undervalued resource. Remember that the people you are counting on to review, understand, comply with and enforce your policy — supervisors, union representatives, human resource personnel — have other commitments that limit the amount of time they have to focus on your policy issues. It’s also important to account for the time required to train and educate those who will be responsible for implementing components of your policy.

Answering the following questions will help you assess the time needed for the effective adoption of your policy:

♦ How much time is required to inform and educate employees about our policy? When is the best time to do this?
♦ How much time is required to train those responsible for implementing and enforcing the policy? How much time do we have to do this?

“Simply worded, straightforward and concise language will increase the likelihood that all your employees and job applicants will understand the policy and be willing to abide by it.”

— US Department of Labor
How much time will those responsible for implementing, enforcing and monitoring the policy be expected to contribute? How much time can they realistically contribute?

Money
The amount of money required to implement your policy will vary depending on the policy components you select. Regardless of the policy activities you choose, you can anticipate costs associated with education, training, and promotion.

Lack of money may not be your biggest challenge, but it can impair your progress. To determine the financial resources you need, ask yourself:
- How much money do you require to develop and implement your policy? How much do you have? Do you need to secure more money, or can you proceed without additional funds?
- Where can you obtain additional funding for your policy? Are there sources you are aware of, or does securing the necessary funding need to be a priority?
- Where can you find out about additional funding sources?

People
The knowledge, skills, energy and commitment of the people responsible for implementing your policy are your greatest resources. To determine the optimal mix of people and skills needed to carry out your policy, you need to determine:
- What are the specific roles and tasks needed to implement the policy?
- Which particular skills are required to perform these roles and tasks?
- Who within your workplace has these skills? Who requires additional training and education?
- How many people do we need?

Information
Complete and accurate information about the issues addressed by your policy is one of the main criteria for successful implementation, so double-check to make sure that data, needs, and assumptions on which your policy is based are valid, reliable, and up-to-date. Here are some questions that may help you to assess the quality of the information upon which your draft policy is based:
- Are you using data and research from credible sources such as those listed in Section E?
- Is the data/information applicable to your particular industry, region, or workplace?
- How will you know if your policy’s goals and objectives are being met? How accurate and useful are your data gathering and monitoring systems?

Legitimacy
Legitimacy is a rarely recognized yet powerful asset. It can be achieved through:
- policy processes that are consultative, inclusive and without hidden agendas
- policy documents that are clear, fair, well-researched, and able to be implemented and evaluated
- policy stakeholders that are engaged, supportive and able to carry out their roles and responsibilities.

The following are some questions that may help your committee to strengthen its legitimacy:
1. Is your policy development team officially sanctioned by senior management and other key people within your organization?
2. Do committee members represent a good cross-section of stakeholders, leaders and experts?
3. Is your committee effective? Are meetings well-attended and well-chaired? Are expectations clear? Do you handle conflict well?
4. Does your proposed policy reflect the best advice of researchers, legal experts and colleagues within and outside your organization?
5. Are your methods of consulting with/getting feedback from people consistent with the culture, values and practices of your organization?
**Are you ready?**

Answering the following questions will enable you to determine whether or not your policy is ready for implementation:

1. Have you identified and analyzed the drug and alcohol issues that your policy needs to address?
2. Do you have sufficient understanding of these issues to support and justify the implementation of your policy?
3. Are your policy goals reasonable, and your objectives measurable?
4. Do you have the required support and approval of key decision-makers? If not, how will this be obtained?
5. Have you selected your policy components and prepared a written policy that describes these components and a strategy for implementation?
6. Is there accurate knowledge of the resources needed to implement and monitor your policy?
7. Is the timeline for implementation realistic?
8. Does your policy specify who is responsible for doing what?
9. Have you identified the barriers to implementation you are likely to encounter?
10. Have you shared your draft policy with other key stakeholders who will be responsible for its implementation?
11. Have you integrated key stakeholders’ comments and suggestions into the final policy and reported back on the results?
12. Has the policy been officially endorsed or signed off by senior management/board members?
13. Is this the right time to begin implementation?

If you answered “yes” to all of the above questions, you are ready to proceed with the implementation of your policy. If you answered “no” to one or more of these questions, additional work is required before your policy is ready for implementation.

**Step 7: Take action!**

Now that you have analyzed the resources at your disposal, you are ready to develop a policy implementation plan. As noted earlier, your plan should address five key issues:

- employee orientation and awareness
- supervisor/manager training
- program management and evaluation re: alcohol/drug testing and employee assistance
- policy monitoring and review, including date of periodic progress reports
- overall accountability and budget.

Ideally your plan should be “institutionalized” into the day-to-day operations of your organization. This not only controls cost, it also ensures that implementation becomes a way of doing business. Regardless of how implementation is done, however, it is important to identify one person or group that will be accountable for compiling information, producing periodic progress reports or conducting a program evaluation or policy review at a specific date in the future.

**Some points to consider when implementing your policy**

- Time management is critical, as you will probably be involved with multiple activities. For example, if you are implementing a workplace alcohol policy, you may need to divide your efforts between a range of tasks, such as education and promotion of your policy to employees, meetings with people responsible for carrying out your policy (e.g. supervisors), arranging training sessions, and monitoring policy infractions.

- You will need to be flexible, so you can respond quickly when things don’t turn out as planned. Remember that workplaces are subject to a lot of changes. Some can be anticipated, i.e., turnover in committee members or key stakeholders. Others, such as economic downturns or new laws related to alcohol availability, drug testing, and workplace...
liability, are more difficult to predict. Brainstorm a process to monitor and respond to changes quickly.

♦ No policy will be entirely flawless, especially when it is being implemented for the first time. A thorough evaluation plan will enable you to quickly identify what is not working and make the necessary changes.

♦ Those involved in the development of a workplace alcohol and other drug policy are not necessarily the right people to champion or oversee its implementation. As you move into the policy implementation phase, your committee may want to revise its Terms of Reference and review its membership to ensure key people accountable for policy implementation are at the table.

♦ Making everyone accountable sometimes means no one is accountable. In order to ensure that your policy is being well-implemented and having its intended impact, consider keeping your policy implementation committee active at least until the first policy review; generally two or three years from the date on which the policy was first endorsed by senior management.

**Evaluating progress and outcomes**

**Evaluation** is the systematic gathering, analysis, and reporting of data about a policy or program to assist in decision-making. A thorough evaluation will enable you to:

♦ collect evidence on the effectiveness of your policy (i.e. was it successful in achieving its stated goals and objectives?)

♦ be accountable to the stakeholders who supported the development and implementation of your policy

♦ identify ways of improving your policy by: 1) determining what works, what doesn’t work and why; 2) improving the usefulness of the resources and materials needed to implement your policy (e.g. brochures, training protocols) and 3) assessing the extent to which people are complying with your policy.

**Process and outcome evaluation**

There are two basic types of evaluation; Process and Outcome. **Process evaluation** monitors the implementation of your policy. It examines the procedures and tasks involved in carrying out a policy in an effort to determine “what is happening to whom?” Process evaluation includes:

♦ tracking the number of people reached by your policy (e.g., number of supervisors completing an EAP training program; number of employees attending a meeting to review a policy; number of policy infractions; number of requests for educational materials)

♦ tracking the quantity and type of activities carried out to implement your policy (e.g. counselling and referrals, promotional events, training sessions, etc.)

♦ assessing the quality of activities carried out to implement your policy (e.g. evaluating participant satisfaction with a workshop or training session)

♦ tracking modifications to your policy over time.

**Outcome evaluation** assesses the results or impacts of a policy, both intended and unintended, in an attempt to determine whether or not the policy made a difference. Outcome evaluations can assess both short-term results, such as increased knowledge about the harmful effects of alcohol, as well as long-term results, such as a decreased incidence of alcohol-related injuries at your workplace. Outcome evaluation includes:

♦ changes in awareness, knowledge and attitudes (i.e. do employees know about the Low-Risk Drinking Guidelines? Are they aware of your company alcohol and other drug policy? Do they know how to access confidential information and support services from the community, or through an EAP?)

♦ changes in behaviour or risk practices (i.e. a decrease in the number of alcohol and drug-related incidents at your workplace)

♦ changes in corporate culture (i.e. improved morale; less tolerance of risky practices such as drinking on the job or heavy drinking; greater acceptance of no or low-risk drinking in social situations)

> “Until we build a living business case – and lock health values into the fabric of our workplaces, we run the very real risk that wellness is simply a ‘flavor of the CEO’.”

— Danielle Pratt, The Business Case for a Healthy Workplace
♦ reductions in alcohol-related injuries, accidents, morbidity and mortality.
♦ improvements in productivity (i.e. reduction in absenteeism, sick days).

**Tips for designing a policy evaluation**

Here are some important points to consider when designing an evaluation for your policy:
♦ Link your evaluation measures to the goals and objectives of your policy
♦ Select easy, realistic methods to collect the data you need, such as questionnaires, interviews and focus groups
♦ Make sure that you systematically collect data from the moment you begin to implement your policy. Don’t wait until your policy has been in place for a long period of time before you begin to measure your success
♦ Review your evaluation results on an ongoing basis to guide appropriate changes and modifications to your policy
♦ Your evaluation should collect a mix of quantitative (i.e. statistics) and qualitative (i.e. employee awareness) data. You need both types of data to fully understand the impact of your policy.

**A final word**

Effective alcohol and drug policies are not static. They are flexible enough to incorporate insights gained from past experience, while responding to anticipated developments and trends. Once you have succeeded in your efforts to develop and implement a policy for your workplace, you may want to take a step back from the process to determine where you are and where you’re going.

3. If the policy has not been as effective as we thought, why not? What could we have done differently?
4. Are the people who were involved in the policy development and implementation process happy with the results of their efforts?
5. How do our stakeholders, employees, supervisors, union representatives, etc. regard the policy? Do they have a favourable view of the policy? If not, what can be done to address their concerns?

**Look ahead**

Now think about the future of your policy development committee in light of its achievements. Ask yourself:
1. Does more need to be done to implement our policy and prevent alcohol and drug-related problems at our workplace? If so, what and when?
2. Do the members of your committee want to do more?
3. What will happen to your committee? Has it fulfilled its purpose, or is there a reason to stay together?
4. Can you foresee any developments, either within or outside of your workplace, that may affect your policy? If so, how will you respond?

Each time you step back and look ahead, you are conducting a form of evaluation. Evaluation helps you to determine the extent to which your policy was successful in achieving your objectives, and gives you directions about what should be done next.

“Like the addict or the alcoholic, companies become excited about the prospect of change—then lose interest when it doesn’t happen quickly enough. Results usually cannot be tracked until 12-24 months into the program.”

—Jerry Gjesvold, coordinator of employer services
Regional Niagara’s drug and alcohol policy is an essential part of its workplace wellness program. The policy is designed to promote a safe physical environment, provide a set of guidelines for dealing with employee drug consumption and educate employees about healthy practices.

The policy states that employees are not to be impaired by any drug while performing their work duties. Being impaired at work can lead to injuries and/or fatalities, particularly in dangerous job situations. Any type of drug consumption (including the consumption of prescription drugs) that may alter performance is to be reported before starting work. This requirement ensures that alternative arrangements, such as the temporary reassignment of duties, can be made if necessary.

In addition to providing a safe working environment, the policy offers a standard set of guidelines for dealing with any type of drug consumption. This ensures that employees will be treated equally and fairly. Employees with a substance abuse problem are able to access educational and employee assistance programs. There is also a disciplinary procedure for dealing with those who repeatedly violate the policy. This reduces confusion or the likelihood of inappropriate decisions.

Finally, the policy aims at creating an overall awareness about the potential harms of alcohol and other drug misuse. Regional Niagara educates employees about responsible decision-making and healthy lifestyles through pamphlets, posters, displays, pay stub attachments and other resources. It also trains supervisors and managers on recognizing the signs of alcohol and other drug use, supporting workers who may be experiencing problems and addressing any related performance, safety or team-building issues.

A copy of the policy is included in Appendix 1. For more information, please contact the Regional Niagara Public Health Department at 905-688-8248 or visit: www.regional.niagara.on.ca.
C. Implementing Your Policy –
Tips and Tools for Success:
Lessons from the field

Efforts to address alcohol-related issues at workplaces have yielded valuable insights into the principles of effective policy development. Below are twelve recommendations for the planning and implementation of workplace policies based on the experiences — some successful, some not— of colleagues in the field. In order to make this section as practical as possible, we have also included a policy implementation tool kit, and three checklists: one dedicated to policy development, another to policy content, and the final one to policy implementation.

1. **Take the time to create a policy that’s right for your workplace. Don’t just copy or adopt a policy from another company**
   Learn from what others have done. But at the same time recognize that successful workplace policies are designed to meet the needs of individual companies, and conform with their distinct organizational cultures. Ensuring that your policy is ‘tailor made’ for your particular workplace will make it easier to communicate its objectives and requirements to employees, foster compliance, and defend it if challenged.

2. **Never develop a policy without the support of top management**
   Successful policies need a strong commitment from the top-level management in a workplace to support their full implementation. Ideally, management must not only be informed, but should also be involved in policy decisions. Otherwise, the effectiveness of the policy will be seriously undermined and you may find yourself with an excellent policy that managers ignore or the organization forgets to implement.

3. **Never develop a policy in isolation**
   An effective policy development process educates stakeholders about the issues. It also ensures that the final product reflects the consensus, goodwill and good ideas of all affected. Alcohol and drug abuse issues are difficult to deal with at the best of times. In workplaces, action is often spurred by an ‘incident’ or legislative change. This means that not everyone will see a need for a policy and quite a few may actively resist its development. Take the time to involve people at all levels of the organization in your work, and be prepared to listen and act on their concerns and advice. In unionized workplaces, it is particularly important to ensure that the policy process be consistent with good labour relations principles.

4. **Get expert advice**
   Developing a good policy may seem like a big job but it doesn’t have to be, particularly if you get good advice from key people at different stages in the process. A lawyer or consultant with a proven track record in workplace alcohol and other drug issues, for example, can be invaluable with industries where drug testing is prevalent or the worksite is large and complex.

5. **Ensure your policy covers all employees, rather than a particular group, or class or personnel**
   Alcohol and drug-related problems can be found among all types of occupations. Basic policy standards should therefore apply to everyone in your workplace. Additional requirements for groups in safety-sensitive positions, for example, can be developed, however, they should not drive or comprise your entire policy.
6. Respect the confidentiality
Confidentiality is the cornerstone of a successful EAP. It should only be breached by the EAP counsellor under very specific conditions established under the policy and in accepted EAP practices. In addition, the results of drug or alcohol testing should only be available on a “need to know” basis. Companies should minimize any unwarranted intrusion into employee’s privacy and stress the importance of maintaining responsibility to managers and supervisors.

7. Ensure testing programs meet appropriate standards
Utilizing anything short of the highest standards for alcohol and drug testing, including trained collectors, a certified laboratory, an experienced medical review, can seriously compromise the integrity of your workplace policy, and may lead to a legal challenge.

8. Enforce your policies in a fair and consistent manner
In Ontario, workplaces have considerable latitude when developing alcohol and drug policies. Once the policy is adopted, however, it should be followed closely and consistently, applied and enforced. Failure to do so will ultimately lead to decreased acceptance of the policy by employees and increased challenges to the policy.

9. Make employee education and supervisor training an ongoing part of policy implementation
These are two critical components of a successful workplace policy. Employees should have information about alcohol and drugs, their effects on performance, how to access assistance, and what the company policy is. Supervisors, or those responsible for carrying out the policy, should have information about their specific responsibilities and how to support implementation.

To increase awareness of, and support for a workplace alcohol policy, it’s essential that promotional activities be carried out to explain the policy to employees. These should be conducted on an ongoing basis to ensure that new employees are aware of the policy and understand the consequences for non-compliance.

Here are some strategies for promoting workplace alcohol policies:

- prepare and distribute brochures summarizing the policy (these could be distributed in the pay slip envelopes of employees)
- post the policy on the company website
- write an article about the policy for publication in the union or company newsletter
- provide new employees with a copy of the policy as part of their orientation package
- convene a meeting of employees to introduce and discuss the policy
- design a poster demonstrating why the policy is important (i.e. how everyone will benefit).

10. Address the broader social and environmental factors contributing to alcohol-related problems in the workplace
An effective alcohol policy can help to reduce the incidence of alcohol-related problems in the workplace. It is not, however, a sufficient means of addressing the social and environmental factors that may contribute to employee stress and substance abuse problems. These determinants can be addressed through the implementation of health promoting policies and supports in the workplace.

These include:

- reduction of organizational stress or safety hazards
- providing safety training
- introducing flexible work hours
◆ improving employer-employee communication
◆ job sharing
◆ improving equipment maintenance
◆ clean air policy
◆ training supervisors to be more sensitive to employee concerns
◆ part-time employment arrangements
◆ increased decision making by employees in the organization of work
◆ health-related courses and seminars (fitness, weight, stress, smoking, etc.)
◆ space for an employee fitness facility
◆ monthly health information bulletins/magazines.

11. Don't stop at policy development
   Developing a workplace policy is not an end; it's a beginning. Some organizations spend an enormous amount of time, money and energy developing a perfect policy that never gets properly implemented. Map out a realistic long-term implementation plan and stick to it. It will pay off in the long-run.

12. Be patient!
   Change doesn’t happen overnight. Sometimes it doesn’t appear to be happening at all. Goals are important but so too is the pace of change. Sometimes when results are evident in a short span of time, companies lose interest in implementation, figuring the problem has been solved. Alcohol and other drug-related issues wane and peak, but are unlikely to go away entirely. Workplaces that take a long-term view are more likely to see measurable change in employees’ attitudes and practices, resulting in productivity gains as a result of a healthier, safer, more motivated workforce.

“If supervisors address the workplace performance problems that substance abuse causes, and if companies provide employees with prevention and education programs, clear policies, EAPs, and health benefits that pay for substance abuse treatment, the negative effects can be eliminated.”
   — CEO of a leading US public utilities company
D: Policy Implementation Tool Kit

The Policy Implementation Tool Kit is a useful list of resources and organizations that may be able to assist your implementation efforts. This tool kit highlights a few sources — including those recommended in previous sections — to get you started.

Training for managers, supervisors & event organizers

♦ The Drug-Free Workplace: A Guide for Supervisors and Managers <www.health.org/govpubs/workit/guide.htm>. This practical resource reviews the responsibilities of supervisors and managers and ways to identify and deal with employee performance problems. Although targeted to an American audience, the information is applicable to any setting.

♦ Ontario Human Rights Commission Publications <www.ohrc.on.ca>. Particularly recommended are the Commission’s Policy on Drug and Alcohol Testing; Policy and Guidelines on Disability and the Duty to Accommodate; and Human Rights at Work.

♦ Smart Serve Library <www.smartserve.ca>. Includes information on host liability, responsible service tips and links to training videos and packages for alcohol servers, event organizers, and others.

♦ Alcohol and Gaming Commission of Ontario <www.agco.on.ca>. See alcohol and publications sections for tip sheets on liability, recognizing intoxication, special occasion permits, alcohol advertising and promotions, and more.

♦ about.com, the Human Internet, <alcoholism.about.com/mlibrary.htm>. This extensive US-based website is a guide to over 50,000 subjects. The information is wide-ranging, well-written, and well-organized. The section on alcoholism is extensive and includes good information on policy development, and links to online drinking assessment tools, resources, etc.

Employee awareness and assistance

♦ Alcohol-related Media Database <www.apolnet.ca>. Searchable database contains order information and in some cases, direct links, to free or low-cost fact sheets, brochures, posters, guides, and other materials appropriate for use in Ontario. Materials cover topics such as drinking and driving, alcohol and pregnancy, low-risk drinking, alcohol and youth, and more.

♦ Liquor Control Board of Ontario <www lcbo com>. Click on About LCBO, Social Responsibility Section Visit website for alcohol-free mocktail recipes and information on seasonal public awareness campaigns.


♦ Canadian Health Network <www.canadian-health-network.ca>. National bilingual website full of user-friendly information and links to over 10,000 internet resources.

♦ Employee Assistance Programs and Addictions Services in Canada. Searchable databases on the Canadian Centre for Substance Abuse website <www.ccsa.ca> and the Drug and Alcohol Registry of Treatment, <www.dart.on.ca>.
♦ How to start and maintain a self-help group <www.selfhelp.on.ca/start.html>. User-friendly guide on organizing a self-help group, and links to nearly 500 groups province-wide.

♦ Low-Risk Drinking Guidelines website, <www.lrdg.net>. Bilingual website maintained by the Centre for Addiction and Mental Health, the Association of Local Public Health Agencies and the Ontario Public Health Association. Features basic information and campaign resources on low-risk drinking. Appropriate for workers, as well as those coordinating alcohol-related awareness events.

♦ MagellanAssist, <www.magellanassist.com>. Magellan Behavioral Health is a leading provider of workplace health services in the US. The site contains self-assessment tools related to substance abuse and mental health, information on health and wellness, tips for workers, and much more. Due to differences between the Canadian and US approaches to workplace alcohol and other issues, information related to drug testing should be used with caution.

♦ The Change Management Resource Library from the US Quality Leadership Centre <www.change-management.org>. Includes links and full-text articles on a wide range of work-related change management issues. While much of the content is based on the experiences of large US corporations, many of the models, primers and tool kits may also be applied to alcohol policy development in the Canadian workplace.

♦ APOLNET website <www.apolnet.ca>. Particularly recommended are the Policy-making and Workplace Policy Information Packs, which feature many of the documents mentioned in previous sections of this guide, and the Resources Section, which includes links to free searchable online databases, best practice documents, sample policy collection, scholarly publications, email discussion lists, and public education materials.

♦ CCSA Workplace Section <www.ccsa.ca>. This section of the Canadian Centre on Substance Abuse website is devoted exclusively to workplace alcohol and other drug issues. It includes upcoming events, statistics, recent court cases, research papers and codes of practice related to alcohol and other drug testing, searchable databases of employee assistance programs, treatment services and much more.

♦ Employers Online, <www.hrmanagement.gc.ca>. Comprehensive site maintained by the Government of Canada. Includes a vast array of information and links on human resource issues useful to small and medium-sized businesses. A section on occupational health and safety includes links to Health Canada’s Workplace Health Page, information on selecting EAP providers, workplace health assessment tools, safety training, legislative and regulatory requirements, etc.

Program planning & organizational change

♦ Health Communications Tools and Resources, <www.thcu.ca>, from The Health Communication Unit at the University of Toronto. Includes links to newsletters, workshop materials, practical guides, and external resources.

♦ Organizational development publications from the Ontario Prevention Clearinghouse, <www.opc.on.ca>, covers topics such as the learning organization, creating a climate for change, leadership, and much more.
THREE CHECKLISTS TO HELP YOU STAY ON TRACK

The following three checklists are designed to help you evaluate your policy process, content and implementation. They are based on earlier sections and bring together our recommendations for policy success.

1. **Policy Process**

   ✓

   - We formed a small workgroup composed of key stakeholders to oversee the policy development process.
   - We consulted with colleagues in our industry/sector to get practical advice.
   - We collected sample policies, educational materials, and other resources developed by industry leaders, health and substance abuse prevention groups, and others in our community.
   - We held meetings with and/or surveyed workers at all levels to identify priorities for action.
   - We did an analysis of existing organizational policies, procedures, and practices to identify potential barriers and supports.
   - We made recommendations to senior management and union representatives based on our findings.
   - We secured support to develop a comprehensive workplace alcohol and other drug policy.
   - We drafted a policy and implementation plan based on careful consideration of the health, safety and legal issues affecting our workplace.
   - We consulted with workers at all levels of the organization to ensure both the policy and implementation plan addressed their concerns.
   - We made adjustments to the policy and plan based on feedback.
   - We kept key stakeholders informed throughout the process.
   - The policy was officially adopted by our organization.
   - Our policy development team was consultative and inclusive of a diversity of views.
   - Our policy process was respectful of confidentiality and privacy.
   - Team members were focused, strategic, action-oriented and able to reach a consensus.
   - Other: ____________________________________________________________
2. Policy Content

√

☐ We have a written policy governing alcohol and other drug use in our workplace.
☐ The policy effectively balances health and safety considerations with basic human and worker rights.
☐ The policy recognizes that alcohol sales, service and promotion practices in the broader community have an impact on problems experienced by the people in our workplace.
☐ The policy covers all employees.
☐ The policy covers volunteers and others who occasionally work in our organization.
☐ The policy covers work-related events where alcohol is sold or served.
☐ The policy reinforces low-risk drinking practices outside the workplace.
☐ The policy is clear about what alcohol-related behaviours and practices are unacceptable in the workplace.
☐ The policy has progressive penalties.
☐ The policy outlines the rights of workers and includes an appeal process.
☐ The policy acknowledges the special needs of workers in recovery.
☐ The policy is clear about the responsibilities of supervisors and managers.
☐ The policy supports workers who want to take advantage of community-based prevention, early intervention, and treatment services.
☐ The policy supports workers who want to start or get involved with self-help/mutual aid groups.
☐ The policy is part of a comprehensive workplace health program.
☐ Other: ____________________________________________________________
3. **Policy Implementation**

- We have a written plan to implement our workplace alcohol and other drug policy.
- The plan covers 1) employee awareness, 2) alcohol/drug testing procedures if appropriate, 3) access to prevention, early intervention and treatment services, 3) training of key supervisors and managers, and 4) monitoring and evaluation activities.
- The plan is overseen by a team composed of key stakeholders in our workplace and/or human resources.
- We have the resources we need to implement our policy/plan effectively.
- We have identified key indicators to assess policy effectiveness.
- We collect information/data appropriately.
- We analyse data periodically and make adjustments to our implementation plan as needed.
- We conduct a formal review of the policy every three to four years to ensure it continues to meet legal requirements, best practices in the field, and the needs of the workplace.
- Employees receive information about the policy in a variety of ways and at different times during the year.
- This policy information is appropriate to the socio-cultural, literacy, linguistic and other needs of workers.
- The policy is included in orientation and training packages, and policy and procedures manuals.
- There is an effective employee assistance program (EAP) in place.
- Workers and supervisors know about the EAP and use it appropriately.
- New supervisors and managers receive comprehensive training on how to apply the policy.
- Supervisors and managers know how to manage worker performance effectively, including the performance of people at risk of, or those already experiencing alcohol problems due to their own or others’ drinking.
- People who organize company functions know about alcohol liability and ways to minimize problems.
- Our alcohol and other drug policies are enforced fairly and consistently.
- Our policy is complemented by a comprehensive workplace health program that addresses other factors such as nutrition, physical activity, tobacco, etc.
- We monitor developments in alcohol availability in our community and make our views known to the appropriate agencies.
- Other:____________________________________________________.
A final word

The purpose of this guide has been to give you an overview of alcohol-related issues in the workplace, and to show what is involved in the development of comprehensive policies to prevent alcohol-related problems in these settings. While you may find the policy development process time-consuming, we know such efforts will pay off in the form of reduced alcohol problems and a supportive health-promoting workplace environment.

Policy is not a panacea for eliminating all of the alcohol-related incidents and problems arising at workplaces, but it does ensure the capacity to deal with issues as they arise. In spite of the challenges and frustrations that invariably occur, the policy development process is an effective way of mobilizing people and providing them with the skills, capacities and resources to address their shared concerns.

Preventing alcohol problems in the workplace is in everyone’s interest. To support your efforts, we have compiled a selected list of organizations and websites to contact for more information, as well as a bibliography of useful print materials.

If you need additional assistance or want to share ideas for action with others, please contact the Alcohol Policy Network.

Alcohol Policy Network
Ontario Public Health Association
700 Lawrence Avenue West, Suite 310
Toronto, Ontario, Canada, M6A 3B4
Tel: 416-367-3313 / 1-800-267-6817
Fax: 416-367-2844
Email: APN@opha.on.ca or apolnet@opha.on.ca
Website: www.apolnet.ca
The Member Assistance Program — a peer-led approach to addressing alcohol problems in the workplace

A 1996 survey conducted by the Addiction Research Foundation (now the Centre for Addiction and Mental Health) revealed that, while 40 percent of construction trade workers in Ontario experienced problems with alcohol use, only 8 percent were offered health promotion programs, EAPs, or information about substance abuse. (Thomas, 1996). One exception is the International Brotherhood of Electrical Workers, a union representing power workers in the United States and Canada, whose members voted to implement the Member Assistance Program (MAP) in 1992. What distinguishes MAP from other workplace efforts to address employee substance abuse is its reliance on peer-led activities.

Peer Group Assistance, a key component of the MAP, educates workers about substance abuse and treats those with alcoholism and other addictions. Peer group members are trained to identify co-workers in need of treatment. With the help of their fellow union members, these employees are taught to ‘unlearn’ alcohol-related problem behaviours. MAP peer groups meet on a regular basis for additional training and ongoing mutual support.

Through September 1999, over 1,050 employees, spouses, and children have used the program. An evaluation of the MAP, which is supported by the Union Benefits Fund and contributions from employers, identified benefits such as decreased health care costs and increased member satisfaction.

For more information about the MAP, visit the IBEW website at www.ibew.org.
E. Key Contacts and Resources

Organizations

Alberta Alcohol and Drug Abuse Commission
10909 Jasper Avenue
Edmonton, Alberta, T5J 3M9
Tel: 780-427-7935
Fax: 780-427-1436
Email: info@aadac.gov.ab.ca
Web: www.gov.ab.ca/aadac

Alcohol Policy Network
Ontario Public Health Association
700 Lawrence Avenue West, Suite 310
Toronto, Ontario, M6A 3B4
Tel: 416-367-3313 / 800-267-6817
Fax: 416-367-2844
Email: apn@opha.on.ca
Web: www.apolnet.ca

Alcohol and Gaming Commission of Ontario
20 Dundas Street West, 7th Floor
Toronto, Ontario, M5G 2N5
Tel: 416-326-0336 (Inspections)
Fax: 416-326-0330 (Inspections)
Web: www.agco.on.ca

Association of Community Information Centres in Ontario
e/o Community Connection
PO Box 683, Collingwood, Ontario, L9Y 4E8
Tel: (705) 444-0040 ext. 226
Web: www.informontario.on.ca/

Canadian Centre on Substance Abuse
75 Albert Street, Suite 300
Ottawa, Ontario, K1P 5E7
Tel: 613-235-4048
Fax: 613-235-8101
Web: www.ccsa.ca

Canadian Centre for Occupational Health and Safety
135 Hunter Street East
Hamilton, Ontario, L8N 1M5
Toll Free: 1-800-263-8466
Phone: 1-905-572-4400
Fax: 1-905-572-4500
Web: www.ccohs.ca

Centre for Addiction and Mental Health
Workplace Health Consulting Services
1001 Queen Street West
Toronto, Ontario, M6J 1H4
Ontario toll-free: 1-800-463-6273
Tel: (416) 595-6111
Web: sano.camh.net/workplac.htm or www.camh.net

Canada’s Drug Strategy Secretariat
Health Canada
Postal Locator 1917C Tunney’s Pasture
Ottawa, Ontario, K1A-9K9
Tel: 613-957-8337
Fax: 613-957-1565

Conference Board of Canada
255 Smyth Road
Ottawa, Ontario, K1H 8M7
Toll Free: 1-866-711-2262
Tel: 613-526-3280
Fax: 613-526-4857
Web: www.conferenceboard.ca

Drug and Alcohol Registry of Treatment
232 Central Avenue
London, Ontario, N6A 1M8
Tel: 519-439-0174
Fax: 519-439-0455
Email: info@refservices@dart.on.ca
Web: www.dart.on.ca

Health, Work and Wellness Institute of Canada
68 Water Street, Suite 502
Vancouver, British Columbia, V6B 1A4
Tel: 604-605-0922
Toll Free: 877-805-0922
Fax: 604-689-4486
Web: www.healthworkandwellness.com

The Institute for Work and Health
481 University Avenue, Suite 800
Toronto, Ontario, M5G 2E9
Tel: 416-927-2027
Fax: 416-927-4167
E-mail: info@iwh.on.ca
Web: www.iwh.on.ca
Online and on paper: More sources and resources

**Alcohol Use in the Workplace**


**Program and Policy Development**


Tyler, T. “Court awards drunk driver $300,000.” The Toronto Star. February 6, 2001, A1, A17.


Appendix 1

Regional Niagara’s Workplace Alcohol and Other Drug Policy
(Source: Public Health and Human Resources Departments, Regional Municipality of Niagara Falls, June 3, 1999. Reprinted with permission.)

Policy Statement
The Regional Municipality of Niagara is committed to ensuring the health and safety of our employees and the public we serve. The consumption of alcohol and/or other drugs by employees may impact on-the-job performance, threaten their own safety, the safety of the public, and other employees — particularly in safety sensitive positions.

Objectives
The intent of this policy is to:
♦ clarify the respective responsibilities of the region and its employees to ensure an alcohol and drug-free working environment
♦ identify, assist and where appropriate, accommodate employees who may have a drug and/or alcohol related dependency
♦ implement appropriate remedial or corrective action for employees who violate this policy, noting that each case will be assessed on its individual merits.

Definitions
In interpreting this policy, the following definitions apply:

**Alcohol:** Any beverage that contains ethyl alcohol; including beer, wine liqueurs, spirits and low alcohol products (e.g. beer with 0.5% alcohol by volume) are included in this definition (Ministry of Health).

**Corrective Action:** May include giving guidance on the use of alcohol and other drugs, guidance on the side effects of prescription medication, referral to an EAP, a verbal or written reprimand, a suspension or other measures up to and including discharge; to be determined on a case by case basis.

**Employee:** Any permanent, temporary, contractual, or probationary employee hired by the region but does not include any person holding elected office.

**Illicit Drugs:** Drugs which cannot be legally possessed under Canadian law, including a wide range of “street” drugs (e.g., marijuana, cocaine, heroin) and prescription drugs obtained without a physician’s prescription (Ministry of Health).

**Impairment:** Dysfunction resulting from alcohol or other drug use which negatively affects an employee’s ability to carry out his/her job functions in a safe, efficient or competent manner. This is distinguished from “Under the Influence” which means once consumed, alcohol and other drugs ultimately enter the bloodstream where they impair normal brain function. In this context, the term “under the influence” refers to the presence of any alcohol or other drugs in the bloodstream. It suggests that employees will allow adequate time for the body to remove all alcohol or other drugs from the bloodstream before coming to work or otherwise assuming job responsibilities (Ministry of Health).

**Prescription Drugs:** Drugs which have been legally obtained with a physician’s prescription, or purchased as an over-the-counter medication and taken as directed (Ministry of Health).

**Workplace:** Any land, premises, location, or thing at, upon, from or near which an employee works and includes a motor vehicle operated by an employee in the course of his or her duties.
Procedure

Responsibilities of Employees
As a condition of employment, all employees are expected to comply with the following:
◆ not to be impaired by alcohol at the workplace, or while otherwise performing job responsibilities
◆ not to be impaired by illicit drugs while in the workplace, or otherwise performing job responsibilities
◆ not to be impaired by prescription drugs at the workplace, or otherwise performing job responsibilities
◆ to determine from their doctor or pharmacist whether prescription or over-the-counter medication they are taking has any potential side effects that could adversely affect performance. If, following such consultation, the employee has a concern that their performance may be adversely affected, the employee has an obligation to report that concern to their manager, and may request temporary reassignment of duties.

Responsibilities of the Corporation
The Regional Municipality of Niagara is committed to ensuring the safety of employees, residents and the public. The corporation will support a working environment free from the use of alcohol and other drugs through the following actions:
◆ educational/training programs will be offered to inform all employees of the policy, awareness regarding the responsible use of alcohol and other drugs, recognition of alcohol or drug problems, and resources available to assist employees with alcohol or drug problems
◆ reasonable steps will be made to accommodate employees to the point of undue hardship in cases where alcohol and/or other drug use in contravention of this policy is caused by a “handicap” within the Human Rights Code. Alcohol and/or drug dependency will be considered a “handicap” for this purpose. As part of its commitment to accommodation, the corporation will allow budgetary provision for the Employee Assistance Program to provide assistance for employees with alcohol and/or drug problems
◆ every effort will be made to reasonably accommodate employees whose therapeutic use of medication may impact their ability to perform their duties
◆ impose corrective action on employees who violate their responsibilities under this policy
◆ the corporation encourages employees to exercise reasonable judgement when consuming alcoholic beverages at off-site events where the employee attends on behalf of the corporation. Employees who are unable to drive home safely from such events are expected to make alternate arrangements
◆ the corporation will refrain from sponsoring on-site workplace events and unique entertainment events/situations where alcohol is served. The corporation will take reasonable measures to ensure that employees who are unable to drive home safely are provided with alternate transportation. Unique events/situations where alcohol is served on-site must be approved by the Corporate Management Committee in consultation with the Regional Chair
◆ the corporation recognizes that alcohol is part of the residents culture in the ‘Homes for the Aged’ and therefore, this policy does not apply to its residents.
**Policy Implementation**

It is the occupational health and safety responsibility of all employees to report where they have reasonable grounds to suspect violation of this policy. Reasonable grounds may include: smelling alcoholic beverages on breath, slurred speech, glassy eyes, unsteadiness in walking or standing, flushed face, disorientation or drowsiness, mood changes, repeated errors in job performance, and safety infractions. The manager, union/employee representative and employee will meet to give the employee an opportunity to provide an explanation, and allow both parties (union/employee representative and manager) to further investigate the alleged violation. The manager will excuse the employee for the remainder of the shift.

Arrangements to transport the employee home in a safe manner, via taxi, will be the manager’s responsibility. If an employee refuses to accept the initial offer of safe transportation, the manager will formally register his/her concern in the presence of a witness (union/employee representative) and reissue the offer of safe transportation. Should the employee continue to dispute the manager’s offer and/or proceed to operate a vehicle, the manager will alert police authorities.

Following investigation of the alleged violation:

- the parties (employee, employee’s representative, manager) will meet within the timeframe determined in the collective agreement to discuss the investigation and appropriate action
- the employee will receive written confirmation of the incident, encouragement to access the Employee Assistance Program, and/or other corrective action, if appropriate
- any corrective action will be consistent with the respective collective agreement and terms and conditions of employment
- payment of wages will be determined by the outcome of the investigation.

Should a second or subsequent violations occur, the above protocol will apply:

- if investigation confirms a second violation of the policy and/or a pattern of frequency, the parties will meet and, if appropriate, corrective action will apply
- the employee may be referred to the Employee Assistance Program, will receive written confirmation of the incident, recommendations, and be advised of corrective action, should a third violation occur.

If a violation of this policy occurs when an employee suffers from an alcohol and/or drug dependency, the corporation will co-operate with the employee towards a goal of rehabilitation. It is the employee’s obligation to advise his/her manager or Corporate Occupational Health Manager, in confidence that he/she suffer from an alcohol and/or drug dependency as soon as possible. Objective clinical findings deemed appropriate by the Corporate Occupational Health Manager must be presented prior to accessing treatment where an employee requests that his/her absence be acknowledged as a medical leave. The employee has a duty to cooperate with the rehabilitation offered. Follow up guidelines will be established and agreed upon by the parties to assist the employee in their rehabilitative efforts.

Accommodation will be offered in keeping with the Ontario Human Rights Code, where appropriate. Each rehabilitative effort will be assessed individually, and, should the employee refuse this referral and/or rehabilitative effort is not achieved, he/she will be offered the opportunity to resign. Should he/she refuse this opportunity, termination may result. However, each case will be assessed on its individual merits.

This policy will be reviewed by the Workplace Alcohol and Other Drug Committee and the Corporate Management Committee one-year following implementation.
Who we are
The Alcohol Policy Network (APN) is a province-wide network of individuals and organizations working to improve the health of Ontarians. We are governed by a multi-sectored coordinating committee composed of representatives from public health, police, substance abuse prevention agencies, impaired driving groups and the community-at-large. The committee acts as a forum for information sharing, consensus building, priority-setting and action-planning around alcohol policy issues.

APN is a project of the Ontario Public Health Association and a member of the Ontario Health Promotion Resource System.

Our mission
We facilitate the development of policies that prevent problems associated with alcohol use, and enhance the health, safety and well-being of individuals and communities across Ontario.

Our philosophy
We believe that:
♦ individuals have a right to be involved in decisions that affect their health and the health of their communities.
♦ alcohol, although enjoyed by many, has widespread health, social and economic consequences.
♦ by creating a social, economic and physical environment conducive to healthy living, we can prevent or reduce alcohol-related harm.
♦ by complementing harm reduction strategies with policies affecting the physical, social and economic availability of alcohol, we can promote the health and safety of all Ontarians.

Our products and services
Information & Referral and Networking & Consultation on current legislative initiatives, the policy process, community mobilization, alcohol policy basics, sources of funding and support, etc. Consultation may include a document review, advice on local policy development or a facilitated meeting. Services are delivered via phone, email, and through a limited number of site visits.

♦ Publications. These include: research reports on alcohol advertising, alcohol delivery services, air rage, alcohol policy and public health; the annual Directory of Substance Abuse and Injury Prevention Contacts in Public Health; the Directory of Funding Sources for Injury & Substance Abuse Prevention Projects; a how-to Let’s Take Action series on policy development in workplaces, educational institutions, and community organizations; a special issue of Contemporary Drug Problems on alcohol policy and injury prevention.

♦ APOLNET, our popular website (www.apolnet.ca), features a wide variety of resources and links to research papers, government bills, legislative debates, etc. on alcohol-related issues such as impaired driving, alcohol advertising, low-risk drinking (www.lrdg.net), municipal alcohol policy, and alcohol and the law. It also has three searchable databases to which you can add information: an Events Calendar featuring alcohol and other drug-related events; a Key Contacts Database of colleagues within the field, funders, speakers, consultants, etc.; and an Alcohol-Related Media Database, a collection of resources others have used in campaigns and educational support.

♦ The APOLNET Listserv is an email discussion list designed to facilitate information sharing, networking and discussion on Canadian alcohol-related issues. Features include a bi-weekly Alcohol in the News digest and the Alcohol Research Quarterly. To join, send an email to: apolnet-l-request@list.web.net. Leave the subject line blank. Type: subscribe apolnet-l in the body of the message.

♦ Distance education/self-guided learning and regional workshops and seminars on topics such as liquor licensing, local policy development, low-risk drinking guidelines, orientation to the substance abuse field, etc. Upcoming training events are listed on the website’s Events Calendar, and supporting materials are publicly available on the site after the event. Follow-up networking and peer support is also provided through policy tele-roundtables. Education and training events are usually organized in conjunction with local and provincial partners.

For more information, please contact:
Alcohol Policy Network
Ontario Public Health Association,
700 Lawrence Ave. West, Suite 310,
Toronto, Ontario, M6A 3B4
Tel: 416-367-3313 / 1-800-267-6817
Fax: 416-367-2844
Email: APN@oph.a.on.ca or apolnet@oph.a.on.ca
Web Site: www.apolnet.ca
EVALUATION FORM

1. How did you hear about “Let’s Take Action on Alcohol Problems in the Workplace?”
   - At a conference/workshop
   - Flyer
   - Email/E-bulletin/Listserv notice
   - Colleague/Word-of-mouth
   - Other: ____________

2. How would you rate this resource in terms of:
   
<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Usefulness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clarity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Timeliness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Which sections of this resource did you find most useful?

4. How will you use this resource? (Check all that apply)
   - To develop an alcohol policy
   - To build on others’ expertise
   - To share resources
   - To distribute to others
   - To improve planning/programs
   - Other: ______________

5. What changes would you like to see in future editions?

6. Other comments or suggestions:

7. Please tell us about yourself (Please check all that apply)
   
<table>
<thead>
<tr>
<th>Focus of your work:</th>
<th>Injury Prevention</th>
<th>Substance abuse Prevention</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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<td>Employer:</td>
<td>Health unit</td>
<td>Addictions agency</td>
<td>Other</td>
</tr>
<tr>
<td>Area of province:</td>
<td>Central</td>
<td>Southwest</td>
<td>Southeast</td>
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<tr>
<td></td>
<td>Northwest</td>
<td>Northeast</td>
<td>Outside Ontario</td>
</tr>
</tbody>
</table>

Please fax back to the Alcohol Policy Network at 416-367-2844.

Thank you!