WORKPLACE SCREENING & BRIEF INTERVENTION:

The BIG (Brief Intervention Group) Initiative

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Ensuring Solutions to Alcohol Problems
THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

Workplace Alcohol Screening, Brief Intervention, and EAPs: The BIG (Brief Intervention Group) Initiative

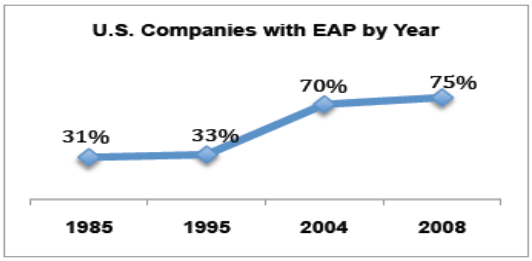
Most people with alcohol problems work and the majority work full time. Among adults who currently have the disease of alcoholism, 75% work (59% work full-time and 16% work part time). An even higher workforce participation rate is found among adults who currently have alcohol abuse disorders: 82% are employed (66% worked full-time and 16% worked part-time). Analysis of the 2005-2007 National Survey on Drug Use and Health found the prevalence of alcohol use disorders varies substantially between industries.

Prevalence of Alcohol Problems by Industry Sector (Percentage)

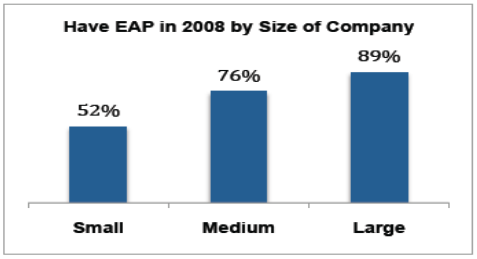
Industry Sector	Male	Female	Overall Prevalence
Leisure, Hospitality, Arts	17.4	12.6	15.0
Construction and Mining	15.2	10.0	14.7
Wholesale Trade	14.6	5.3	11.9
Professional	13.3	7.1	10.6
Retail Trade	13.4	6.2	9.7
Finance & Real Estate	11.2	7.6	9.2
Manufacturing	9.5	6.5	8.6
Transportation & Utilities	9.1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

Source: Ensuring Solutions to Alcohol Problems

Businesses increasingly rely on Employee Assistance Programs (EAPs) to assist workers and their families who have substance use and mental health problems. In the last fifteen years, the proportion of businesses with EAPs has more than doubled, from about 33% in 1995 to 75% in 2009, according to surveys of the Society for Human Resource Management. Well over 100 million American workers are now estimated to have access to an EAP (Masi et al., 2004). Approximately two-thirds of small firms (1-99 employees), three-fourths of mid-size firms (100-499 employees) and 88% of large firms have an employee assistance program.



SOURCE: SHRM (2008).[26]



SOURCE: SHRM (2008).[26]

Research studies indicate that EAPs are remarkably successful in reducing distress and improving productivity. For example, The Hartford Group (2007) compared short-term disability claims of businesses where employees extensively used EAPs compared with businesses with no EAP services. Disability claims for psychiatric concerns were 17 days shorter at the high-use EAP companies than at the non-EAP companies (55.7 days vs. 72.6). Similar findings were found for differences in shorter duration periods for musculoskeletal claims (54.6 days vs. 67.5) and cancer claims (45.3 days vs. 64.4). Employees who had used the EAP were about twice as likely to return to the workforce compared to employees who did not use the EAP (33% returned vs. 16%). The table below summarizes recent studies of EAP effectiveness.

Improved Work Performance	Sample Size	EAP Model	Source
61% of all cases had improved work performance	1,190 cases	Internal programs at many universities with mostly in-person model	Phillips (2004)
50% of all cases had improved absence and productivity at work	882 cases	Internal program with in-person model	Kirk (2006)
64% of cases with work issues as primary problem had improvement after EAP use; Average of 46% improved productivity rating on 1-10 scale for EAP cases	Not specified – 10,000+	National data warehouse with dozens of EAPs; mostly internal programs with in-person counseling model	Amaral (2008a)
Reduction from 15% to 5% of all clients who "could not" do their daily work or who experienced "quite a bit" of difficulty doing their daily work in past 4 weeks	59,685 cases	Blended program with mostly in-person model	Selvik et al (2004)
57% of cases had improvement in ability to work productivity, with average gain in productivity of 43% on 1-10 scale	11,909 cases	National EAP provider - External program with mostly telephonic model	Attridge (2003a)
Number of work cut-back in past 30 days was reduced from 8.0 days to 3.4 days (58% gain in productivity)	3,353 cases	National EAP provider - External program with mostly telephonic model	Baker (2007)

Annually, about 5% of workers who have access to EAPs use them for brief counseling for mental health, substance use, work stress and family issues. That translates into between 5 million and 7 million working people accessing EAP services. Unfortunately, despite the wide availability of EAPs and high prevalence of alcohol use disorders among working people, only about 160,000 of EAP cases explicitly identify alcohol use as a primary problem (Amaral, personal communication, 2009).

George Washington University (GW) is working with the EAP industry to dramatically change this.

The BIG Initiative. Through a cooperative agreement from the National Highway Traffic Safety Administration (NHTSA) and support from the Center for Substance Abuse Treatment (CSAT/SAMHSA), GW is facilitating a collaborative, the Brief Intervention Group ("BIG") Initiative, which brings together all the major EAP corporate and union national, regional, and many local leaders, employers, EAP clinical professional associations and representatives from the Federal and state agencies, with the aim of making screening, brief intervention, and referral to treatment (SBIRT) for alcohol problems routine practice across the EAP industry. The BIG Initiative has organized committees including the Steering Committee made up of senior leaders in the EAP field, the Implementation Committee focused on changing EAP call center practices, the Marketing/Outreach Committee focused on training and supporting change among EAP network providers, and the Performance Measurement and Accountability Committee focused on identification of measurement tools and common metrics to assess program impact on health and business outcomes.

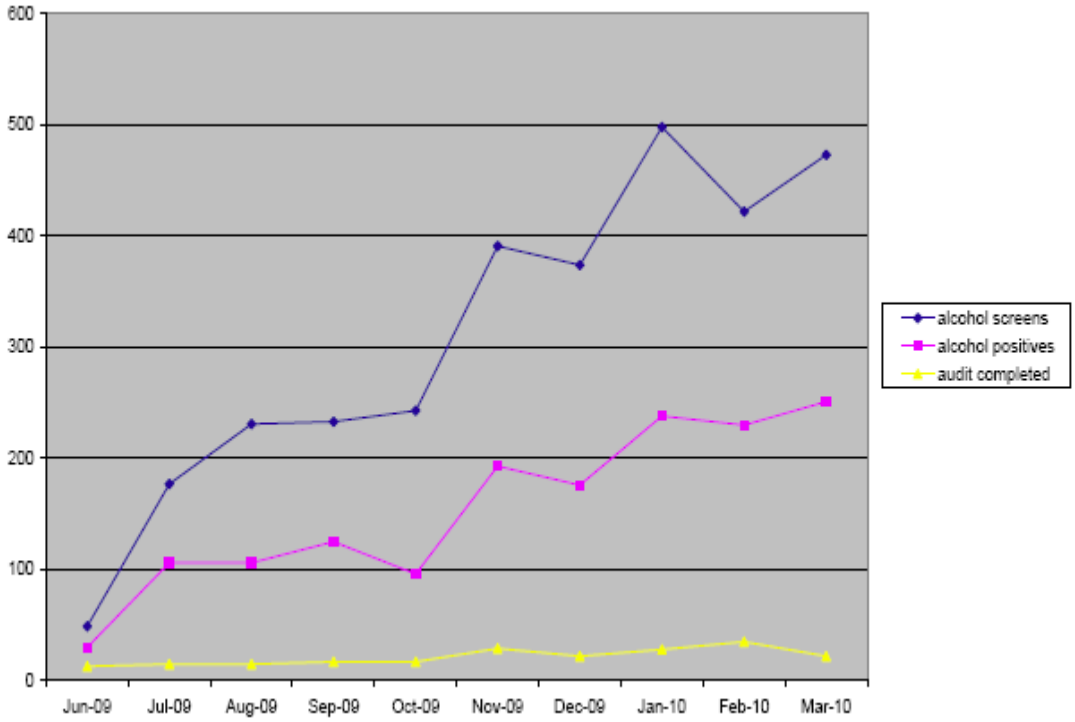
Active partners in the BIG Initiative include Aetna, ValueOptions, OptumHealth, Federal Occupational Health (the federal government EAP), CIGNA, Magellan, MHN, Chestnut, PPC Worldwide, Ceridian, APS and other health plans. There is the potential of reaching over 100 million covered lives in the U.S.

Evidence. Pilot studies conducted in partnership with Aetna Behavioral Health, Optum/ United Behavioral Health and ValueOptions show that SBIRT can be adapted to workplace EAPs. In one pilot site routine alcohol screening and brief motivational counseling was integrated into telephonic EAP intake for employees of a large financial services company. By the end of the 5 month pilot project, 274 (93%) of 295 members who contacted the EAP for services completed the three question AUDIT-C; 40% screened positive. Overall, 18.25% of EAP clients were at moderate or high risk for alcohol-related problems. Brief intervention was offered to all who screened positive. Most (78%) members offered SBIRT at intake agreed to telephonic clinical follow-up and 72% set an appointment with a face-to-face counselor to further address issues discussed during their initial call.

A second EAP pilot produced similar results. Between August 2008 and February 2009, EAP clinicians completed 361 full AUDITs on 383 clients who contacted the EAP. More than three-fourths were at no or low risk (79.9%); 12.5% had hazardous or harmful drinking patterns, and 7.6% were at high risk of dependence. Overall, the rates of identifying at-risk drinking jumped from 7.5% of EAP clients prior to the pilot to 20.1% during the 6 months after the project started. Approximately one in ten EAP clients who screened positive were referred to substance use and mental health services, and 64% to follow-up EAP.

	Pre-SBI Time Period (n=681)	Post-SBI Time Period (n=383)	p-value
EAP Alcohol Identification			
At-Risk Drinking (hazardous use or greater)	7.5% (51)	20.1% (77)	<0.0001
EAP Telephonic Alcohol Interventions			
Conducted Alcohol education & risk reduction	9.8% (67)	13.3% (51)	0.0465
Discussed Alcohol intervention / treatment options	9.5% (65)	10.7% (41)	0.5442

A third pilot of SBIRT in a combined EAP and outpatient MHSA telephonic referral setting completed 3,091 screenings over a ten month period. This pilot was implemented for a large employer in the transportation industry. Adoption of the formal AUDIT-based screening process was rapid (see figure below). Nearly 7% of initial screenings resulted in a full AUDIT being conducted. Half of callers (1,551) reported any alcohol use, and of these 12% were identified as having elevated AUDIT results (score of 8 or higher).



BIG Aims. The BIG Initiative aims to change the routine practice of EAPs in the U.S. and Canada. By October 2010, the BIG Initiative aims to increase the number of EAP clients who are identified with an alcohol problem by 50% over 2009, and by another 50% by October 2011. The BIG Initiative is an exciting opportunity to bring the evidence-based practice of alcohol screening, brief intervention and treatment into workplace settings across the country, and to reduce the negative impact of undetected and untreated alcohol problems that reduce productivity, drive up health care costs, increase vehicle crashes and job loss.