

Preface

The workplace can be seriously impacted by substance (alcohol and drug) abuse. Accidents, absenteeism, workplace violence and health problems are some of them. Preventive measures against substance abuse and planned assistance for troubled employees not only keep some problems in check, but in the long run also improve productivity.

The Karnataka Road Transport Organisation initiated a Workplace Alcohol Prevention Programme and Activity (WAPPA) in 1997. This was a comprehensive programme to both provide therapeutic help for employees with addiction related problems and included steps to address human resource issues with a view to improving working conditions, employee morale and well-being.

The first audit of the WAPPA showed several improvements at the workplace in terms of reduced absenteeism, improved productivity, reduced accidents and improved company image. The audit also revealed other enormous unquantifiable gains - a healthier, happier workforce, better working environment, better interpersonal relationships, happier families, greater safety for the public and an improved image of the organization.

The KSRTC workplace programme has now become a model programme for several other workplaces. It has gained international attention with the programme being cited as a case study for good workplace practice by the International Labour Organisation. Several organizations are now seeking guidance to implement programmes on the lines of the KSRTC workplace programme.

This report provides a bird's eye view of the programme and its impact. It is intended primarily to provide further insights to the organization to understand and address alcohol related problems in the context of other psychosocial problems, working conditions and organizational policy. It is also intended to be an inspiration to other workplaces in the country to provide guidelines for strategies to protect and promote human resource capital and address its problems.

A background : What was happening at the KSRTC

In the mid-1990s the Karnataka State Road Transport Corporation (KSRTC) face the following issues :

- 20 - 25% of accidents at workplace related to alcohol and drug abuse
- 15 -16% accidents fatal
- Passenger safety threatened
- Heart attack, cancer, alcohol related problems including head injury as principal causes of death
- Employees away from home due to long work hours, excessive drinking, casual sex with consequences
- Huge losses to the Corporation

On a bus trip from Bangalore to Goa entailing a travel of sixteen hours, Mr K and his colleague took turns at driving. On the return from Goa, the colleague started drinking till he was intoxicated. When he took the wheel, the passengers protested. Mr K therefore offered to drive through the night instead of his colleague. The next morning, the colleague took over from Mr K and within the next ten kilometers collided with a tree. Mr K who was sitting next to the driver was killed and two others were seriously injured. An innocent employee had died because of his colleague's drinking!

Birth of the WAPPA

The Workplace Alcohol Prevention Programme and Activity (WAPPA) was born in 1997 with the objectives of

- Motivating the workers
- Reducing the losses to the Corporation
- Bringing about better discipline.

A comprehensive Alcohol and Other Drugs (AOD) policy was formulated in collaboration with the International Labour Organisation (ILO).

Unique feature of the Alcohol and Other Drugs Policy (AOD)

Emphasis placed on integrated alcohol prevention (integration with health, safety, productivity issues), education and training assistance module covering all the employees, supervisors and officers of the Corporation.

Audit of the WAPPA

The National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore conducted a Performance Audit in 2003 six years after the initiation of WAPPA to evaluate its impact on:

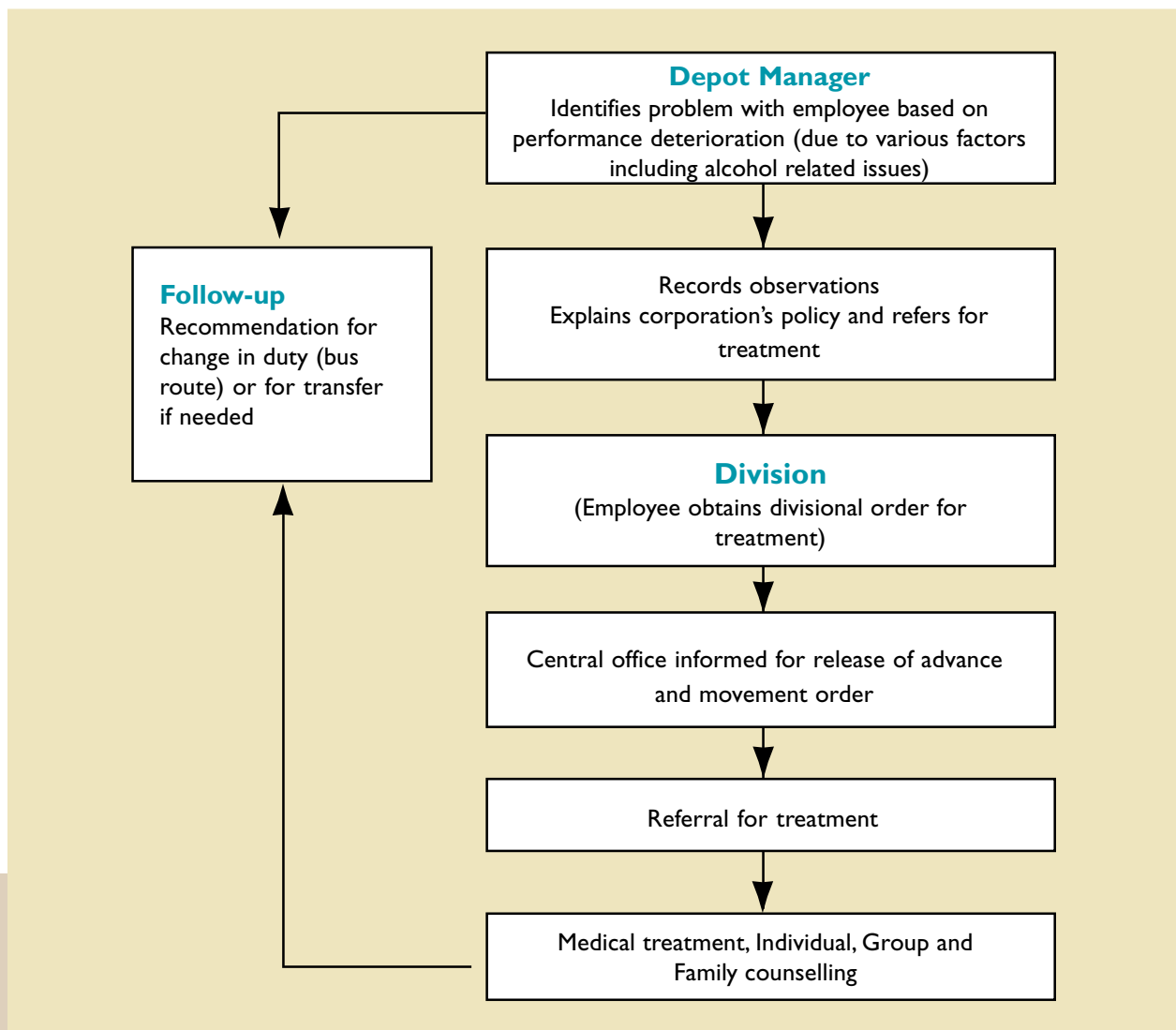
- Employee's recovery and well being
- Family satisfaction
- Productivity following treatment
- Workplace problems after treatment

This audit covered the main Corporations in Karnataka namely KSRTC, BMTC (Bangalore Metropolitan region), NEKRTC (North East Karnataka), NWKRTC (North West Karnataka) and all the divisions under them.

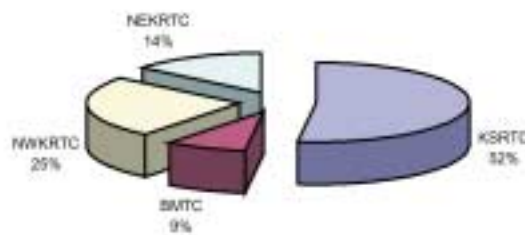
Steps for the WAPPA Audit

- Orientation Programme for all concerned officials
- Baseline data of treated employees from medical records in various Addiction Treatment Centers; secondary data collected on breath analysis, accidents, absenteeism records
- Interviews with employees, their families through questionnaires, home visits
- Focus group discussions with the above including Labour Welfare Officers
- Data on employee's work related problems from Labour Welfare Officers

How the AOD Programme works ?



Referring Corporation for addiction treatment



Total number of recorded admissions and breakup

Employees treated across all centres 1997- 8.10.2002 (data through KSRTC records)	1723
Employees traced as per treatment centre records	1671
Individual interviews by NIMHANS team	981
Total employees information given by LWO	1088
Deceased employees traced	108

1723 employees (43% drivers) of KSRTC, BMTTC, NEKRTC, NWKRTC participated in this WAPPA programme.

- 981 of who underwent treatment were interviewed in performance audit
- 842 (94%) said that they were happy with treatment received
- At time of discharge 803 patients said they had wanted to continue abstinence

Background of referred employees



Mean age	43.05 years
Married	98 %
5 or more years of education	77.5 %
Age of having the first drink	30.1 years
Total years of drinking	12.9 years
Number of days drank in the 30 days prior to admission	26.2
Average daily alcohol consumption in units (1 unit= 30 ml spirit, 60 ml wine, half a bottle of beer)	10.4
Financial loans present	70%

Individual, family and group counselling was part of the treatment process. Medication was prescribed as indicated in some cases.

Common reasons for change

- 20.5% said alcohol addiction leading to problems at work
- 15.5 % felt their health was affected
- 7.2% spoke of financial problems
- 122 (7.3%) had tried de-addiction programmes in the past

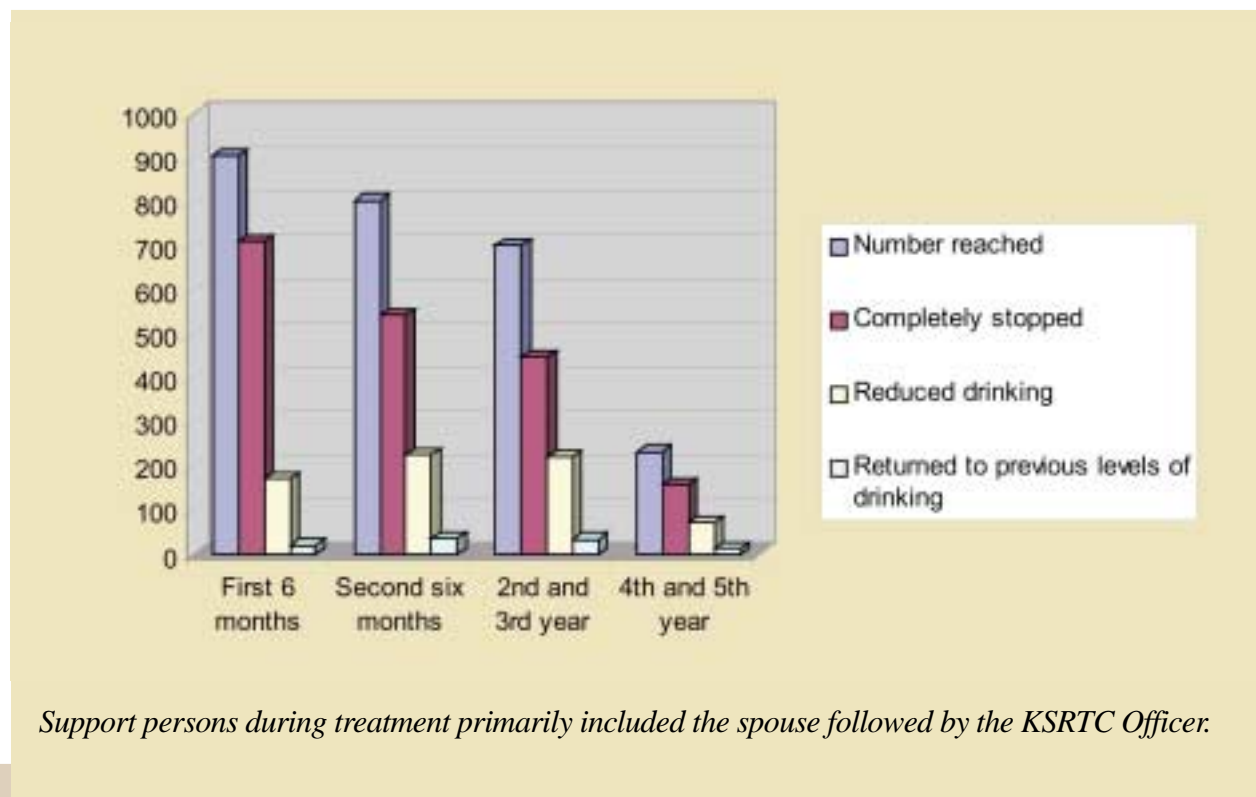
Was the WAPPA effective?

Benefits for the Employees

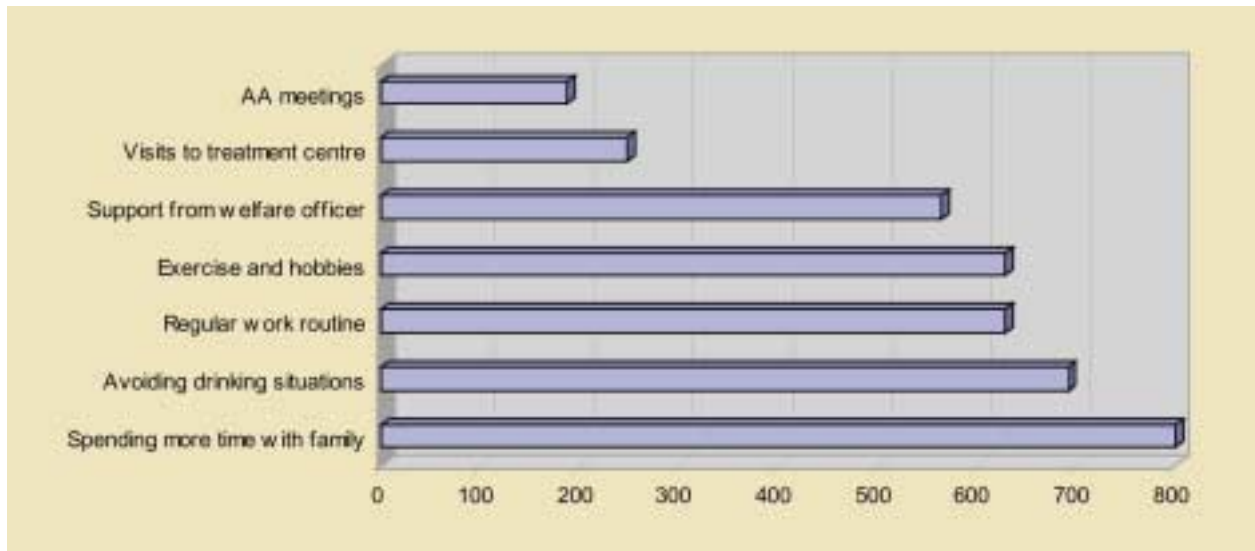
1. Large numbers abstained

- At the end of 6 months of treatment, 78% reported having completely stopped drinking
- At the end of 5 years, nearly 68% abstained
- At 6 months after treatment, 78% reported having completely stopped drinking
- 19 % reduced drinking, 4.4% had returned to their original levels of drinking
- Among those who reached 5 years of treatment, 5.6% had relapsed, but 31% had reduced drinking and the rest were maintaining abstinence (see figure below)

Abstinence Outcomes

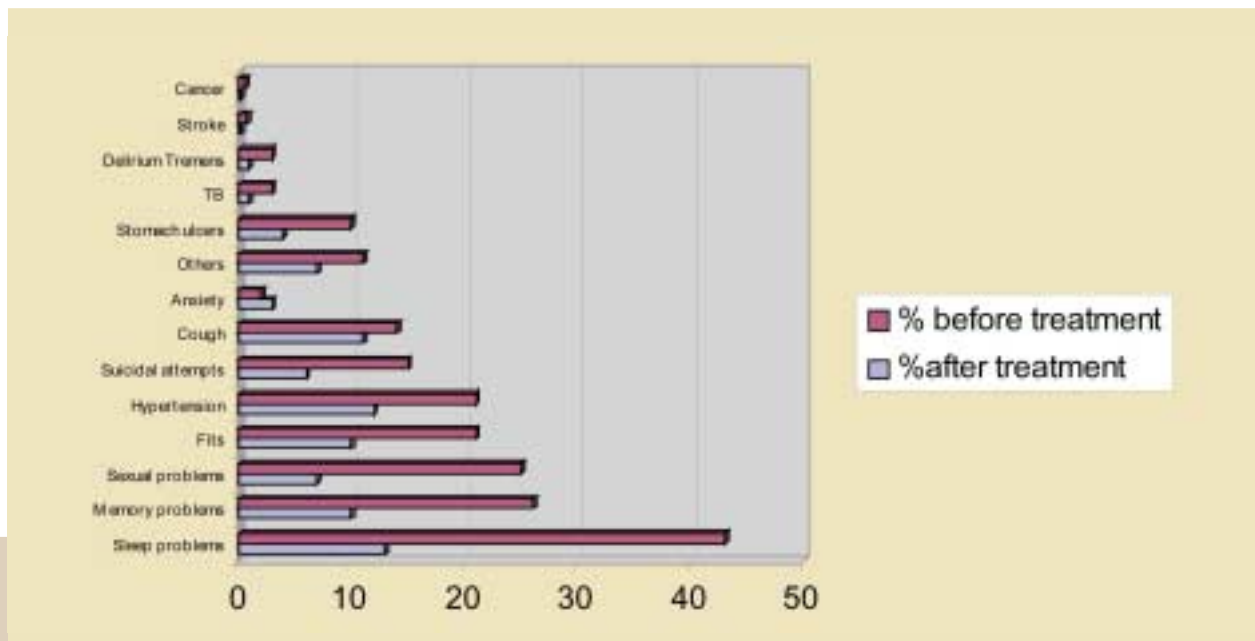


Main efforts by employee to stay sober



2. Health Benefits

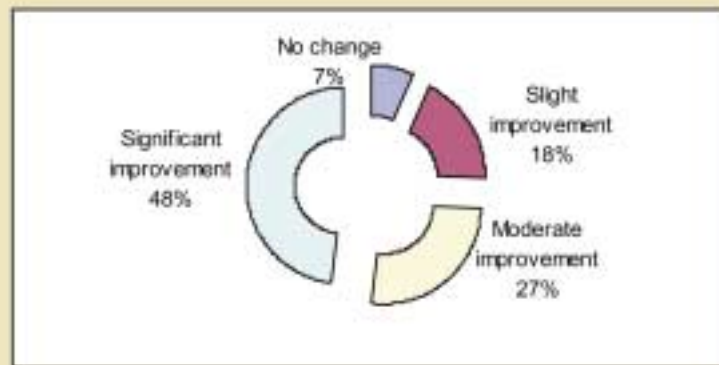
There was a significant reduction in health problems faced by employees who had given up or reduced drinking. A significant drop in sleep disorders, memory lapses and sexual problems was noted.



3. Life Style Changes after treatment

Able to get over their alcohol problem, these employees seemed to have gained control over other obsessive problems like gambling where there was a marked reduction after treatment. Also the employees seemed to be more aware about HIV and many of them voluntarily sought HIV testing during or prior to their treatment. They also indulged less in unprotected sex and there was a significant reduction in sexually transmitted diseases.

How the Family benefited



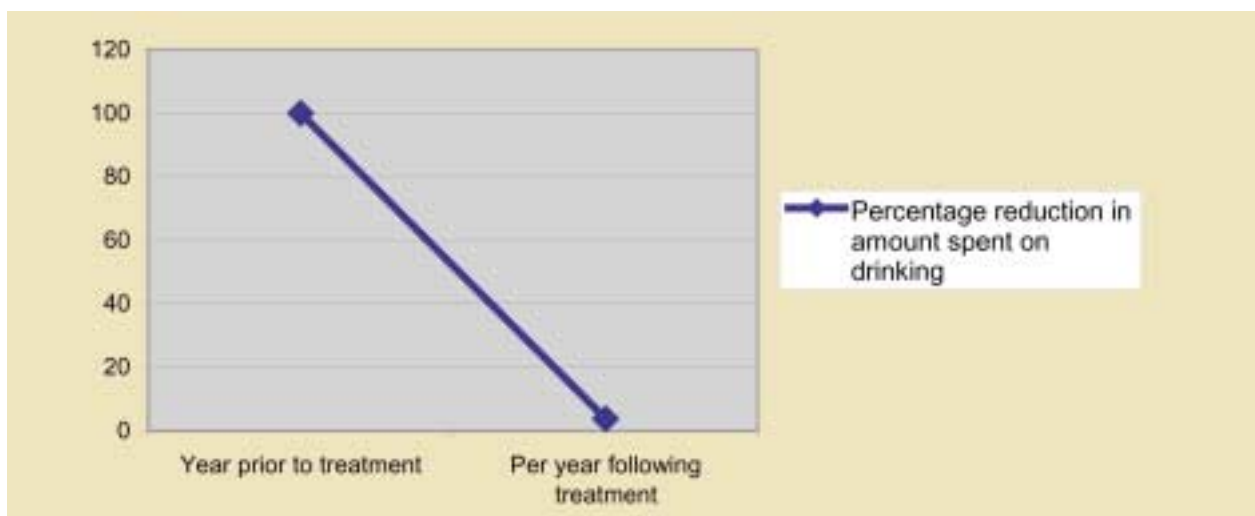
In addition

- Reduced extramarital relationships post-treatment (Prior to treatment, 144 employees reported having had extramarital relationships and the number came down to 14-post treatment)
- Separation rates came down from 66 to 16 and divorce from 13 to 5.
- Emotional problems among children of treated employees had halved from 54 to 22 and the number of school dropouts reduced from 77 to 29 in the period before and after treatment.

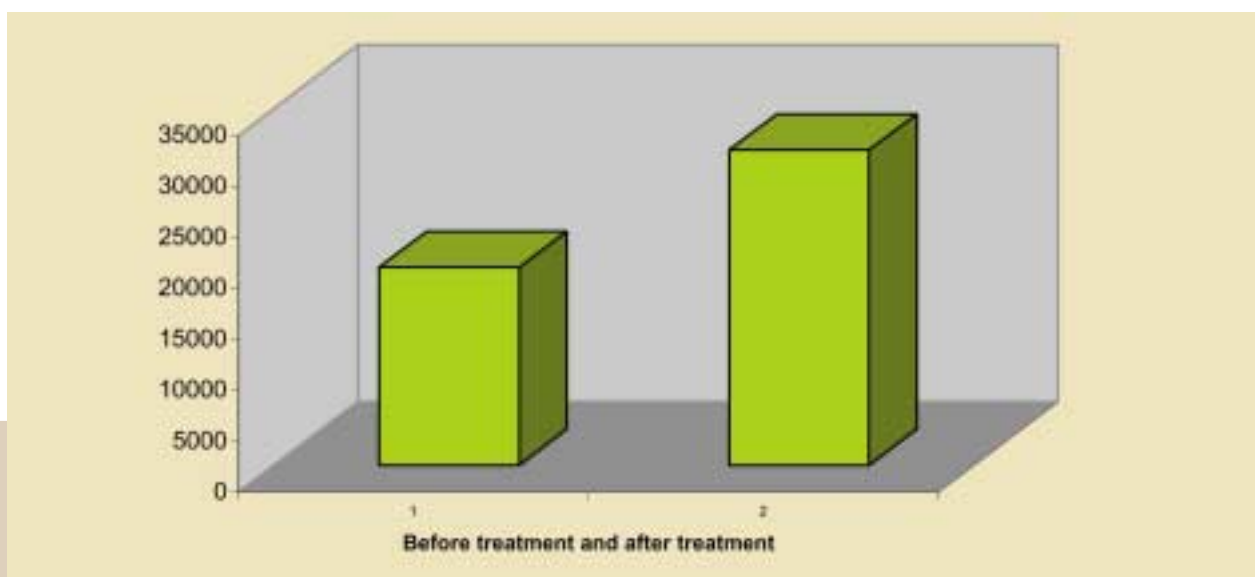
Mr. X from Bangalore started consuming alcohol at 18 years of age. He had progressed to addiction without ever realizing the consequences. In the last few years, he had made some attempts to stop but restarted drinking because of withdrawal symptoms. He used to spend as much as Rs 800 to 900 a day on drinking with his friends and even pledged his daughter's silver anklets to support his drinking habit. Following treatment, his health has improved significantly. His family is extremely supportive in his recovery. His financial status has improved. He has decided to spend his evenings reading or supervising his children's studies rather than be with his drinking peer group. 'The organization has made me a human being again. I will be eternally grateful' is his response to the programme.

Money Saved

The performance audit found that in the year before treatment started, these employees collectively spent Rs.54, 12,680 on alcohol. This amounts to an average of Rs.1419 per employee per month. In the follow-up period (after the first 6 months to the end of 5 years) there was a drop of 88% in spending on alcohol. It came down to just Rs.55 per employee per month.

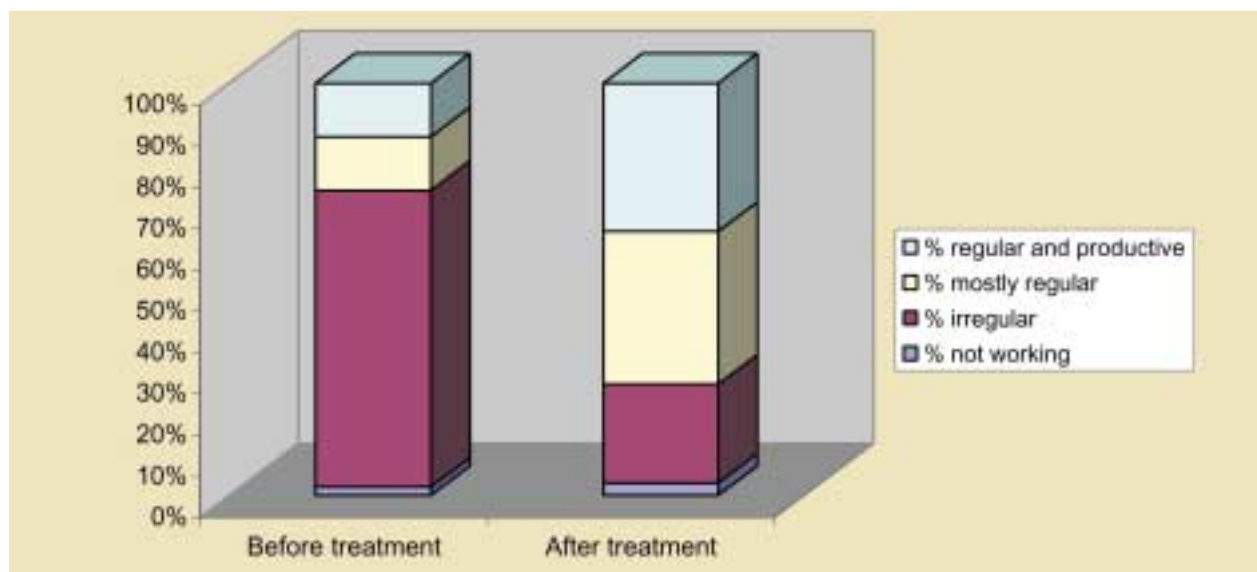


With increased saving, these employees were now able to reduce their debts. Also their ability to create assets increased. The average assets (in rupees) created per employee before and after treatment is indicated in the following figure.



Benefits for the Corporation

- Significantly improved work environment
- Reduction in absenteeism from 11.5% in 1999-2000 to 6.5% in 2002-2003
- Improved attitude and performance
- Improved productivity

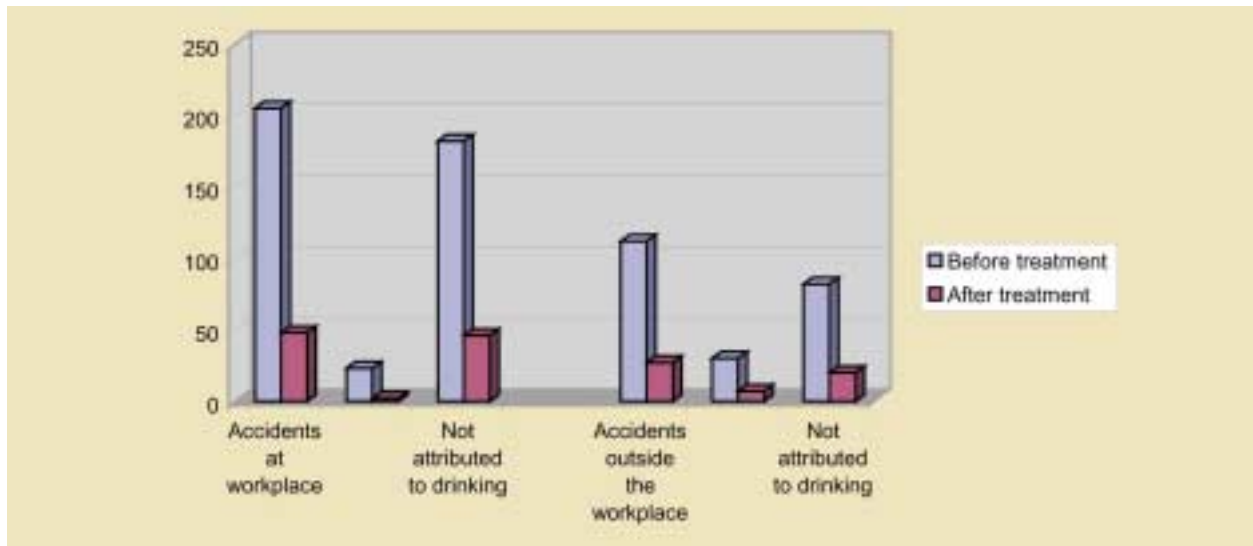


While absenteeism reduced overall for the corporation, the treated employees showed a remarkable improvement in attendance as reflected by the CLWO's report (Figure above)

SA, an assistant artisan from the Hassan division, showed an improvement of 74 days in the first six months following treatment. He regularly maintained a log of all the vehicles he had attended to following his recovery. The peer pressure at his original place of work was so strong that he requested a transfer to a new depot. He is now a strong motivating force for many colleagues to seek treatment.

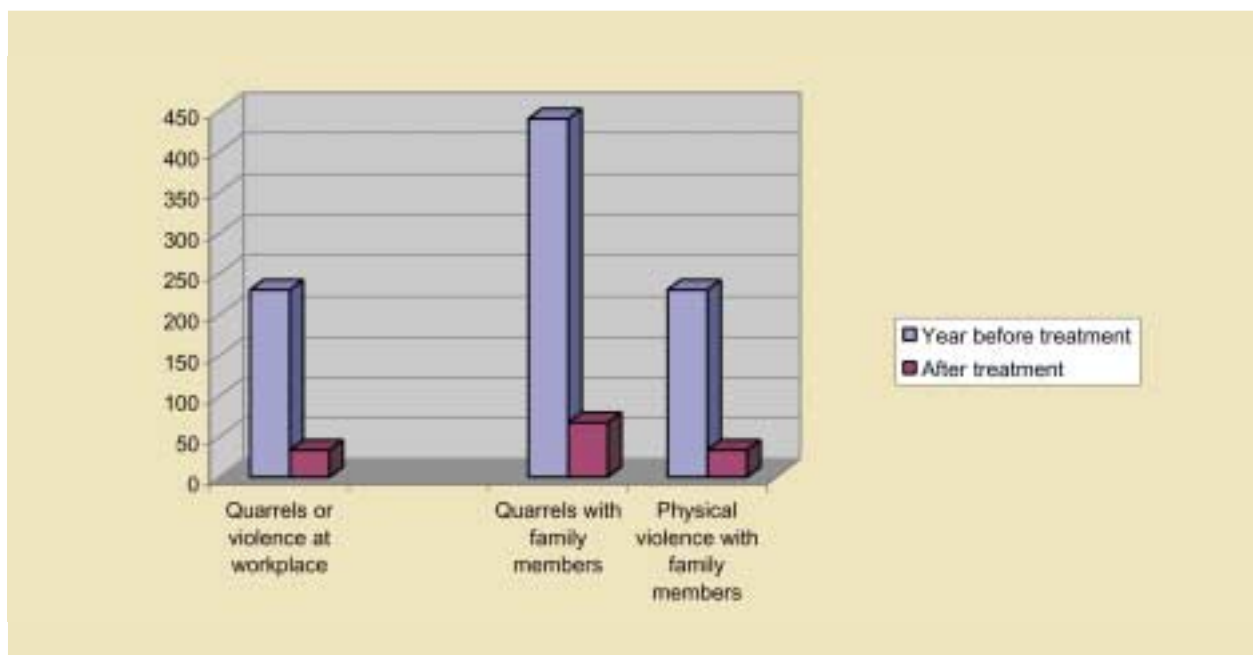
Accidents

Accidents both related to the workplace and outside reduced significantly. Incidents of workplace accidents showed a reduction of 77% and accidents outside the workplace reduced by 76 % illustrated in the figure below.



Violent Behaviour

Following treatment, the employees were less prone to violent outbursts. Incidents related to quarrels or violence at workplace reduced by 78% and quarrels with family members reduced by 85 % and physical violence by 86% .



Indiscipline, which occurred very frequently earlier, has significantly reduced after 1997.

Better enforcement of discipline and reduced alcohol related indiscipline has led to fewer altercations, arguments, strikes and a more peaceful work environment.

Information about deceased employees

One hundred and eight employees from among those initially referred for treatment had died during the follow-up period. Four employees had committed suicide and four employees had died in accidents

Most commonly reported causes of death were heart problems followed by alcoholism and also liver related problems.

The high number of deaths is of great concern and points to the fact that several employees had developed significant health related problems prior to referral.

If employees could be encouraged to seek early intervention, prior to onset of serious health problems and serious performance problems at workplace, it is likely that serious consequences including sickness and perhaps even untimely death can be prevented.

Preventive Medicine and Healthy Lifestyle Clinic was set up in 2005 as per World Health Organisation (WHO) protocol. Drivers, conductors and mechanics in all the KSRTC divisions are covered in this project. This is at the De-addiction Centre premises at Jaya Nagar, Bangalore. Complete medical examination of the eyes, dental, cardiological problems are included. This has been lauded as yet another effort by KSRTC in continuing early prevention and intervention at the workplace

Learning from the WAPPA

The WAPPA audit is not only a good reflection on the remarkable effect of the programme for this organization, it is also an inspiration for other workplaces to learn from and emulate.

Mr. R has a 34-year-old service record in the organization. He started drinking on account of work related pressures. He was not very enthusiastic when advised treatment and did not like the treatment environment, and put up with it with difficulty. During the course of his treatment his motivation improved. He is now motivating his colleagues to come voluntarily for treatment. He feels he would never have been able to quit, but for the program.

Recommendations for KSRTC

The Audit team from NIMHANS made a presentation of the findings to the KSRTC officials. A plan of action was formulated.

General Recommendations :

- Set up computerized data base corporation wise and division wise to track employee work performance/ transfers/ address change/ death etc.
- Focus on improving work conditions with special emphasis on working hours and amenities for employees including housing.
- Use treated employees as peer educators for motivating others to seek help for treatment
- Effective measures for stress management, tobacco awareness, high risk behaviour (HIV & gambling), other health related issues and financial management at the division level using the SOLVE model of the International Labour Organisation (see box)
- Encourage early identification and help seeking for health and psycho-social problems including addiction.
- Micro SOLVEs to be conducted on a regular basis to cover all Divisions (Microsolve offers a hands-on approach to different levels of employees to recognize, respond and prevent different psychosocial problems at the workplace)

The International Labour Office (ILO) adopted the Occupational Health Services Convention in 1985. Occupational health services are entrusted with preventive functions and advising employers, workers and their representatives on the requirements for establishing and maintaining a safe and healthy working environment to facilitate optimal physical and mental health in relation to work. **SOLVE** is a means, in part, to address enterprise-level psychosocial problems. What are the problems?

Stress Tobacco Alcohol and Drugs HIV/AIDS Violence

The ILO Safe Work Programme and the Turin Centre together developed an *action oriented training programme* that will:

* Improve psychosocial working conditions * Reduce costs and improve productivity * Relieve burden from the worker

Specific Recommendations :

- Establishment Supervisor/ Depot Manager to be actively involved in follow up after treatment and to monitor diaries for at least one year (giving special permission /leave for follow-up at the treatment centre)
- Overall monitoring of employees who have received counselling and treatment by Labour Welfare Officers (LWOs) at divisional level.They will meet regularly to discuss problems and solutions and will constantly update status of recovering employees.The central office to co-ordinate meetings on a monthly basis and have follow-up data on all treated employees.
- Printing follow-up diaries for distribution to treatment centers and different divisions monitored regularly by Chief Labour Welfare Officer
- Follow up diaries to be maintained by treated employees
- Supply of modern breath analysers to all divisions by Central office
- Local resources/ NGOs at division level to be identified by LWOs to provide general counselling services for isolated alcohol related problems and other issues
- Encouragement of treated employees to form self help groups area-wise by LWOs
- Set up recreational facilities at depot level to promote interdivision sports and cultural competitions for employees and their family members
- Better communication to employees and families about AOD policy and programme.

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(Director, Personnel and Environment)

Dr. S. Manohar

(Chief Medical Officer, Addiction Treatment Centre, Jaya Nagar Hospital)

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NEKRTC : Mr. S.K. Halli

(Chief Labour and Welfare Officer)

NWKRTC : Mr. M.A. Hanagal

(Chief Labour and Welfare Officer)

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