FINAL REPORT

IX MEETING OF EXPERTS ON DEMAND REDUCTION,
Santiago, Chile, November 13 - 15, 2007
At the VIII Meeting of the Group of Experts on Demand Reduction, held in Bogotá, Colombia, the Government of Canada stepped down as Chair of the Group and the Government of Chile assumed its chairmanship. That government decided to work during its term to prepare hemispheric guidelines on workplace prevention, based on strategies proven effective in the Hemisphere and recommended by other international organizations specializing in the area.

In taking up this task, in June 2007, the Working Group on Workplace Prevention held a meeting in Santiago, Chile, organized by CICAD and the National Narcotics Control Council (CONACE) in the framework of a horizontal cooperation agreement between the two organizations. By means of different workshops, knowledge was systematized that had been gained by experts of 12 countries with prior experience of implementing workplace prevention programs. Said meeting enabled an input document to be prepared that would serve as basic material for the work of the IX Meeting of the Group, held in Santiago, Chile, on November 13, 2007.

Both said document and the recent meeting discussed different components for use in developing state policy for the prevention of workplace alcohol and drug use, and in the consequent implementation of a strategy to create appropriate intervention models with educational materials, training of key teams within organizations, and to implement and evaluate prevention programs at the national level with regional, municipal, local, and workplace expressions. In each said component, a series of key recommendations were made, which will serve as the basis for development of the final document, an output of this first meeting on this subject.

1. International area
   • To form a strategic partnership with the ILO to have impact on member states and promote changes to encourage the incorporation of alcohol and drug use prevention in national legislation.
   • To continue to promote horizontal cooperation among countries able to share their expertise in the workplace area with others needing such assistance.
   • To create a forum for international discussion of the approach to be taken in workplace prevention strategies.

2. Statistics and assessment
   • To conduct general population surveys containing a specific module on the workplace population.
   • Given that not all countries have updated general population surveys, it is recommended that their development be emphasized, since it is these surveys that...
subsequently will make way for the development of others that give account of more specific realities, such as studies by area, by company, etc.

• Minimum indicators, such as scale, incidence, risk perception, access, and environment where use occurs, among others, should be included, which have already been established in the general population surveys themselves.

3. Intersectoriality

• To include as pillars of shared responsibility in workplace prevention the public health, social security or social protection, and public security areas.
• Each state should determine its political/institutional framework, which should be the entity governing workplace prevention policies, in accordance with its own legislation in this area.
• Work should be done in conjunction with unions, professional risk and/or mutual insurance companies, and state entities with competence to take action in this area.
• Corporate social responsibility strategies should be developed (with chambers of industry and commerce, federations, business associations, economic groups, etc.) so that they address the formulation of comprehensive policies for quality of life for their associates that incorporate programs to prevent the use of alcohol and other drugs.

4. Legal framework

• One cannot speak of or recommend for the Hemisphere a general provision for the prevention of workplace use of alcohol and other drugs, since each country has its own legislation to which efforts in this area must refer.
• It is important to develop a matrix to visualize the different legislative frameworks and entities with responsibility in each member state in order to launch therein efforts to develop provisions that promote the implementation of workplace prevention strategies as state policy.
• Said matrix should include the entities and individuals with responsibility for workplace prevention strategies, where such exist. Otherwise, an attempt should be made to identify which entity would have responsibility in this area.
• With regard to toxicology tests to determine workplace alcohol and drug use, consideration should be given to fundamental moral, ethical, and legal issues. Accordingly, an evaluation should be made of the point at which it becomes strictly necessary to perform such tests. That evaluation should take account of the risks for the individual concerned that are associated with the position or job, and also of risks to third parties. In that connection, a procedure should be developed to protect the confidentiality of information on problems of alcohol and other drugs, and also to inform workers of exceptions to such confidentiality that may be made based on ethical and legal principles. In this area, it is important to develop a protocol based on international standards that emphasize the relevance of performing tests, respecting each country’s differences and the legal feasibility in the country in which it is sought to introduce said protocol.

5. Occupational health, risk factors, and protection within the organizational culture

• Occupational health should be the cornerstone of prevention strategy and should seek to improve working conditions and contribute to minimizing risk factors, since the
relationship is known between each individual’s work activity and the likelihood of falling ill as a result thereof.

- Risk factors are those individual situations, behaviors, or elements and context that increase likelihood of use. In addressing drug use, an objective of prevention should be to improve quality of life through comprehensive personal development, since this is the best protection faction in addressing any risk situation in life.
- It is possible to identify in workplaces certain conditions of working individuals that may facilitate use, such as the economic means and greater access to supply which, in the context of workplace risk factors such as stress, among others, may lead to the adoption of dysfunctional behavior in the workplace, from which may ensue the phenomenon of alcohol and other drug use.
- The particular characteristics of a work activity may increase or reduce vulnerability to the use of alcohol and other drugs. Similarly, sectors, areas, or functions may be more vulnerable, a circumstance leading to greater susceptibility of an individual or group to drug problems and to exposure to opportunities to begin or intensify use. These are key teams or groups within a work group, and action and care should be taken to address groups and situations at highest risk, focusing on work groups on the basis of prevention objectives and ongoing actions.
- Account should be taken of technical risk classification provisions and of the occupational health and social protection variables of each country.
- Discourse should be developed in which the company or workplace itself are places of protection.
- Public transportation drivers, shopkeepers, waiters, and messengers should be considered among the most vulnerable workers, depending on the risk factors to which they are exposed.

6. Labor relations

- To emphasize the potential of human resources, recognizing their creativity and initiative, and channeling appropriately their experience which, in the final analysis, is placed at the service of ongoing improvement processes.
- To promote participatory management to ensure quality of service, since having a stake in the organization enhances motivation and promotes the establishment of a culture of change.
- To encourage participatory leadership and labor relations that promote negotiating tables and problem resolution. To develop healthy work environments that promote quality of life, healthy lifestyles, and self-care.
- To emphasize the strengthening of social networks in which all agents involved participate in the positive development of work environments whose pillars are consensus and dialogue.
- The main players should be entrepreneurs/executives, workers, and unions.

All these recommendations will be included and examined in depth in a final document of hemispheric orientation for the design of national workplace prevention strategies. This work will be done as described below and will take account of the following recommendations:

- To incorporate the conclusions of the components developed.
- To take account of a matrix of information on components that can serve as explanatory and informational models for the Hemisphere.
- To create a task force to link national workplace prevention strategies.
When the draft document has been developed, and taking account of the work done by the group at this meeting, the CICAD Executive Secretariat considers it highly relevant to continue technical workplace prevention efforts in order to move from policy to intervention, so as to be able to present to the countries a complete and comprehensive strategy to support the development of state policy. Set out below are the steps to be taken in this area, specifically to develop a comprehensive policy taking account of intervention strategies at the company level that includes not only participation therein by all players, but is also based on "ongoing prevention" that addresses all possible target populations that may exist within organizations. The elements that should be included in both policy and intervention are outlined below:

1. Guidelines for a comprehensive policy:

All workplace prevention policies should include a comprehensive program addressing:

- Promotion and development of cultural and recreational activities focusing on prevention. Ongoing dissemination, training, education, and awareness actions are required.
- Access to treatment and rehabilitation, maintaining confidentiality and respect
- Job reintegration and relocation
- Legislative aspects to govern life at work in the context of the risk of workplace drug use

In intervening in the working world, it is important to take account of the need to develop a comprehensive policy that addresses the different levels of prevention, as well as legal and administrative aspects involved in implementing a policy of this type.

What strategies should be designed in a workplace prevention policy?

- Strategies taking a universal approach
  - The focus must be on a target population which, in this case, should be the company as a whole
  - With regard to the policy's scope, workers, families, and community should be included
  - In this area, actions and strategies implemented in different countries should be reviewed as notable experiences, so that they may serve as models.

- Strategies taking a selective prevention approach
  - Target population: key groups at high risk of use (risk factors associated with the job, workplace, and personal factors) and experimental/occasional users
  - Scope: vulnerable population within the company
  - Early detection strategy: detection of users and referral for treatment
  - Implementation guidelines

- Strategies taking an indicated prevention approach
  - Treatment and rehabilitation
  - Target population: problematic users
  - Scope: workers who use drugs/alcohol and their families
  - Referral strategy and strategy for coordination with treatment centers
  - Facilitation and follow-up of the treatment process
To complete the comprehensive policy component and, as has been a thrust of CICAD efforts, evaluation will be included as an element thereof, taking account of the following variables:

- Design of a system for evaluation and follow-up
- Establishment of performance indicators
- Prevalence of use
- Levels of absenteeism
- Productivity
- Policy implementation
- Support from the different areas that are to be involved in preparation and implementation
- Participation by the worker population
- Participation with families
- Participation in the community
- Implementation of mandatory prevention activities

In concluding the meeting, on its third day, an introduction was given to the subject of prevention among youth, i.e., the population aged 18 to 25. To address the different contexts in which this group may be approached, three roundtables were held in parallel, which discussed different areas of the subject.

**Roundtable No. 1: Youth prevention in the university environment**
Experts of Mexico, the University of Chile, and the Central University of Venezuela presented programs they have worked on in this area, and the following conclusions were drawn:

- There must be recognition of the wide array of experiences at the university and country level.
- To be noted is the importance of the availability of ongoing assessments of this population.
- The importance of participation by the university students themselves as a key element of any prevention strategy, from design to implementation
- The need to work on management of the risk of alcohol use, owing to its history of prevalence
- The need to develop strategies focusing on both problematic and non-problematic users
- The importance of planning to incorporate the subject of prevention in curricula as an important response
As the ultimate objective of strategies, it should be sought to establish prevention policies in universities, for which consensus should be reached with the university community.

Systematic work via networks should be strengthened.

And forums for discussion of the subject should be created.

**Roundtable No. 2: Prevention among socially vulnerable youth**
Experts of Brazil’s SENAD and of Venezuela and Chile presented experiences conducted with youth in this context. The following conclusions were drawn:

- The need to clarify the concept of vulnerability, since it is understood or assumed without having been clearly defined.
- Actions with co-participation by youth should be carried out so that they are not only the objective, but also subjects of prevention. Another aim of this is to strengthen the legitimacy of policies for youth.
- It was determined that youths are the group with the fewest programs, despite their situation of vulnerability.
- With regard to impacts of interventions among the youth population, a “debt” at the level of monitoring and evaluation is recognized.
- It was proposed that the concept of resilience should be a working principle of programs or projects for youth.

**Roundtable No. 3: Youth prevention in leisure and recreational environments**
Experts of Colombia and Chile presented the interventions that these countries have worked on in this context, and reached the following conclusions:

- The importance of on-site/real time intervention, that is, in leisure settings, where youths use drugs/alcohol (neighborhood, public spaces)
- The need to adjust institutional frameworks and to have propitious contexts of agreements in keeping with the reality where the intervention is to take place.
- Based on the type of experiences presented, it is proposed that efforts should emphasize the risk management area.
- The importance of making players share responsibility, i.e., coordination and responsible participation. In the case of alcohol use, for example: incorporation in initiatives of players such as producers, sellers, bar proprietors, public and private institutions, and users.

To summarize, the Meeting of the CICAD Group of Experts on Demand Reduction, this first year under the chairmanship of the Government of Chile, worked on the first part of the CICAD hemispheric guidelines for workplace prevention, a document it is hoped to present by
the end of the first half of 2008, and with a view to continuing this effort by preparing a final
document on this first part of the workplace prevention strategy. Additionally, work will of
course begin on a second part of the strategy which, as mentioned above, will involve the
preparation of guidelines for the comprehensive workplace prevention policy.

Participating countries:

Argentina
Bahamas
Barbados
Bolivia
Brazil
Canada
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Grand Cayman Islands
Guatemala
Haiti
Mexico
Panama
Paraguay
Suriname
United States
Venezuela