ORGANIZATION OF AMERICAN STATES

INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

cicad

FINAL DRAFT

CICAD HEMISPHERIC GUIDELINES ON WORKPLACE PREVENTION

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1. INTRODUCTION

The workplace in Western Hemisphere countries is a highly complex environment. There is a trend in our countries toward globalized economies in which companies must not only adapt to a world in constant flux but also respond to an ever more demanding and competitive market. International competition calls for innovative, diverse, and flexible companies in which human resources become one of the most important values within an organization. A company needs workers who are healthy, uninjured and committed, and who have a feeling of belonging to the organization. Employees must also have the emotional and intellectual capacity to interact socially and work as a team, and a willingness to train continuously. They must also be responsible for their own health and safety as well as that of others, and their workplace. In return, the organizations must provide emotional and intellectual tools, bearing in mind that work is a major source of personal satisfaction and the vehicle through which workers derive much of their personal identity and self-esteem. It is important that work contribute to their quality of life, strengthening elements of motivation and personal satisfaction such as self-fulfillment and recognition.

In light of the impact that work has on our lives, public policies on the issue need to be designed and implemented, bearing in mind the social consequences that are of concern to the State. Measures adopted by the state in this regard are not left to fate; quite the contrary: during much of the last century it was precisely work-related matters that were most particularly intertwined with the issues associated with the exercise of citizenship, which is one of the enabling conditions of state action in society.

With these new trends, while organizations are growing and employee development is being enhanced, there are also a series of risks in the workplace that affect employees' health and security. In this sense, working conditions are a critical factor for quality of life. These risks, as we shall see below, can stem from the use and abuse of alcohol and other drugs that not only affect workers' health and well-being, but also have consequences such as poorer work performance, lost work days, increase in on-the-job accidents, disability leave, etc., at a high cost to the organization and its productivity, as well as to society as a whole.

Hence the importance of designing and implementing drug abuse workplace prevention programs, given that this is a problem that impairs the individual's health, affecting the organization for which they work and the society around them. More importantly, it affects the well-being of the citizen, a prerequisite for the modern state to function effectively. Accordingly, public policies against drug and alcohol abuse instituted by National Anti-Drug Commissions in the hemisphere must take into account working conditions, living standards and the social and family environment of workers, so that they favor interventions with a comprehensive approach, since, in addition to

conditions in the workplace itself, there are important factors to bear in mind from the outset in the social environment and personal circumstances of the individual.

A number of public and private workplace prevention activities are in place in the hemisphere. Some of our countries have developed more systematic strategies and methodologies through which governments address the problem of workplace drug use, guaranteeing equal treatment for all by carrying out actions within the companies and/or public-sector organizations. Each of these activities responds to the local circumstances of each country where it is carried out, but it can also be of valuable help for other countries that are searching for answers to the problems of workplace drug use.

It is, therefore, important to recognize the key elements of these strategies and compile them in the design of hemispheric guidelines for workplace prevention, including the following factors: research, linkage of key entities at both the governmental and civil society levels, creation of appropriate intervention models with educational materials, training of core teams within the organizations, and execution and evaluation of prevention programs at the national level with application in the regions, municipalities, communities, and each individual workplace.

2. BACKGROUND

2.1 THE CICAD ANTI-DRUG STRATEGY IN THE HEMISPHERE (1996)

The ***Anti-Drug Strategy in the Hemisphere*** addresses the drug problem from a global and multidisciplinary perspective. All countries of the hemisphere recognize that they share responsibility for ensuring a comprehensive and balanced approach on all aspects of the phenomenon, taking into account their available capabilities and resources. The measures suggested will take account of socioeconomic and cultural contexts, and should be carried out in accordance with the internal legal order of the countries of the hemisphere.

In the Strategy, the countries of the hemisphere recognize drug abuse as a grave threat not only to the life and health of the user, but also to the community in general. The way in which the problem has evolved demonstrates that demand reduction must be a key component of policies intended to address the problem.

2.2 THE PLAN OF ACTION FOR IMPLEMENTATION OF THE ANTI-DRUG STRATEGY IN THE HEMISPHERE

The Plan of Action calls for technical meetings in the CICAD framework to develop clear guidelines on elements needed for a comprehensive prevention program, from a conceptual and methodological perspective, in order to bring an inter-American perspective to prevention, based on successful experiences to date.

2.3. THE MULTILATERAL EVALUATION MECHANISM (MEM)

CICAD's Multilateral Evaluation Mechanism, in its first, second, and third rounds, recommended the design and development of workplace prevention programs to be implemented in both the public and private sectors.

2.4 DOCUMENT OF THE INTERNATIONAL LABOR ORGANIZATION (ILO) – "MANAGEMENT OF ALCOHOL AND DRUG RELATED ISSUES IN THE WORKPLACE"

Recognizing the need to prevent the use of licit and illicit substances, the ILO has found that workplace prevention policies to assist individuals who have alcohol- and drug-related problems result in the most constructive and favorable results for workers as well as employers. For this reason, the Governing Body of the ILO convened a meeting of experts in Geneva in January 1995 to consider a draft code of practice on the management of alcohol- and drug-related problems in the workplace.[1]

2.5. THIRTY-SIXTH REGULAR SESSION OF CICAD

Dr. José Ramón Granero, the Argentine Secretary of State for Prevention of Drug Addiction and Drug Trafficking Control (SEDRONAR) and Chairman of CICAD's Demand Reduction Expert Group, introduced the report of the Expert Group meeting in Argentina in September 2004 (CICAD/doc.1353/04) on **Hemispheric Guidelines for School-Based Prevention**. The Commission approved the Guidelines, recommended them for adoption and adaptation by member states, and decided that the Demand Reduction Expert Group must continue its effective work and develop guidelines for other areas of demand reduction, such as workplace prevention, prevention in communities, for parents, and for specific high-risk population groups.

2.6 FORTY-FIRST REGULAR SESSION OF CICAD

As noted in the final report of the forty-first regular session of CICAD, in April 2007, it was agreed that the work plan of the Demand Reduction Expert Group for 2007-2008 should focus primarily on strengthening workplace prevention mechanisms.

2.7 EIGHTH MEETING OF CICAD'S EXPERT GROUP ON DEMAND REDUCTION, BOGOTA, COLOMBIA, 2007.

This meeting recommended that some hemispheric guidelines for workplace prevention" be developed, based on tested and proven strategies linking appropriate governmental and nongovernmental agencies in this area. Ongoing, systematic actions targeting workers and their immediate social environment (family, community) should be generated in order to contribute to improving their quality of life, through the development of a culture of prevention geared to strengthening protective factors and

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[1] ILO: Management of alcohol- and drug-related issues in the workplace, document of the Meeting of Experts in Geneva on January 31, 1996.

reducing the risk factors associated with drug use in the work environment. That means that companies should provide not only a safe and healthy environment and training, but also comprehensive workplace health, and development of their human resources, and should promote the mental and physical welfare of their workers. They should promote a healthy lifestyle, with appropriate working conditions, good working environment, good labor relations, pertinent training and protection of health, to contribute to the improvement of the quality of life of the workers.

2.8 TASK FORCE ON WORKPLACE PREVENTION, SANTIAGO, CHILE, JUNE 2007

A meeting of a Task Force on Workplace Prevention, organized by the Executive Secretariat of CICAD and the Chilean National Narcotics Control Council (CONACE), was held in Santiago, Chile on June 5-7, 2007, in the framework of a horizontal cooperation agreement between the two institutions. The knowledge and experience of experts from twelve countries who had prior experience with workplace prevention programs were brought to bear on an initial framework document on workplace prevention.

2.9 NINTH MEETING OF CICAD'S EXPERT GROUP ON DEMAND REDUCTION, SANTIAGO, CHILE, NOVEMBER 2007

At the ninth meeting of CICAD's Expert Group on Demand Reduction, held in Santiago, Chile in November 2007 and chaired by that country, nineteen OAS member and observer states examined the initial document presented by the Executive Secretariat of CICAD in conjunction with CONACE. The participants' inputs to the original document resulted in the final version that follows below on page XXX. The Expert Group also recommended that a second document be prepared, building on the first, to provide practical tools for the implementation of workplace prevention programs in individual companies through a comprehensive program designed for that purpose.

3. POLICY FRAMEWORK

3.1. RECOMMENDATIONS OF THE CICAD EXPERT GROUP ON DEMAND REDUCTION

The fifth meeting of CICAD's Expert Group on Demand Reduction submitted the following recommendations on workplace prevention to the Commission and the member states for consideration and possible adoption.

3.2 RECOMMENDATIONS TO THE MEMBER STATES:

- That they conduct research to measure or characterize the extent of drug use in the workplace.

- That they facilitate cooperation among Ministries of Labor, companies and labor unions to create employee assistance programs to prevent drug use in the workplace.
- That they include in their National Anti-Drug Plans strategies for prevention of alcohol and other drug use among workers as another targeted population in the framework of a Demand Reduction Plan.
- That they reach out to private companies and business leaders in vulnerable sectors where public safety is at stake (for example, transportation, automobile manufacturing plants and other line-production industries such as textile factories and *maquiladoras*) so they are alerted to the need to invest resources in prevention programs.

3.3 RECOMMENDATIONS TO CICAD'S EXECUTIVE SECRETARIAT

- That the Inter-American Observatory on Drugs should develop, as part of the Inter-American Drug Use Data System (SIDUC), methodologies to gather information on drug use in the workplace.

- That it promote cooperation with the International Labor Organization (ILO) in order to disseminate strategies developed by the ILO to prevent drug use in the workplace.

- That it create, through its Demand Reduction Program, a program of support to member states to hekp them develop and implement a workplace prevention strategy, bearing in mind the guidelines and recommendations set out in this document.

3.4 GENERAL CONSIDERATIONS

- Improve and/or promote the legal framework necessary in each country for development of a national workplace prevention strategy.

- Recommend that the governments recognize, evaluate, and prioritize a national workplace prevention strategy.

- Consider the different work settings: agricultural workers, State and government employees, large holding companies, small- and medium-sized businesses, independent professionals, business or establishments, informal sector and others.

- Recommend that the workplace prevention strategy be included in the national drug control plan, and that it cover prevention, rehabilitation, and job reentry.

- The workplace prevention strategy should be carried out in coordination between each country's National Drug Commission and the Ministries of Labor and Health (or agency with jurisdiction in the area); the various government entities should be part of the effort, starting with program design through execution and follow-up, evaluation, and monitoring.

- Recommend the development of a national policy on workplace prevention with application in the regions, municipalities, and communities that reaches each workplace. Each city, region, province, and country should move to develop a workplace prevention policy as part of the national social security plan, to ensure consistency and sustainability.

- Establish policies and legislation on prevention of drug abuse in the workplace.

- Implement drug abuse prevention strategies in the workplace.

- Expand coverage, strengthening, and integration of drug abuse treatment services targeting the economically active population.

- Seek resources so that all workplaces can have programs targeted to employers, employees, their families, and the community.

- Corporate policy programs and actions that favor attitudes, values, and skills for a healthy lifestyle and against drug use should be promoted by each government.

- Promote a law for mandatory contributions by the corporate sector to drug abuse prevention programs in companies.

- Encourage corporate partnerships.

- Encourage strategic partnerships involving governments, NGOs, and civil society to expand coverage and reach the direct beneficiaries with preventive intervention.

- Cooperation agencies can become basic tools for the development of programs through exchange, research, coordination, and technical assistance among countries, financial participation of international organizations, entrepreneurs, private companies, and local and municipal governments in order to ensure the sustainability of the programs.

4. THEORETICAL BASIS

4.1. THE CONCEPT OF PREVENTION

Prevention can be defined as the action and effect of interventions designed to change the individual, social, and environmental determinants of the abuse of licit and illicit drugs, including both the avoidance of initial use of drugs and progression to more frequent or regular use by at-risk populations.[2] Prevention is the combination of strategies that a given community uses to forestall the appearance of undesirable phenomena, in order to avoid them and minimize them.

4.2. THE WORKPLACE PREVENTION CONCEPT

Workplace prevention is understood as a series of coordinated activities aimed at the work environment for information, awareness-building, consensus-seeking and promoting organizational changes in the various levels and sectors of the company (managers, employees, union representatives, worker health services, etc.) The objective of these interventions is to prevent or reduce consumption of licit or illicit drugs by workers, and reduce the risks associated with use.

4.3. LEVELS OF PREVENTION

4.3.1 UNIVERSAL PREVENTION

Universal prevention programs target the general population (national, regional, local community, businesses, school, etc.) with messages and programs intended to prevent or delay the first use of alcohol and other drugs. These programs generally have the following characteristics:

- Designed to reach the whole population, without taking into account individual risk situations.

- Directed at large groups of persons.

- Designed to delay or prevent drug abuse.

- Require less time and effort for the audience to understand than is the case with selective or indicated programs.

- Personnel who implement the program should be professionals from other fields, such as teachers or community agents who have been trained to apply the program.

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[2] Alonso Sáenz, C. et al. *Prevención de la A a la Z. Glosario sobre prevención del abuso de drogas*, p.143 (Adapted from UNDCP 2000; and CSAP, 1993)

- The cost per person tends to be lower than for the selective or indicated programs.

In short, this kind of prevention indiscriminately targets a general group. Applied to workplace prevention, it would be all employees at a workplace or company.

4.3.2. SELECTIVE PREVENTION

Selective prevention programs target subgroups at greater risk of becoming users or those already experimenting with drugs. At-risk groups can be defined on the basis of any of the risk factors: biological, psychological, social, or environmental. Their characteristics are:

- Designed to delay or prevent drug abuse.

- Participants have common characteristics that place them in an at-risk group.

- Generally there is no consideration of the degree of vulnerability or personal risk of members of the group -- merely belonging to the group presupposes vulnerability.

- It is necessary to know risk factors in order to design actions specifically targeting those factors.

- Carried out over long periods of time and demand more dedication and effort on the part of the participants than the universal programs.

- Require personnel with specific training because they have to work with youth with different problems, family situations, and risk communities.

- Cost per person is higher.

- Activities are more related to the everyday life of the target population in a specific way, such as increasing their communication skills.

4.3.3. INDICATED PREVENTION

Indicated prevention programs target people diagnosed as drug-dependent and those who show evidence of prior use. (For example, users of "gateway" drugs, persons with antisocial conduct and psychological problems). Their characteristics are:

- Aimed at people who show the first symptoms of substance abuse or have other related behavioral problems.

- Designed to halt the progression of substance abuse and related disorders.

- Emphasize on multiple behaviors simultaneously.

- Participants / targets in these programs must be carefully selected.

- Special attention is paid to individual risk factors and behavioral problems.

- Should be long-term and at the same time intensive.

- Try to alter participants' behavior.

- Require highly specialized personnel with clinical training.

- Cost more than the universal or selective programs.

- Aimed at a specific subgroup in the community, normally users or persons with behavioral problems. They are high-risk persons (e.g., employees with problems that have already been detected).

4.4. PROTECTIVE AND RISK FACTORS

Protective and risk factors associated with drug use can be analyzed in various dimensions: personal, immediate social context, and the individual's socio-cultural environment. Each of these dimensions interacts with the others in a specific and varied manner in individuals and in the various spheres of interaction. It is important to stress the close link between the individual, the family, and the job.

Individual protective and risk factors are related to genetic heritage, personality traits such as frustration tolerance, communication skills, degree of impulsiveness, beliefs and attitudes, social skills, particular life situation, etc., which can put the subject in a position of greater or lesser vulnerability to pressures to use drugs.

4.4.1. PROTECTIVE FACTORS

Protective factors are all the individual, environmental, or social characteristics that reduce the likelihood that a person will use drugs or that drug use will cause major problems. Protective factors are not the converse of risk factors for a given variable, but other factors whose existence mitigates the impact of risk factors.[3]

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[3] Alonso, C. Salvador. et al. *Guía práctica para una prevención eficaz*, p. 6 (2004).

4.4.1.1. INDIVIDUAL PROTECTIVE FACTORS

The principal categories of individual protective factors are:

- A positive temperament, which includes social skills and social awareness, a cooperative spirit, emotional stability, a positive self-image, flexibility, coping strategies, and low levels of self-defense.

- Belonging to families that provide emotional support, including parental attention to children's interests, orderly and structured relationships among family members.

- Contact with social support institutions that strengthen conduct built on personal values as responsible members of a community.

- Social competence, including good communication skills, awareness, empathy, kindness, sense of humor, propensity for pro-social conduct, problem-solving strategies, a strong sense of autonomy and independence, and a sense of personal goals and the future. In short, establishment of a personal life plan.

4.4.2. RISK FACTORS

Generally speaking, these are the social, economic, or biological conditions, behaviors, or environments that are associated with or result in increased vulnerability to a given disease, poor health, or injury. Applied to drug use, they are those personal, social, or environmental conditions that increase the likelihood that an individual will become involved in drug use or that drug use will cause significant problems.[4]

4.4.2.1. INDIVIDUAL RISK FACTORS

The principal categories of individual risk factors are:

- Genetic predisposition

- Illness (physical or mental)

- Low self-esteem. Poor decision-making skills

- Lack of personal goals and a life plan

- Low frustration threshold

- Lack of independence from peer pressure

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[4] Alonso, C. Salvador. et al. *Guía práctica para una prevención eficaz*, p. 6 (2004).

- Low impulse control

- Difficulty expressing emotions and sharing leisure time

- Poor handling of stress

- Lack of social skills, such as assertiveness

- Lack of problem-solving skills

- Favorable attitude toward drugs

- Lack of communication skills

4.4.3 WORKPLACE PROTECTIVE AND RISK FACTORS

Workplace protective and risk factors have to do with conditions inside the workplace as well as physical, material, and social working conditions. Interpersonal relations and work groups also influence first or continuing drug use.

4.4.3.1 WORKPLACE RISK FACTORS

There are certain workplace characteristics involving both the type of work and employee relations that can be risk factors for drug use. Conditions or characteristics of certain jobs can be risk factors for drug use in a company.[5] We must also consider workers who do not have a specific workplace, such as construction laborers, drivers, bartenders, etc. It is important to identify the risk factors to which they are exposed and how they differ from factors operating in factories and offices.

- Handling of addictive chemical substances without the necessary protection (pigments, aerosols, inhalants, etc.)

- Work shifts that alter the biological clock (overnight shifts or those that require employees to be alert for too long).

- Repetitive jobs with little motivation (assembly line, etc.)

- Ready availability of alcohol (companies that produce or distribute it, restaurants, marketers, etc.).

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[5] Sayago, Luz Beatriz. Sayago, Luz Marlene. Alfonzo, Luis. *Manual Para La Prevención Integral Del Consumo De Drogas En El Ámbito Laboral* (2005).

- Ready availability of licit or illicit drugs (laboratories, health care centers, drug enforcement agencies, etc.).

Other factors that can be part of the climate or organizational culture and that can constitute risk factors for drug use are:[6]

- Lack of job stability.

- Job stress or environmental stress (only goal-oriented).

- Frequent job transfers.

- Adverse climate conditions (too hot or too cold).

- Environmental pollution and toxicity.

- Working in isolation without contact with co-workers or supervisors.

- Inappropriate supervision or management styles.

- Existence of drug dealing in the workplace.

- Organizational structure that tolerates drug or alcohol use.

- Excessively high or low work performance expectations (lack of supervision).

The aim of implementing workplace prevention strategies is for the company to become a protective factor for employees.

4.4.3.2 WORKPLACE PROTECTIVE FACTORS

- Maintain a healthy and drug-free organizational culture

- Fluid communication among co-workers and supervisors

- Capacity for teamwork

- Explicit supervisor recognition and appreciation for the work and efforts of employees

- Creation of recreational spaces to share with co-workers and/or the family

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[6] Sayago, Luz Beatriz. Sayago, Luz Marlene. Alfonzo, Luis. *Manual para la Prevención Integral del Consumo de Drogas en el Ámbito Laboral* (2005).

- Design and implementation of a drug-use prevention policy within the organization

- A friendly, safe, and stable work environment

- Satisfactory environmental conditions. Adequate material resources, job security and/or conditions, and adequate remuneration

- Rotating and/or night shifts should be planned sufficiently in advance to permit workers to organize their personal and family life

- Provide sufficient rest time, seeking to respect sleep rhythms as much as possible

- In the case of overtime it is important to have work rates that can be matched to individual needs as well as including breaks during working hours

- Promotion of adequate performance on the job

- Improve the suitability of the individual for the job, as well as his/her job satisfaction.

- To avoid monotony, it is necessary to permit periodic variations in tasks and introduce short rest periods to break up the uniformity of the routine

- Health, welfare and other benefits provided by the company in keeping with the needs of workers and the company as a whole

- Promotion of self care, occupational health and safety, occupation of leisure time for the benefit of workers and their families

- Active welfare and social security services for workers

5. PRINCIPLES OF WORKPLACE PREVENTION STRATEGIES

The ILO has drawn up a series of general guidelines for workplace prevention policies.[7] The present **CICAD Hemispheric Guidelines** contain a number of those guidelines in addition to others which, overall, could complement ILO's efforts thus far.

1. Programs should propose the design of a comprehensive prevention policy based on a quality-of-life and human development model by building prevention

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[7] ILO: Management of alcohol- and drug-related issues in the workplace, document of the Meeting of Experts in Geneva on January 31, 1996.

cultures inside the workplace, in which health, well-being, and labor safety are cornerstones of that policy.

2. Workplace prevention policies should address prevention, rehabilitation, and re-entry for workers into the work force.

3. Programs should identify working conditions that can influence drug use, in order to adopt preventive and corrective measures aimed at minimizing risk factors and strengthening protective factors.

4. They should develop educational materials for prevention of both illicit and licit drug use (alcohol, tobacco, and prescription drug abuse) that is appropriate for the working population.

5. Drug use in the workplace should be regarded as a health problem and, therefore, dealt with in the same way as other occupational problems, i.e., including the possibility of treatment in the framework of health care systems, whether public or private.

6. Policies should contain an administrative, legal, and educational framework for the treatment of alcohol- and drug-related issues that is jointly agreed on by employers and workers.

7. Policies should give particular attention to prevention and thereby ensure a minimum of toxicological screening for alcohol and drug use, which should only be used when appropriate or as a last-resort control measure.

8. It should be recognized that the workplace can play a positive role in helping persons to overcome addiction problems and rehabilitate themselves.

9. Workplace prevention strategies should include the family as it is an important protective factor for workers.

10. Programs should seek to reduce risk factors and strengthen protective factors.

11. It is important for the content of prevention programs to cover both illicit and licit drugs (alcohol, tobacco, and prescription drugs).

12. Workplace prevention programs should include content designed to strengthen socio-affective skills and positive social competencies that reinforce the rejection of drugs.

13. They should include methods whereby employers and workers participate in a horizontal and interactive manner.

14. Target the entire company community.

15.   Be consistent with the organizational culture.

16.   Include selective and indicated prevention programs tailored to the level of risk to which individual workers are exposed.

17.   Programs should be age-, gender-, and education-level-specific.

6. COMPONENTS OF WORKPLACE PREVENTION STRATEGIES

Companies are for-profit social organizations or systems that seek optimum efficiency from their employees, to increase output and productivity. In their competitive world, they strive to improve the quality of their products and/or services.

Workplace use of licit and illicit drugs is a reality in all participating countries, and they are all affected to a greater or lesser degree in different ways. It therefore must be attacked as both a national and hemispheric responsibility

It is important, therefore, to bear in mind from a strategic point of view that, at the national level, in designing a State policy, it is necessary to consider a series of core components that comprise the institutional framework providing support for implementation of the strategy. The following components should be taken into account:

6.1. INTERNATIONAL

International organizations such as the ILO, OAS, UN, WHO, and PAHO have an important role to play. They have guidelines and recommendations for addressing the problems of alcohol and other drugs in the workplace, through linkage of domestic government agencies responsible for shaping public policy on the subject. The recommendations of the major international agencies and the models they have designed to help develop policies for alcohol and other drugs in the workplace should be reviewed.

6.2 STATISTICS AND DIAGNOSTICS

Research is essential to the design of workplace prevention strategies. Any local, national, and international studies on drug use should be reviewed, along with specific studies on especially critical situations and risks posed to different sectors of the working population.

It is also necessary to diagnose workplace drug use, associated risks, effects and consequences, and the perceptions of company personnel on the matter. This will make it possible to fine-tune intervention strategies, using different ones depending on the target population. The combination of quantitative information (accident statistics,

research on the general population, gender, health indicators, etc.) and qualitative information (focus groups, in-depth interviews) will facilitate a correct diagnosis and serve as a basis for constructing policies on alcohol and other drugs and intervention programs in the companies.

Generally speaking, a problem may have more than one solution, however, the optimum solution will be the one based on the best information. On the recommendation of the ninth meeting of CICAD's Expert Group on Demand Reduction, the following could be carried out in order to perform a local review of substance use in the working population:

- Conduct a general population survey that includes a module on workers.

- If there is no up-to-date general population survey at the time of initiating a workplace prevention strategy, a specific survey should be conducted in the working population that gives particular emphasis to those elements on which further information is sought, such as field, type of company, number of workers, etc. In addition to the indicators usually found in working population surveys, indicators should be included on prevalence, incidence, perception of risk, and access to drugs, as well as on quality of life, organizational environment, and job satisfaction, among others, subject to needs and the local circumstances.

6.3 INSTITUTIONAL AND LEGAL FRAMEWORK AND STRATEGY

To tackle the problem of drugs in the workplace, it is important to have a government policy with an institutional and legal framework and a strategy with responsible and responsive governmental actors who give clear guidelines to the public to take responsibility for the problem. The State must have the political will to address the phenomenon as a social protection policy which must be implemented with the participation of civil society. However, one cannot speak of a general standard, given that each country has its own laws and regulations in this respect.

From the legal perspective, workplace drug addiction must be addressed in a manner that guarantees the principle of equal treatment, the right to privacy, and labor rights and duties; this problem should be treated as a health issue. Thus, it is necessary to consider not only the specific legislation on drugs, but also to review existing health and occupational safety legislation, as well as changes in the legislation where required. It is essential to give equal consideration to employee rights and employer rights in occupational safety legislation.

6.3.1. DRUG TESTING

In this framework, some countries could consider, inter alia, control policies in the form of drug testing in the workplace. To implement this practice it is advisable to develop a protocol for introducing such tests, and consider the following:

- Depending on the legal framework of each member state, the clinical importance of using tests to detect drug use by workers must be clearly stated.

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- Assure worker confidentiality (traceability and results)

- Testing should be established in the drug prevention policies of each company (comprehensive policy)

- Policies should be displayed prominently throughout the company premises

- Random sampling

- Workers should be told who is responsible for carrying out this practice.

- Determine the frequency of testing

- The company program should respond to drug test results (employee assistance component)

6.3.2. SHARED RESPONSIBILITY

Another key factor in the institutional framework is shared responsibility, which calls for the design of public policies on alcohol and other drugs in the workplace in which the government, ministries, corporations, and civil society, among others, cooperate with the working population to reduce alcohol and drug use. In order to achieve this objective, it is necessary to establish a systematic process to combine efforts, material resources, human resources, and successful experiences that can improve the employees' quality of life and social well-being (Occupational Health and Safety System).

6.4 ORGANIZATIONAL CULTURE

The organizational culture is the collection of rules, habits and values practiced by individuals within an organization, who adopt them as their form of behavior. Thus, their values, language, rituals, and ways of communicating create a world all of its own within organizations, in which it is possible to incorporate changes in cultural patterns and behaviors of persons that are then transferred to society through the family and community.

In order to develop a prevention culture, it is often necessary to make cultural changes, which should start with worker involvement. In that regard, the organizational culture ought to offer a suitable vehicle for developing a genuine prevention culture, in which lifestyle is the key to health, well-being, and on-the-job safety.

Policies designed to prevent the use of alcohol and other drugs must be flexible and take into account the organizational culture in the various different workplaces, and foster the strengthening of values that give identity, security, and well-being to workers and their families.

Thus, a given culture may develop risk prevention and self-care values, encourage human relationships of collaboration, support, and teamwork, and promote and strengthen relationships and elements that could become protective factors.

6.5 LABOR RELATIONS

Modern management recognizes that people make the difference in generating value added for the production of goods and the provision of services. Employee development must be incorporated proactively when establishing organizational development policies, in order to reveal potential competitive advantages that employees may contribute in the productive process, in a context of open and dynamic organizations that are alert to changes in the environment.

A workplace drug prevention policy must be considered in the framework of labor relations, promoting mutual agreements on strategies to be followed and considering the actors' different motivations for becoming involved in the subject. For the employees, substance abuse impairs their health, increases accidents, exposes them to sanctions and family problems that may end up with the loss of their job and social ostracism. For owners and managers, it entails safety problems that affect the company, as evinced by certain labor indicators, such as excessive sick leave, accident rates, staff turnover, labor conflicts, and poor quality of services. All this in turn affects the results of the products or services, generating higher costs and lower productivity as well as an ever-greater loss of competitiveness. It is more likely that prevention activities if the various interested parties are shown the impact of drug and alcohol abuse on concrete aspects of their work: for example, the number of person-hours invested in the substance abuse, days of absence, the cost in money of absenteeism, in opportunities, image of the organizations, accidents, legal problems, etc. It is important that the facilitator or counselor make these issues clear to the various actors.

In view of the foregoing, a workplace prevention strategy must include personnel development and the acquisition of new skills, taking into account the following:

- The potential of the human factor, recognizing employees' creativity, initiative, and timely channeling of their experience, which in the final analysis contribute to the process of continuous improvement.

- Participatory management that guarantees the quality of service, because it improves motivation and loyalty to the organization and favors implantation of a culture of change.

- Participatory leadership and labor relations that prefer the bargaining table and problem resolution.

- The development of healthy workplaces that favor quality of life, healthy lifestyles, and self-care.

6.6. INTER-AGENCY COOPERATION

As with any social problem, there must be intensive cooperation and involvement on the part of all actors -both public and private- in society. These include employer associations, entities or agents that administer occupational health and safety insurance, the key government ministries, and agencies involved in worker protection and social security, as well as employee unions and representatives. Shared responsibility is essential and all social actors involved must be committed to working together to attack this problem. The multiple causes of drug dependence and its social complexity call for a joint effort in order to optimize resources invested from different areas and reduce the risks. It is worth noting that while separate agencies have made independent efforts in a number of countries in the hemisphere, the aim of interagency cooperation is to integrate those efforts in order to:

- Strengthen companies

- Integrate and share existing information

- Create new plans and partnerships

- Permit the participation of all sectors

- Engage in review, implementation, follow-up and evaluation

- Enable research

- Foster feedback

- Create mechanisms for inter-agency discussion and learning

- Promote mechanisms for management and continuity

- Develop inter-agency support networks

- Share experiences at local and international forums.

Of particular relevance here is Corporate Social Responsibility, where companies develop comprehensive quality-of-life policies for their workers and their families and communities that include alcohol- and drug-abuse prevention programs. Corporate

social responsibility is a protective factor against psychoactive substance use in the workplace and creates the opportunity, through interagency cooperation, to raise awareness and incorporate different experiences, build partnerships, and strengthen protection factors through programs that target the family and the community.

Inter-agency cooperation also makes it possible to jointly determine the roles and responsibilities of each of the agencies involved, contributing the necessary elements to improve quality of life and human development. Through inter-agency cooperation it is possible to extend program coverage, ensure sustainability, enhance the efficiency and effectiveness of interventions, pool efforts, strengthen networks and ensure comprehensive care in a bid to improve the quality of life of workers and their environment and, consequently, augment the quality of the products and services of the companies involved.

INTER AGENCY COOPERATION FRAMEWORK

Employer associations, entities or agents that administer occupational health and safety insurance

Employee Unions

Substance Abuse Workplace Prevention

International Organizations

Key Governmental ministries and agencies involved in worker protection and social security.
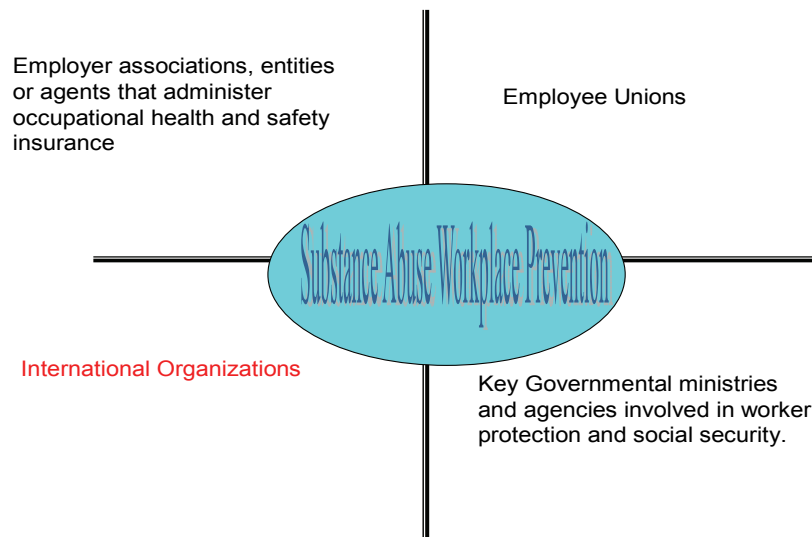
6.7 COMPREHENSIVE WORKPLACE PREVENTION POLICY

It is necessary to develop a methodology in the framework of a workplace quality-of-life model, which entails changing the social landscape, promoting new working and lifestyle habits, and a preventive and healthy organizational culture.

A drugs-in-the-workplace prevention program should offer a technical methodology and guidelines for the implementation of a plan and strategies of action within each organization or company that set out how to prevent high-risk conduct and address alcohol- and drug-use related problems.

6.7.1 METHODOLOGY FOR IMPLEMENTATION

In order to implement workplace prevention policies, a participatory methodology should be developed that can be applied by an in-house team that represents the various echelons and opinions.

For the purposes of designing and implementing the policy, strategies from different organizations were reviewed and all concur on a seven-step policy design and implementation process. Initially, the aim is to collect information on the company and secure the support and interest of the employees. Then, based on a series of practical exercises or group meetings, a work team should determine the policy objectives and action plans that must be carried out in the company. Finally, the agreed course of action is put in place, and is evaluated.

The steps set out in this methodology are necessary to come up with the jointly agreed design of a prevention policy by which to regulate, prevent, and deal with alcohol- and drug-use related problems in each particular company. The steps form a logical sequence that should lead to an end-product with which everyone is familiar: a policy document and a prevention activities program.

Since the present methodology is designed to give member states guidelines that will enable them to develop their own workplace prevention programs, it seems practical to employ the Logic Framework approach for developing the programs. The Logic Framework makes for a clear structure and it links inputs, activities and objectives in a logical way. The result is greater clarity at the time of program implementation and process and impact evaluations.

The use of the Logic Framework permits[8]:

- Clarification of the purpose and the justification of a project.
- Identification of the information needs.
- Clear definition of the key components of a project.
- Analysis of the project environment from the beginning.
- Better communication among the parties involved.
- Identification of how the success or the failure of the project would be measured.

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[8] hhhh

The CICAD Executive Secretariat's Institution-Building Program has conducted training workshops in several member states on the use of the Logic Framework, and National Drug Commissions are thus familiar with the methodology.

STEP ONE: MANAGEMENT COMMITMENT

An effective prevention policy requires the commitment of the institution's senior management in order to give the work a solid start in a manner compatible with the organizational culture.

Employers or management should participate in the selection of the policy coordination group and trust them to delegate the organizational work while the prevention program is carried out.

STEP TWO: COMPOSITION OF THE COORDINATION GROUP

A team should be put in charge of the policy and plan for prevention of drug use in the organization: the Prevention Coordination Group. This group will be in charge of the mechanics and execution of the next five steps of the policy process. It should be a motivated team validated both by management and by the union representatives and employees of the organization. The group should also have some work experience in the areas of human resources, welfare, risk prevention, occupational health and safety.

STEP THREE: ASSESSMENT

Prevention must start with the reality of each company. It is advisable to collect information in three areas: organizational culture; workers' perception of risk and protective factors in the company; and the status of substance use in the workplace.

The purpose of the assessment is to define policy objectives, raise awareness, and secure the commitment of employees and employers. Finally, the information serves to target prevention strategies in the best possible manner.

STEP FOUR: AWARENESS RAISING

Awareness raising is intended to generate a favorable opinion toward the prevention plan and secure the commitment of all company members. Its aim is to motivate the members of the organization about the benefits of addressing drug-use prevention in their workplace and the need for it, by supplying information on the problem as it exists in the company and the impact of substance use on the individual, the family, and the organization. Motivation, participation, and support for the prevention policy will depend heavily on this stage.

STEP FIVE: DESIGN OF THE PREVENTION POLICY

The workshop designs the prevention policy and plan of action. It consists of a given number of working sessions, led by members of the coordination group. Meetings are attended by workers' representatives, whose task, based on their contributions and experience, is to identify a series of measures relating to quality of life in the workplace that are essential for drug-use prevention in the company.

The promotional and informational materials should be adapted as closely as possible to the characteristics of the industrial or business sector in which the strategy is being carried out. They should be easily adaptable to the places in which they will be used --classrooms, workshops, in the field, shops and so forth).

The proposal should be for a strategy based on the prevention continuum, that targets the range of specific at-risk populations and groups in the company.

A. **Universal Prevention Strategies:**
- Target Group: Entire company
- Scope: Workers, family, community
- Review of activities and strategies implemented in countries with successful experiences

B. **Selective Prevention Strategies (early detection)**
- Target Group: Critical groups at high risk for drug use (risk factors associated with the job, workplace, and personal circumstances) as well as experimental/recreational users
- Scope: Vulnerable population within the company
- Early detection strategy: Detection of users and treatment counseling.
- Implementation guidelines

C. **Indicated Prevention Strategies** (Treatment and Rehabilitation)
- Target Group: Problem users
- Scope: Substance-using workers and their families
- Strategy of referral and coordination with treatment centers
- Facilitate the treatment process

D. **Re-entry Strategy**
- Target Group: Rehabilitated population
- Scope: Rehabilitated workers
- Terms and conditions
    - Support
    - Construction of a motivating environment for the worker
    - Facilitate the process
    - Follow-up
    - Commitment of the worker to avoid relapses

STEP SIX: FORMALIZATION AND DISTRIBUTION

The policy that comes out of the workshop should be put in writing and registered as an official document. The agreements arrived at with regard to actions, objectives and procedures should be drafted in clear and precise terms, so that all members of the company can understand and familiarize themselves with the implications of the policy. Formalization of the policy is the responsibility of the prevention coordination group. A management presence is essential to assess the feasibility of the measures that the policy entails as well as to secure management commitment.

STEP SEVEN: EVALUATION

Evaluation is an ongoing assessment process that is part of the management of the drug prevention policy. Evaluation begins with policy design and continues throughout until implementation is complete. Evaluation ensures that the policy is kept alive in the company in an efficient and effective manner.

All workplace prevention policies should include a comprehensive program that covers:

- Promotion and implementation of prevention-oriented cultural and recreational activities. This requires ongoing information, training, education, and awareness raising.

- Access to treatment and rehabilitation in which confidentiality and respect are assured.

- Job re-entry and relocation.

- Consideration of work rules and regulations designed to prevent the risks of drug use in the workplace.

- The evaluation should encompass the following aspects:

    - Design of an evaluation and follow-up system
        - Selection of management indicators
            - Prevalence of substance use
            - Levels of absenteeism
            - Productivity
            - Policy implementation
                - Support for the different areas that should be involved in design and implementation
                - Worker participation
                - Participation with the family
                - Participation with the community
                - Fulfillment of agreed prevention activities

It is possible that prevention activities may take place on a work schedule that is different from that of the facilitator; this will demand flexibility and the support of the institution.

6,8 CROSS-CUTTING COMPONENTS

Its important that a workplace prevention policy take account of certain cross-cutting issues, such as:

6.8.1 IMMIGRANT POPULATION

Migration affects individuals and families in complex ways, and may also influence drug-taking behaviors. Risk factors may increase with migration: language difficulties; economic, ethnic, and cultural differences; discrimination; loss of social networks; separation from the family; changes of values; loss of identity; job instability, and lack of savings.

These variables affect the general population as well as migrants, and therefore the State must ensure that workplace prevention programs give due consideration to immigrant or migrant workers, and ensure that their rights are respected and opportunities made available for equitable human development.

6.8.2. GENDER PERSPECTIVE

Prevention interventions must consider a gender perspective, given that the types of drugs used, the conditions under which drug use begins and is maintained, and the effects that drugs produce are different in men and in women. For example, the degree of intoxication with the same quantity of alcohol differs so much in men and in women due to the anatomical differences; the damage caused by tobacco use are usually more severe in women, and drug treatment requires a differentiated intervention. The roles that society assigns to men and women often influence the type of substance used (alcohol and illicit drugs can be associated with an idea of virility in the case of men, while tobacco and prescription drug use by women may be associated with social stereotypes of beauty and body image, as well as management of anxiety and depression). All these elements should be incorporated into prevention activities in the workplace -- in planning, diagnostic studies, policy-formulation, implementation of the actions, and evaluation.

The growing complexity of the phenomenon of drug use has presented us with the need to find new ways of looking at the differences in drug use, abuse and dependency among men and women, not just physiologically, but also psychologically and socially. This obligates us to design differentiated strategies for addressing drug use from a gender perspective, in such a way as to develop prevention and treatment models that are sensitive to gender differences.

6.8.3. FAMILY

The family is the affective bond that we nearly all have. The family is where we develop a sense of belonging, where culture, values, and standards are transmitted; and where the physical, psychological and social development of the individual is inlfuenced.

We know that work and family are the individual's most important areas of interaction, and that each influences the another. The habits of family life influence the members of the family for the rest of their lives, and determine many of the individual's healthy and unhealthy behaviors. Thus, the family also exhibits protective and risk factors that must be addressed.

In implementing prevention programs in workplace, it is necessary to consider:

- Every worker is a member of a family.

- The worker's family is affected by everything that impacts him or her, whether positive or negative.

- The worker's income is vital to the survival of family life.

- The consumption of alcohol and drugs can have a strong negative effect on the family: misuse of funds, excessive debt, and poor health disrupt the healthy development of their children, put family stability at risk, endanger their jobs, especially if the drug userr is the largest provider of family income.

  The link between work and family is of utmost importance in implementing a drug prevention program in the workplace; preventive actions that are taken on the job have a multiplier effect throughout the family and other members of the community. The benefits of treatment and rehabilitation of a family member has a positive impact on the family, which in turn develops feelings of solidarity and loyalty to the company that helps the worker to rehabilitate himself. Labor relations improve, as does the quality of the company's goods and services.

ANNEX I

LOGIC MODEL FOR WORKPLACE PREVENTION PROGRAMS

General Objective	Contribute to the improvement of the quality of life of workers in their workplace as well as the improvement of the goods and/or services of the organizations involved, by reducing the demand for psychoactive substances inside the workplace through a standardized workplace prevention strategy.			
Specific Objective	Development of a prevention culture where the prevention of the use of psychoactive substances is an integral part of the human resources policy and supported by a legal framework.			
Goal	Creation and development of ongoing, systemic actions targeted to the working population in their workplace that contribute to strengthening protective factors and reducing risk factors in the workplace.			
Outputs	**Products**	**Activities**	**Indicators**	**Means of Verification**
Ongoing strategies and actions created in the workplace for prevention of psychoactive substance use	(a) Needs assessment (b) Expert Committee on Workplace Prevention (c) Tripartite committee (management, workers and unions) (d) Official document on national strategy on workplace prevention (e) Descriptive action	-Design of the workplace survey. - Survey application - Workplace prevention expert meetings - Tripartite committee meetings - Delivery and dissemination of the strategy and action plan (workshops, forums, print media	- Psychoactive substance abuse - Resource inventory - Inventory of availability of treatment & human capital - No. of people who know the strategy - Number of local stakeholders buying into the strategy	-Findings of the survey - Official publications - Media coverage reports. - Opinion surveys

plan on preventive interventions that derive from the National Strategy of Workplace Prevention	and radio/TV)			
Standardized rules and procedures on the approach of the consumption of psychoactive substances in the working population	(a) Expert Committee in Workplace Prevention (b) Tripartite committee (management, workers and unions) (c) official document on rules and procedures for addressing drug and alcohol use by workers	- Meetings of experts on workplace prevention - Meetings of tripartite committee - Delivery and dissemination of the rules and procedures (workshops, forums, print media and radio/TV)	- Number of people that know the rules and protocols	- Official publications - Mass media cover reports - Opinion surveys
Appropriate services available for care of workers with psychoactive	(a) Workplace health policy updated to include prevention drug and alcohol use	- Meetings of tripartite committee - Delivery and	- % of workplaces with health services capable of carring out drug and alcohol	- Surveys on health services in the workplace

substance abuse problems	dissemination of the updated company health policy -Workplace health teams trained in prevention of drug and alcohol use - Employee Assistance Program in the workplace - Workplace Prevention Program is part of the National Drug Control Policy	prevention and treatment programs - Number of employees referred to treatment. - Support resources		- Official publications - Mass media coverage reports - Number of completed interventions - Number of employees returned to work
Workers remain drug free, develop knowledge and	(a) Comprehensive workplace prevention policy	- Development of the policy – must involve employees, employers	- Guidelines established	- Document

attitudes that allow them to continue to be healthy and with a critical attitude towards drug abuse.	(b) Workplace prevention program in the framework of the overall policy. (c) Workplace policy Brochure, with description of all elements of the program. (d) Program ocumentation (e) Drug Testing Procedures Manual *	and stakeholders. - Development of the program in the framework of the overall policy - must involve employees, employers and stakeholders. - Supervisor training - Dissemination of the policy and the program Drug Testing*	- Number of stakeholders participating - Number of meetings to determine the elements of the program. - Number of employees receiving training vs. total number of employees. - Number of messages in the media. - Number of supervisors trained. - Number of drug tests applied.*	- Regular reports on the progress of the program. - Training attendance reports. - Surveys - Focus groups -Test results*.
Workers that have been detected using alcohol and/or other drugs avoid progression of use to the problematic abuse	(a) Risk factors detected (b) Intervention plan developed and implemented.	- Application of an assessment survey to the 40% of the workplace population. - Plan for dissemination of prevention strategies - Training Workshops	- Rate of accidents reduced - Rate of sick leave reduced. - Morbidity associated with psychological disorders reduced (depression, stress,	- Accident rate records - Medical leave records . - Records on late arrival and absenteeism - Register of

for Human Resources personnel on early detection of alcohol and other drug abuse. - Implementation of an intervention/prevention plan to address the identified risk factors.	health indicators, prevalence) - Late arrival and absenteeism reduced.	participation in prevention activities and training. - Schedules of the activities, workshops, informative materials, attendance lists, graphic materials. etc. - Invoices, bills for funds spent - Evaluation document.

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* Drug testing applies only in those member states where legislation permits it to be used.

ANNEX II

EVALUATION OF THE WORKPLACE PREVENTION PROGRAM

Evaluation should be seen as a support essential to decision-making based on evidence, and as an ongoing process of understanding of errors and successes that will help modify and/or strengthen future actions, thus, make for greater sustainability of the policy, program or intervention in question.

Evaluation means assessing the impact of the prevention program on the life of the workplace. Thus, the evaluation should be undertaken by the program managers as a fundamental part of their daily work, incorporating the various stakeholders. Ideally, it should not be seen as a controlling or regulatory measure, but as another phase in the post-planning process, which will give assurances that what will be done, what is being done, or what has been done, has achieved the initial objectives.

Its purpose is to generate information with a view to pertinent, timely decision-making at each step of the proposed strategy.

Evaluating the results means answering the following questions: 1. Which are the most significant and important results? 2. Were the expected results obtained? 3. To what extent are the results attributable to the intervention? 4. What explanation can be given for the negative effects?

In the post-implementation phase, information is needed about whether the intervention took place, how it was carried out, whether its design works and whether the workers and their families benefited from the strategies planned. Likewise, the "new data" on the greater or lesser success of the intervention will offer useful information for an improved future action plan, which should be updated every year or two.

General objective.

To generate information about the program with a view to pertinent, timely decision-making at each step of the proposed strategy.

Specific Objectives of the Evaluation

1. Identify the achievements and difficulties encountered in the program.
2. Identify and analyze the external factors and elements of the work environment that influenced positively or negatively on the course of the program.
3. Measure the efficiency of the program in terms of the management of the human and material resources assigned to it.
4. Understand the relevance of the methodologies used in the design and implementation of the program.
5. Learn the degree of satisfaction of the program participants.
6. Identify those factors that will favor the sustainability of the program.

Domains of Evaluation

The outcome indicators are grouped into four domains:

DOMAIN 1: APPLICATION OF THE PREVENTION PROGRAM (Objectives 1 and 2).
• SWOT analysis completed.
• Objectives achieved
• Target population involved

DOMAIN 2: EFFICIENCY OF THE MANAGEMENT OF THE PREVENTION PROGRAM (Objective 3)
• Financial resources invested.
• Cost -benefit analysis carried out
• Timetable executed
• Hierarchy committed.

DOMAIN 3: METHODOLOGY FOR PROGRAM IMPLEMENTATION (Objective 4).

- Promotional and educational materials prepared
- Training phases and processes implemented.
- Work teams formed and in operation.

DOMAIN 4: POSITIONING OF THE PROGRAM (Objectives 5 and 6).

- Hierarchy involved.
- Participants satisfied with the program
- Sustainability strategy designed

EVALUATION DOMAINS

DOMAINS	OUTCOMES	INDICATORS
DOMAIN 1: APPLICATION OF THE PREVENTION PROGRAM (Objectives 1 and 2).	• SWOT analysis completed. • Objectives achieved • Target population involved	SWOT analysis % completion of the program % of population involved: Gender Age Hierarchy of workers involved
DOMAIN 2: EFFICIENCY OF THE MANAGEMENT OF THE PREVENTION PROGRAM (Objective 3)	• Financial resources invested. • Cost -benefit analysis carried out • Timetable executed • Hierarchy committed.	Cost benefit anlysis Extent of completion of the timetable
DOMAIN 3: METHODOLOGY FOR PROGRAM IMPLEMENTATION	• Promotional and educational materials prepared • Training phases and processes implemented.	Quantity of promotional materials Quantity of educational materials Extent of completion of the training activities Quality of the processes

(Objective 4). .	• Work teams formed and in operation	Competences and abilities developed
DOMAIN 4: POSITIONING OF THE PROGRAM (Objectives 5 and 6).	• Hierarchy involved. • Participants satisfied with the program • Sustainability strategy designed	Degree of satisfaction of the participants Degree of confidence in the program (brief intervention, counselling and referral) Number of leaders involved

<u>**ANNEX III**</u>

Narrative and logic framework matrix for implementation of the CICAD Hemispheric Guidelines on Workplace Prevention

1. Problem to be addressed

Prevent and reduce demand for drugs and alcohol in the workplace for employees and their families.

It is anticipated that each country will develop a standardized strategy that will enable each company, whether public or private, to adopt the model and develop a program that will contribute to:

- Reducing alcohol and drug use
- Increasing employee awareness of the desirability of preventing problems associated with the substance use.
- Building skills in a company's internal team to equip them to carry out a systematic and sustainable prevention program.
- Reducing the number of accidents, absenteeism and sick leave in participating companies.

2. Strategy for development of a workplace prevention program

The program's strategy should be based on the components outlined in the *Hemispheric Guidelines* and should be included in each country's drug strategy and policy. This involves four phases:

2.1 Planning stage

a) Existing studies on drug use among the working population, broken down, if possible, by areas of production, or other considerations. These data should help in the planning process.

b) Those government agencies that work on the drug issue at the national level should name a staff member to develop a national strategy on drugs in the workplace.

2.2 Training of teams responsible for country strategy

c) Definition of guidelines for a workplace prevention policy according to the *Hemispheric Guidelines.*

d) Training of professionals in charge of the national strategy.

2.3 Development.

a) Design of a national strategy on drugs in the workplace

b) Design and distribution of educational materials on the subject of drugs in the workplace.

2.4 Evaluation

Monitoring to assess progress and commitments.

3. Purpose of the workplace prevention strategy

Reducing demand for drugs in the workplace, and reducing drug use by people working in the public sector as well as in the private sector.

4. Immediate goal

Standardized strategy for the prevention of the use psychoactive substances in the workplace

5. Expected outcomes

Outcome 1: A model for prevention in the workplace based on the *Hemispheric Guidelines* and incorporated into the national drug strategy and policy.

Related activities.

1.1 Review existing studies, if any, on drug and alcohol use among the working population, broken down, if possible, by areas of production, or other considerations.

1.2 Review studies, if any, that show a relationship between alcohol and drug use and accidents, absenteeism, late arrivals and sick leave.

1.3 Design a standardized model (Diagnostic Survey) to study drug and alcohol use among working population.

1.4 Those government agencies that work on the drug issue at the national level should name a staff member to develop a national strategy on drugs in the workplace.

Outcome 2. A national workplace prevention strategy and supporting educational materials

Related Activities

2.1. Define the guidelines for a workplace prevention policy according to the *Hemispheric Guidelines.*

2.2. Develop a prevention strategy at the three levels of prevention: universal, selective, and indicated.

2.3. Design and distribution of educational materials on the subject of drugs in the workplace.

2.4. Select two organizations, one public and one private, to carry out the program as a pilot.

Outcome 3: Action teams trained in methodologies for delivery of prevention program, with supporting materials.

Related Activities

3.1 Develop methods for delivering an intervention model in the workplace.

3.2 Training of professionals in charge of the national strategy.

3.3. Distribute materials to the media, businessmen, labor unions, and so on.

3.4 Train the companies chosen for the pilot.

Outcome 4: Evaluation of the pilot programs -- Monitoring to assess progress and commitments

Related Activities

4.1 Each country will prepare a report on the results of the pilot programs.

4.2 Form an evaluation team with members from participating countries, with expertise in evaluation and use of the logic framework approach. Outcome data will be analyzed and interpreted by the evaluation group, with input from the various participating countries.

4.3 The country reports will be presented first to CICAD, which may use them in its technical reports with prior authorization.

4.4 CICAD will prepare a final report on the impact that the *Hemispheric Guidelines on Workplace Prevention* have had on participating countries, which should include specific recommendations for the future.

4.5 A seminar will be organized for all participating countries to present the final results in each country.