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Prevention in the Workplace as an Evidence-based Practice

ABSTRACT

A commitment to the creation of safe and healthy workplace should be the goal of every employer, regardless of the size of the company. The employees' use of intoxicants, psychotropic substances and drugs for purposes other than medical may have a negative impact on work safety, and thus constitute a broadly understood threat for both the employee and the company. In the face of possible employee addiction and a decrease in the quality of their life and work efficiency, the question about the effectiveness of social prevention in the workplace is crucial. Clearly defined goals, preventive actions tailored to the needs of recipients, and collateral activities including promotional ones, are important elements that should be taken into account when building an internal policy of limiting the consumption of psychoactive substances by employees. The purpose of this article is to present contemporary prevention strategies concerning the use of psychoactive substances in the workplace. According to scientific knowledge (empirical evidence), these strategies are characterized by high effectiveness. In order to achieve this objective, the available literature was analysed.

KEYWORDS

social prevention,
workplace,
psychoactive
substances, addiction,
evidence-based
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Introduction

The goal of this article is to define the standards of preventive measures concerning using illegal psychoactive substances by the employees in the workplace. Currently, the phenomenon of drug use by children, youth and adults remains at an alarming level, although it is not increasing. Many preventive programs are in place on both the universal, selective level, as well as at the level of schools, community centres and local environments. The programs are dedicated to children, youth, young adults and parents. According to the European drug report released in 2019, around 29% of people in the European Union aged 15 to 64, have tried drugs at least once. It is quite popular among the drug users to take various substances at the same time. Cannabis is the most popular drug. All kinds of drugs are most often used by the male population and that difference is particularly clear in the case of intensive or regular use (*European drug report 2019*: 43–44). The national report about the status of drug addiction in Poland from 2018 emphasizes that the percentage of people aged 15–64, who drink alcohol, equalled to 89.7% (the research of 2014), while in terms of drugs—it was 4.7%. The habit of using drugs among young adults (15 to 34 years old) was popular among around 10% of them. Cannabis was the most commonly used drug—10% of the respondents aged 15 to 34 admitted using it in 2014. In the researched population (15–64 years old), a higher proportion of men was reported to use drugs—15.4%, than women—3.7% (*Report on drug addiction 2018*: 7–8). This data shows that the phenomenon of drug use also concerns people at the working age, i.e. employees. Preventive measures in this area are very limited and there are not enough recommended programs which would aim to reduce the phenomenon of using psychoactive substances in the workplace.

According to the research prepared by the National Centre for Workplace Health Promotion by the Nofer Institute of Occupational Medicine in Łódź, companies do not engage in any preventive actions related to drug use by their employees (Korzeniowska, Puchalski, Goszczyńska 2013: 7). The research was conducted in November and December 2015 (it covered 1000 companies across Poland, employing at least 50 people), and its aim was to define the activities of the medium-sized and large companies in Poland concerning the

workplace health promotion (including the prevention of using psychoactive substances). The studies revealed that drug prevention is almost non-existent in the companies. Only 1.2% of the companies noticed certain problems related to such substances, while only 0.5% of them treated them seriously and took some preventive measures (Puchalski, Korzeniowska 2017: 234). Moreover, the companies in Poland do not have enough support from the specialists in occupational medicine and local governments in the implementation of measures aimed at reducing the use of illegal psychoactive substances (Goszczyńska 2013: 593–594).

There are also no programs in Poland recommended by the National Bureau for Drug Prevention, which are designed for the employees and intended for implementation in the workplace environment. There is also a shortage of scientific research in this area. It seems that there almost no data concerning the scale of using psychoactive substances by the workers, the needs related to the preventive actions in terms of drug use, as well as various conditions and models of prevention. There is also a shortage of the implemented preventive programs and their evaluation in the workplaces.

Negative results of using illegal psychoactive substances in the workplace

Using drugs is one of the reasons for various diseases spreading in the world. Other health issues can coexist with drug use—acute or chronic ones, which are further affected by still other factors (depending on the properties of the substances, their way of serving, body endurance, as well as the social context in which drugs are being used). Such chronic diseases include, inter alia, addiction and infectious diseases related to drug use. The most documented condition among the acute health disorders is overdosing (*European drug report* 2019: 65). According to the data prepared by the Central Statistical Office, 204 deaths were registered in 2016 and in 2015—255, as a result of drug use. The data from 2016 reveals that men are the main victims of fatal overdoses (in 72% of the cases) (*Report on drug addiction* 2018: 11). Based on the research conducted by the Institute of Psychiatry and Neurology in Warsaw, the standardised mortality rate

is 3.4 (2.1 for women and 4.6 for men). The maximum value of that mortality rate refers to women aged 30–34 (18.5). The study indicates that the likelihood of death is 3.4 times higher among drug users than among other people (*Report on drug addiction 2018*: 14–15).

The estimation of production losses caused by the premature death resulting from drug overdose indicates that if the drug users lived for another year, they could have generated the GDP of around 46.94 million PLN, including the opioid users—9.47 million PLN (Mielecka-Kubień 2017: 28).

One of the most serious chronic health issues are infectious diseases. In 2017, there were 1310 new incidents of HIV infection, including 36 among the users of injected drugs. The data gathered by the National Institute of Public Health in 2017 among the injection drug users revealed that HIV antibodies were present in 18.5% of the respondents who inject drugs, and 57.6% of the respondents had HCV antibodies present (*Report on drug addiction 2018*: 14–15).

Apart from the losses suffered by drug users, the society (including the companies) also suffers losses. In 2005, the estimated production losses resulting from the absence (for health reasons) of employees using drugs amounted to 32.25 million PLN. Such GDP could have been achieved by the drug users who were off sick (assuming that they would have worked the same number of days as other healthy employees and generated the same value of GDP in one day) (Mielecka-Kubień 2017: 47). People using drugs can also be dangerous to themselves, as well as to other people, e.g. by driving the car under the influence of drugs. 1.7% of adult Poles, who drove the car within 30 days prior to the research, declared that they have been under the influence of alcohol while driving, and 1.1% of adult Poles admitted that they have driven a car after taking drugs (*Report on drug addiction 2018*: 14–20). The consequences of such behaviour are not only losses in terms of the bad image of the company whose employee can cause an accident, but most of all, in terms of the risk of harming or killing other road users.

Thus, we can assume that there are many reasons, including significant financial losses, which should encourage enterprises to get involved in drug prevention among their employees. The substance abuse is related to the absence at work, the increased risk of incidents and accidents at work, as well as expenses arising from health care

(Cook, Schlenger 2002: 117–118). Using psychoactive substances by the employees can also lead to more frequent changing of jobs and workplaces, recurring absences resulting from sick leaves, and it can weaken the relations and increase tension between the employees (especially if they suspect that someone's absence results from drug use [Van Hasselt, Keyes, Bray, Miller 2015: 381]). As a result of using drugs by the employees, communication problems can occur in the company because of the drug users' sudden and unpredictable change of moods, irritability and aggression, irresponsible behaviour, careless and irrational choices, as well as the lack of interest in the company. All these cognitive and behavioural symptoms are clearly harmful for the businesses (Breen, Matusitz 2009: 436).

The ineffective way of dealing with the use of psychoactive substances by the employees in the workplace also generates expenses for the companies, resulting from the employees' confining themselves only to the physical presence at work, decreased productivity, increased number of errors made, worsening the company's image, and losing the customers' trust. The implementation of a complex policy and a conscious approach to the problem of drugs in the workplace can reduce the risk of additional expenses for the company (*Employer's handbook...* 10).

Taking into account the consequences suffered both by the employer and the employee, resulting from using illegal psychoactive substances by the workers, it should be obvious for the management team to introduce an anti-drug policy, as well as various programs and measures based on that policy, in order to minimise the phenomenon of using drugs by the employees. In practice, though, such actions are only implemented by a few companies.

The evidence-based, scientific prevention programs could effectively reduce the risky behaviours of employees, and, in consequence—minimise the expenses suffered by the worker and the employer. The preventive actions that follow the evidence-based practice are actions that have been scientifically tested and clinically validated, and, as a result, they were considered effective (Sorensen, Hetteema, Larios 2018). Therefore, the investment in the prevention carried out this way can result in measurable benefits for the entire company.

Anti-drug policy in the workplace

The psycho-social factors at work can lead to using drugs by the employees. Such factors may include: work environment, group processes, perception and tolerance of the co-workers who use alcohol or drugs, and the attitude towards the company's policy. These factors can be analysed from the point of view of the macro-organisational influences (work environment) or the micro-psychological ones (attitudes). The protective factors include social integration and organisational arrangement in the workplace. A problematic use of substances leads to the necessity to work out the policy which will be developed in order to control or solve the problems (Bennett, Lehman, Reynolds 2000: 159).

The drug strategies are focused on defining and implementing the effective responses to drug issues based on the scientific evidence. Preventive actions and early interventions are aimed at preventing the drug use and related problems (*European Drug Report 2019*: 66). The drug preventive actions are defined in the Act of 29 July 2005 on the prevention of drug abuse. The national strategy of preventing drug addiction is defined in the National Health Program (NHP), which covers the issue of addictions and prevention of using various psychoactive substances. Thanks to that, the subject of addictions has been included in the broader context of public health. A very important part of the NHP is the increased focus on the improvement of the quality of prevention programs. Preventive actions are introduced by many entities, including, in the first place, the government entities (related ministries and agencies), local and regional authorities, as well as non-governmental organisations (*Report on drug addiction 2018*: 28, 33–34).

A firm policy is the basis for good practices in terms of promoting mental health in the workplace. Such a policy should include strict rules known to all employees, and it should have a transparent budget. Within the frames of that policy, a person should be selected and trained, or a group of people having the required skills should be appointed to take the responsibility for the implementation of the policy. Finally, the managing team should be strong and supported by the employees. The following areas should be included in this policy: health and safety, health promotion, rehabilitation and

return to work, equality and non-discrimination (Wynne, De Broeck, Vandenbroeck, Leka, Jain, Houtman, McDauid 2014: 27–28).

A starting point for establishing and implementing an anti-drug policy in the company is gathering a set of rules and responsibilities for the employer and the employees, related to the use of these substances, including the national law and internal company regulations. The internal regulations should consider the issues identified in the business and the needs resulting from them. Also, they should be established in the course of the consultations with the management staff and the employees. Such rules should clearly specify, *inter alia*: what is forbidden; the consequences of breaking the rule; the rights of the workers; the procedures allowing the employees to express their dissatisfaction with the program; the ways of dealing with the situations in which a person is suspected of using psychoactive substances; the regulations related to the protection of data and information concerning particular employees (especially the sensitive data); the forms of support for the addicted people who are willing to undergo treatment; and the conditions for returning to work during a therapy or after it is finished (Korzeniowska, Puchalski, Goszczyńska 2013: 35–36). On such a basis, it is possible to implement many measures based on the clearly defined company policy in terms of preventing the use of psychoactive substances by the employees.

One of the elements of the anti-drug policy enforcement is monitoring the employees for drug use. It is enabled by drug tests. Testing employees for drugs is currently a common practice in the United States and many other countries. Big and small companies, as well as corporations, routinely test job applicants, and passing a drug test is quite often a prerequisite for employment. Once employed, the workers are subject to random testing. The reasons for such testing can include: low efficiency, lost profits, defective products, absences at work, accidents at work, a high rotation of employees, theft or spying. The most popular drug tests in the workplace include collecting a sample of urine and sending it to the laboratory for analysis. A new approach enables testing employees on the spot due to the availability of many simple testing sets (Armbruster 2002: 25). Drug tests reflect the company's policy of no tolerance for using drugs and being under their influence at work. What is important is that such actions should not be the only preventive measures implemented by the

company. Apart from the strict drug control, the enterprises should introduce informative, educational and supportive actions. Complex programs should aim at reducing drug use among the employees, but they should also help the addicted workers and those returning to work after a therapy.

Therefore, it is important for the companies to implement not only the programs promoting health through physical activities and healthy eating, but also prevention programs related to using legal and illegal psychoactive substances. However, in practice, the companies hardly ever implement such actions, and the issue of drug use is not considered as important as other programs promoting health.

The standards of preventive activities in the workplace

Many factors can hinder the implementation of social prevention programs in the workplace. In order to overcome these difficulties, the following strategies can be introduced: establishing the common ground with the companies by carrying out a diagnosis of the problems in order to improve or design the program so that it meets the current needs of the company; discussing the contents of particular programs rather than talking about the concepts and types of programs; as well as developing long-term, good relations with the companies (Macdonald, Wells 1999). Reducing the difficulties related to the implementation of the programs is also possible by using the solutions that were documented as effective, and by referring to the quality standards. Due to a very small number of preventive programs used in Poland, in most companies there are no detailed standards of those programs. Thus, it is worth referring to the general standards concerning preventive measures and to foreign, evidence-based experiences.

The quality standards of the addiction prevention programs are aimed at all the people interested in developing effective preventive actions based on scientific evidence. The standards refer to the entire project cycle of the prevention program, and they define detailed requirements for each of the eight stages (evaluating the needs, analysing the resources and program frames, designing the intervention, management and mobilisation of resources, implementation and monitoring, final evaluations, and distribution). If the measures

implemented under the prevention program are to meet the criteria of the standards, they should aim at preventing or delaying drug initiation, promoting abstinence, reducing the frequency of using and/or the quantity of used substances, preventing switching to increasingly more dangerous and harmful patterns of using, and/or preventing or reducing the negative effects of using drugs (Węgrzecka-Giluń, Malczewski 2011: 35–36, 43–46).

The Department of Health and Social Services of the United States suggests a model plan of a complex prevention program concerning using drugs by the employees in the workplace, which should be based on five essential elements: developing a comprehensive policy in the form of a document, training the managers, educating the employees, ensuring the availability of support programs for the workers, identifying illegal drug users, including using drug tests. The foundation of the model is a policy that offers support, but—at the same time—clearly communicates that using illegal substances will not be tolerated in the company (see *Model Plan for a Comprehensive Drug-Free Workplace Program* 1989).

The essential element present in the United States includes the resources of the work programs SAMHSA (Division of Workplace Programs of Substance Abuse and Mental Health Services Administration), which comprise information that supports the employers in developing, implementing and maintaining effective programs aiming at the creation of a drug-free workplace. These programs often combine the prevention of drug use in the workplace with the evidence-based health practices, including the programs selected from the national registry of evidence-based programs and practices from SAMHSA (National Registry of Evidence-Based Programs and Practices—NREPP) (see *About the Division of Workplace Programs* 2019). Additionally, the NREPP database also includes various preventive programs, including those which were subject to scientific research.

An important element of the implementation of preventive programs in the workplace is the adaptation of the programs which had been documented as effective.

We can distinguish four stages of implementing the measures which had been proven effective: training, adaptation (the stage consisting of decision making and activities related to the choice

of innovative solutions and their evaluation), implementation (the strategy of action aiming at adapting the program based on empirical research and its integration with the previous activities of the company, which, in consequence, will lead to changes in its operation), and improving the practice. The implementation will be an important step between making the decision on the program adaptation and the permanent introduction of the program into the company's operations. We can distinguish some factors that can increase the success of the project. These include: quality and intensity of the training as well as the support of the people implementing the innovations, positive attitude towards the implemented activities, as well as time and money. Moreover, the implementation of the evidence-based programs is possible in well-managed institutions. Good management, involvement and management support are the necessary conditions for the acquisition and availability of the innovative programs, their implementation, the consolidation of the effective actions, positive attitudes towards the implemented actions, the proper allocation of financial resources, and the adequate monitoring of their quality (Flynn, Simpson 2013).

There are many elements which need to be harmonized so that successful drug prevention can be implemented in a company. The implemented program should be based on scientific evidence, but it is equally important that the company offers its employees good atmosphere, because even the most effective program will not be effective if it is not accepted.

Conclusion

While planning and implementing preventive programs, the companies are getting more and more determined to make them comply with scientific evidence. The evidence-based practice trend is increasingly important when implementing preventive measures. Today, only a few drug prevention programs in the workplace are in use in Poland. There are also no programs for the employees, which would be recommended as based on scientific evidence. Therefore, creating and evaluating such programs, or adapting the ones existing in other countries, is very important.

Among the benefits resulting from the complex solutions to the employees' problems, we can list the following: capital savings related to, *inter alia*, the reduced expenses resulting from sick leaves; less accidents at work; time savings; improvement and development of the personnel quality by improving their health and reducing the risk of losing it; reducing the stress level; reducing the fear of change; opening for innovation; increasing self-esteem and the sense of responsibility; development of competences; improving internal social relations, through, e.g. improving the company's system of information and internal communication, creating the leaders and task groups in health-related areas, developing their commitment, strengthening bonds and interpersonal relations; the employees' increased acceptance for the company's aims and operations; better integration of the workers with the company; the employees' support for branding and marketing activities (Korzeniowska, Puchalski, Goszczyńska 2013: 12).

Another important reason for the implementation of preventive programs in the workplace is that the programs can influence the employees who are parents. The access to the parents and the attempt to make them involved in preventive programs aiming to increase their competences can result in the reduction of drug use among children and youth. The program called Parenting Partnership is an example of a project aimed at parents, which is conducted in 24 one-hour sessions. Another program: the K.I.D.S. (Kids in a Drug-Free Society), was designed to give the working parents motivation and skills necessary for conducting effective conversations with children about alcohol, smoking and other drugs. The main element of this program is training in the workplace which is to help parents to strengthen family ties, specify clear expectations, and develop their children's ability to resist the peer pressure (Cook, Schlenger 2002: 118–119).

The fulfilment of preventive programs in the workplace is as important as implementing preventive measures at school or in the local community. That is why, there is a huge need for the research in this area. It is also important to design, implement and evaluate new programs based on quality standards in order to develop evidence-based solutions, and to adapt and implement the existing programs which derive from the evidence-based practice.

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