



WORKPLACE SURVEY

Ministry of Home Affairs Information and Public Affairs

National Council on Substance Abuse



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Abstract

Emerging research suggests that providing employees with more knowledge about legal and illegal drugs can reduce drug use and improve productivity. In Barbados, though studies focused on drug education and treatment in the general population, little or no studies focused on addressing drug-related workplace issues and their links to worker productivity. A gap, therefore, exists in employee knowledge about workplace policies, drug education, and drug addiction treatment in Barbados and their links to worker productivity. This quantitative study aims to assess employee perception of drug-related policies in the workplace, information about legal and illegal substances and the importance of drug education and drug treatment. The study is a cross-sectional analysis of workers in departments under the Ministry of Home Affairs and Information (MHAI) drawn from a stratified random selection of 311 employees from 1624 employees attached to the various departments under the Ministry of Home Affairs and Information, including the Probation Department, the Immigration Department, the Government Industrial School, the Department of Emergency Management, the Barbados Postal Service, the Barbados Fire Service, the Barbados Prison Service, and the National Council on Substance Abuse. An online self-administered questionnaire provided data from 72 employees from 7 of the nine departments under the MHAI. The findings showed that workplaces could offer opportunities for well-designed drug policies, health education about legal and illegal substances and help for persons who experience problems with substance abuse and drug addiction.

Executive Summary

The study is an online quantitative, cross-sectional analysis of workers in departments under the Ministry of Home Affairs and Information about their perceptions of workplace drug policies, knowledge about legal and illegal substances, drug education and referral for treatment for drug addiction. Seven of the nine departments under the (MHAI) participated in the survey, including The National Council on Substance Abuse, the Department of Emergency Management, the Government Industrial School, the Probation Department, the Barbados Immigration Department, the Barbados Prison Service, and the Barbados Postal Service.

Most participants were senior management, supervisory or middle level employees' and clerical staff. The survey commenced on January 24, 2022 and finished on March 4, 2022. Most of the respondents were females between 35 and 65 years of age. These employees worked in a department under the MHAI for between 11 and 30 years. Systems Consulting Inc distributed 311 questionnaires to respondents in the study, and 304 respondents received the questionnaire. Of those who received the questionnaire, 89 respondents started, and 72 completed the questionnaire. The completion rate¹ was 81%. The average time for completion of the survey was 8 minutes.

Though completion rate was high, the overall response rate² was 24%. The low response rate was far less than initially anticipated in the design of this study; however, it was within the acceptable range of responses of between 5 % and 30% using online methods to collect data. Moreover, despite the reduced answers, 7 out of 9 departments participated in the survey. Overall, the findings of this study can be labelled exploratory and provide useful information for guiding the development of drug-related training programmes for public sector workers in the MHAI.

The findings from the survey provided valuable data to inform training curricula for public sector workers. In particular, the study showed that workplaces could offer opportunities for well-designed drug policies, health education about legal and illegal substances and help for persons who experience problems with substance abuse and drug addiction. However, approaches to drug-related issues at the workplace are subject to Barbados' various administrative, legislative, labour and cultural issues regarding the use and abuse of legal and illegal substances. The successful implementation of a training plan for public sector workers must therefore be consistent with and supportive of existing labour practices.

¹ The number of respondents completing the questionnaire as a percentage of respondents who started the questionnaire

² The number of persons completing the questionnaire as percentage of those assigned: 72 workers completed the questionnaire from the 304 assigned.

Key Findings

1. Most respondents were familiar with the workplace policies on drugs and believed that a workplace policy on drugs is essential.
2. Less than half of the respondents understand the workplace policies on drug testing.
3. Over 90% believe that a workplace policy on drug use is essential.
4. Most respondents agreed they had adequate knowledge about alcohol, tobacco, and marijuana.
5. Fewer respondents reported having sufficient knowledge about cocaine, opioids, methamphetamines, and amphetamines.
6. Approximately 7 out of 10 respondents agreed that they know what to ask their doctor about prescribed medicines to reduce pain
7. Six out of 10 respondents agreed that they knew where to seek help at work for substance abuse problems
8. Over 2 out of 10 respondents disagreed with the statement that they knew where to seek help for a substance problem at work.
9. Half of the respondents agreed they would be scared or anxious to lose their job if they disclosed a substance abuse problem.
10. Only four out of 10 respondents agreed that they were confident the workplace would support them if they had a substance abuse problem, with 3 out of 10 respondents neutral to whether they neither agree nor disagreed on the issue of confidence in receiving support from the workplace upon disclosure of a substance abuse problem.
11. Approximately only 3 out of 10 employees were convinced that they would not receive support from the workplace upon disclosure of a substance abuse problem.
12. Most respondents agreed that interventions in the workplace are essential. These interventions feature a wide range of services, including drug education and programmes that assist workers with substance abuse problems. Respondents also highlighted the importance of participation in these programmes.

Recommendations

- The need for legislative changes to substance use and abuse in the workplace
- The standardisation of workplace drug policies
- Encourage the promotion of non-punitive approaches to drug policies that allows for recovery friendly workplaces through the creation Therapeutic Workplaces.

- Increase efforts to reduce workers' hesitancy to disclose information about their drug problems through work policies that emphasise confidentiality in the reporting of drug problems
- Incorporate alcohol and drug education and treatment interventions in the workplace into a comprehensive health promotion programme to make them more attractive
- Increase employee's knowledge on drug testing in the workplace
- Increase collaborative efforts with private and public sector entities to obtain support for drug prevention and education and drug treatment services
- Consider strategies to ensure greater interest and participation in online surveys, including pre-contact of the potential participants, use of other types of surveys in conjunction with the online survey, using phone calls to remind the participants about the survey and, if resources allow monetary incentives.
- Conduct research on the impact of prescribed drugs on pain management and their potential for misuse.

Introduction: Section 1

Substance abuse-related losses from drug addiction, mental illness, chronic illness, and premature mortality are significant burdens for the workforce and the economy worldwide (Howitt et al., 2015; Piano, 2017). Multiple studies show that alcohol-related absenteeism is estimated to cost businesses up to \$2bn per year in Australia, \$4bn in the United States of America, and €9bn in the European Union (Anderson & Baumberg, 2006; Bouchery *et al.*, 2011; Roche *et al.*, 2016). Multiple studies have found that employers who provide workplace policies on drugs and facilitate drug education and treatment for workers addicted to drugs achieve greater worker productivity and reduce the costs associated with substance abuse-related illness (Brown, Bowden-Jones, 2013; Roche et al., 2019).

In Barbados, the need for drug policies and information about drugs and addiction among workers is even more compelling given the fact that Barbados has one of the highest rates of obesity, hypertension, diabetes, heart disease, and stroke linked to tobacco and alcohol abuse (Howitt et al., 2015) and the country spends \$BBD 64 million, or approximately \$BBD 220 per capita, per year on cardiovascular disease and diabetes. Moreover, the Barbados economy is losing \$BBD 145 million per year due to missed workdays, poor productivity, reduced workforce participation and the costs to businesses of replacing workers from cardiovascular disease and diabetes (World Health Organisation, 2017). Because evidence exists that workplace policies on drugs, workers' knowledge about legal and illicit drugs and the facilitation of rehabilitative services for workers for drug treatment are positively associated with increased productivity, employers in Barbados should be encouraged to address workplace policies on drugs and the facilitation of drug education and treatment for workers addicted to drugs.

Importance of drug education to the worker

Though many studies showed the existence of generic health promotion programs in the workplace, few of these initiatives comprehensively address substance abuse issues (Roche et al., 2019). Other researchers have also indicated that effective drug testing and employee assistance programmes (EAP) do not holistically address current substance abuse issues in the workplace. Moreover, complex drug-related problems are likely beyond their scope as workers may hesitate to participate in initiatives that test them for drugs (Holland, 2016; Richmond et al., 2016). Researchers have found that workers hesitate to report drug use problems in the workplace because of fear of potentially negative social, professional, legal, or financial consequences (Bennett & O'Donovan, 2001; Merlo & Gold, 2008). Also, personality traits contributing to a worker's professional success, including independence, perseverance, and self-reliance, may make workers resistant to asking for help (Brooke, 2000). Despite the absence of comprehensive approaches to address substance abuse issues in the workplace, evidence supports the efficacy of drug

education initiatives within comprehensive alcohol and other workplace-based programmes that address workers' hesitancy to report drug problems (Pidd et al., 2018).

Providing information on a broad range of legal and illegal drugs is also critical to worker productivity (Brown, Bowden-Jones,2013; Roche et al., 2019). Some of the more recent developments worldwide are the reported deaths resulting from the abuse of opioids, including experimentation with fentanyl and methamphetamine (Santella-Tenorio, Martins, Cerda, Olfson and Keyes,2021; Cavazo's-Rehg, Xu, Krauss, Min, Winograd, Brucza and Bierut, 2021). In Barbados, the drugs motivating treatment include alcohol, marijuana, cocaine, heroin, ecstasy, methamphetamines, and amphetamines (NCSA, 2020). The chronic and persistent smoking of tobacco and marijuana has resulted in lung diseases, and cocaine overstimulates the central nervous system leading to heart attacks (Piano,2017). Because researchers link the abuse of opioids to the popularity of pain relief, the workplace presents opportunities for extending information about opioids to adults. However, despite the concerns about opioid abuse, drug addiction during the Covid -19 Pandemic presented challenges for workers to perform at their maximum potential. For example, the World Health Organisation indicated the presence of psychological challenges resulting from self-isolation and quarantine during the Covid-19 pandemic (WHO, 2020a, 2020b). These psychological challenges included increased loneliness, depression, insomnia and harmful alcohol and drug use. Given the fact that drugs and alcohol abuse lead to a range of health-related issues, psychological challenges resulting from substance abuse can negatively impact workplace productivity.

Psychological challenges and workplace productivity

A key feature of psychological challenges associated with substance abuse is co-occurring conditions. A Co-occurring condition relates to persons diagnosed with a substance abuse disorder along with major depression and schizophrenia (Peters, Wexler, & Lurigio, 2015). Over the past five years, approximately 20% of clients at the Psychiatric Hospital experienced a co-occurring condition, and most of those with the co-occurring illness are under 45 years (NCSA, 2023). Because employees between 18 and 45 years represent a significant proportion of persons employed in Barbados, the potential for co-occurring disorders among workers can mitigate efforts to reduce their abuse of legal and illegal drugs. However, along with co-occurring conditions, efforts to minimise a worker's risk of substance abuse may also be negated by the cultural environment that supports drug use (Lui & Zamboanga, 2019). Such cultural influences are manifested and reinforced at the individual, community and societal levels creating challenges for changed behaviour from substance abuse and the increased potential for co-occurring disorders.

Despite the influence of culture on worker drug use behaviour, evidence suggests that better engagement in treatment for individuals with dual diagnoses of mental illness and substance abuse helps them to reintegrate into society and become productive workers (Zgoba, Reeves, Tamurello & DeBilio, 2020). Because of the potential for co-morbidity among workers, organisations may need to invest in policy frameworks that guide organisational action on substance abuse-related issues.

Workplace drug policies

Multiple studies support the need for workplace policies on substance abuse (Frone, 2013; ILO, 1996. Roche et al., 2019). The International Labour Organisation (ILO) suggests that workplace drug policies should provide written guidelines on drug use and efforts to reduce alcohol and drugs among employees through education, information, help and support. The ILO also contends that drug testing for employees must adhere to confidentiality standards that protect the rights of the employees and ensure the privacy of test results (ILO, 1996). In Barbados, public sector employees are generally not lawfully required to test for drugs. However, government and private sector entities can prohibit the consumption of alcohol and other drugs in the workplace through codes of discipline relating to alcohol and other drugs (Government of Barbados, 2007). Because researchers linked drug policies to increased worker's productivity, the absence of a policy on drug use in the workplace may hinder efforts to reduce substance abuse and increase worker productivity. Encouraging government and non-government entities to invest in developing drug policies should be a priority. However, an effective drug policy is built on data reflecting the extent of worker exposure to drug education and support services for drug addiction (ILO,1996). Data collection is therefore critical to informing about drug-related issues that impact workplace productivity.

The workplace for recovery from drug addiction

A recent feature of drug policies is using the workplace for recovery from drug addiction (Aklin et al., 2014). The Therapeutic Workplace (TW) is a novel long-term, employment-based intervention designed to address the chronic nature of drug addiction through a contingency management intervention that promotes rewards for abstinence from drug use (Silverman, 2004; Silverman, DeFulio, & Sigurdsson, 2012). Contingency management interventions are rooted in research that suggests drug addiction is operant behaviour that is maintained and modifiable by its consequences and should be modifiable through the strategic use of alternative reinforcement (Bigelow & Silverman,1999). A vast body of research suggests that incentives for drug abstinence can be highly effective in both initiating and maintaining abstinence from most abused drugs (Dutra et al., 2008; Lussier, Heil, Mongeon, Badger, & Higgins, 2006; Silverman, Kaminski, Higgins, & Brady, 2011). A key reason for the success of TW is that money, or monetary incentive, can be beneficial because it is attractive to most people (Higgins et al., 2011). Despite the contribution of TW to the workplace as a place of recovery from drug addiction,

incentives are only effective if they are attractive to workers and sustained through well managed and implemented workplace policies on drug use.

Data collection

Researchers employ various approaches to collect data based on the purpose of the surveys and the ability to access participants (Weigold & Russell, 2013). Since the advent of the Covid-19 pandemic, there has been an increase in the use of online surveys worldwide. Some reasons for the increased use of online surveys are their ability to avoid face-to-face interactions, reach many participants and collect data promptly. The limitations of face-to-face interviews resulting from the Covid-19 pandemic suggested a reliance on online surveys to collect data. The current workplace survey is an innovative digital approach to collecting data from employees in the public sector.

To date, few substances abuse training initiatives have specifically targeted workers in Barbados. This study aims to collect data on the perception of public sector workers about workplace drug policies, drug education and referrals for drug treatment. Findings from the survey will inform curriculum development and training for public sector workers on drug-related health issues in the workplace. In particular, the study will allow for the crafting of workplace drug policies that support initiatives that addresses drug addiction and improve employee well-being and productivity. The following are the objectives of the workplace survey:

- To assess the perception of employees about workplace policies.
- To assess the perception of workers' knowledge about legal and illicit drugs.
- To consider the perception of employers' support for workers with substance abuse problems
- To assess the perception of the importance of drug education and treatment services to workers

Part one of the report introduces the project and justifies why the research should take place. Section two provides definitions of terms, and section three the broad framework for the project's design and the methods used to collect and analyse data. Part four presents the quantitative findings, and section 5 discusses the study's limitations and results relating to the study's objectives. Part six assesses the implications of the research for policy and programming; section seven concludes the project with recommendations.

Background of the Problem

The National Council on Substance Abuse (NCSA) is in the parish of St. Michael, 2 km outside Bridgetown, Barbados and has a staff complement of 18 persons. The NCSA Act 1995-13 established the National Council on Substance Abuse (NCSA). Led by research, the NCSA's mandate is to advise on measures to eradicate or control substances and provide a range of services that reduce the demand for legal and illegal substances. Over the past 25 years, most studies conducted by the NCSA focused primarily on primary and secondary school students, and few studies targeted the adult population, including the workplace.

A key finding of primary school studies is that teachers and parents are vital to drug information sources for students (NCSA,2010). This information is essential, as parents make up a significant proportion of the workforce (Straughn, 2020). The role of adults in drug education is more critical given that adults, like children, can experience a range of psychological and social problems resulting from the abuse of drugs (Lui & Zamboanga, 2019; Santella-Tenorio, Martins, Cerda, Offson & Keyes,2021). These psychological and social issues include an inability to think and reason effectively, leading to poor work performance and the inability to maintain employment, increasing economic and financial strains on families.

Of importance to reducing substance abuse in the workplace is accessing drug education and treatment services (Roche et al., 2019). In Barbados, government and non-government agencies provide drug education and treatment for drug addiction. These agencies include the National Council on Substance Abuse, the Centre for Counselling Addiction Support Alternatives, the Substance Abuse Foundation, and the Inmate Drug Rehabilitation and Counselling Programme of The Barbados Prison Service and the Psychiatric Hospital. Although these services are available to the public, workers in government and non-government institutions are not explicitly targeted.

Over the last 20 years, the ILO has advocated for workplace policies on substance abuse that support individual performance and productivity through education and rehabilitation rather than a reliance on punitive approaches (ILO,1996). In Barbados, policies on drug use have centred on approaches linked to demand reduction. Demand reduction aims to reduce the use and abuse of legal and illegal substances among all age groups whilst enhancing the quality and accessibility of treatment and rehabilitation services available for substance users (Barbados National Anti-Drug Plan 2015-2020). A notable feature of the demand reduction goal is its alignment with the ILO's promotion of workplace policies that support drug education and rehabilitative services for workers experiencing drug addiction. As such, for the

recommendations of the ILO to be meaningful, organisations in Barbados should be encouraged to normalise workplace policies.

Moreover, providing workplace policies is more critical given the impact of non-communicable diseases resulting from the abuse of tobacco and alcohol. Over the last two decades, numerous epidemiologic studies have shown complex associations between alcohol use and cardiovascular (CV) conditions such as hypertension (HTN), coronary heart disease (CHD) and stroke (WHO, 2010; National Workplace Wellness Policy for Barbados, 2019). In Barbados, Howitt et al. showed a positive association between alcohol and tobacco consumption and obesity, hypertension, and diabetes. Since evidence links chronic health conditions to the abuse of legal and illegal drugs, providing employees in Barbados with adequate information about these substances will assist in their prevention, leading to increased workforce participation and productivity gains.

In summary, providing drug education in the workplace reflects the assumption that investing in workplace drug education and drug treatment is critical for a healthy and productive workforce. Knowledge about drugs is even more important, given that workers may experience a range of substance abuse-related mental and chronic illnesses that negate their ability to function in the workplace. However, organisations that reduce substance abuse among workers must also see the importance of developing policies that support a sustained approach to drug education and treating drug addiction in the workplace.

The Problem

Addressing issues related to the impact of substance abuse on the workplace is a critical feature of improved employee well-being and productivity (World Health Organisation, 2014; van Amsterdam et al., 2015; Roxburgh et al., 2011). In his book on alcohol and illicit drug use in the workforce, Frone (2013) looks closely at what we know and do not know about workforce and workplace substance involvement. He highlighted the need to develop a comprehensive approach to drug-related issues in the workplace that deal with low employee productivity resulting from chronic illness, mental harm, injury, and absenteeism. Although multiple studies link drug use to negative behaviour, emerging research suggests that providing employees with more significant knowledge about legal and illegal drugs leads to their reduced drug use and improves their productivity (Roche, Kostadinov, McEntee, Meumann and McLaughlin, 2019; Pidd, Kostadinov and Roche, 2016; Sehn, 2023). Though drug prevention practitioners recognised the importance of data in programming, limited research existed in Barbados among workers on workplace drug policies, drug education, and drug addiction treatment.

Moreover, in 2021, Barbados was experiencing the fallout from the Covid-19 pandemic, which hindered face-to-face data collection but created opportunities to collect data online. In Barbados, a gap exists between worker education about drug policies, drug education and referrals for drug treatment and their links to worker productivity. By using an online approach to collect data, this research will fill this gap by focusing specifically on obtaining knowledge about employee perception of workplace policies, knowledge about drugs, drug education and referrals for drug treatment. This information should help health care, and drug prevention practitioners implement workplace policies, drug education and rehabilitative services that increase worker well-being and productivity.

Definition of terms: Section 2

The terms and definitions provide clarification for the reader. Although some terms and definitions are interchangeable, I primarily use words and illustrations drawn from the broad literature on substance abuse and addiction. Presented below are the following terms and definitions.

Alcoholic drink: A drink that contains ethanol, a type of alcohol produced by fermentation of grains, fruits, or other sources of sugar that acts a drug (International Alliance for Responsible Drinking, 2016).

Amphetamine: A synthetic, addictive, mood-altering drug used illegally as a stimulant and legally as a prescription drug to treat children with Attention-Deficit/ Hyperactivity Disorder (ADHD)³ and adults with narcolepsy⁴ (European Monitoring Centre for Drugs and Drug Addiction, 2016).

Binge Drinking: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration to 0.08 grams per deciliter (0.08%) or higher. For the NIAA, binge drinking typically occurs after a woman consumes four drinks or a man consumes five drinks in a 2-hour time frame (NIAAA,2017).

Cocaine:

Cocaine is subject to recreational abuse as a stimulant and psychoactive agent commonly presented in its hydrochloride form as a white, water-soluble powder. It may be used orally, intravenously or by nasal insufflation. Cocaine increases the risk of thrombotic and non-thrombotic acute coronary syndrome, stroke, and arterial dissection (Zyoud, Waring, Al-Jabi & Sweileh, 2017)

Completion Rate:

The number of persons completing the questionnaire as percentage of those assigned

³ ADHD is one of the most common childhood neurodevelopmental disorders. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviours (may act without thinking about the result), or being overly active (EMCDDA,2016).

⁴ A chronic sleep disorder characterised by overwhelming daytime drowsiness and sudden attacks of sleep (EMCDDA,2016).

Extreme Binge Drinking:

High-intensity drinking refers to drinking at levels far beyond the binge threshold, resulting in high peak blood alcohol concentrations (Patrick, Cronce, Fairlie AM, et al. 2016).

Geo Poll:

A technologically driven App that allows for the development of unique samples accurately representing any population. Geopoll.com/blc

Heavy Drinking:

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2017), SAMHSA defines heavy drinking as binge drinking on five or more days in the past 30-day

Low-Risk Drinking:

As defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA,2017), for women, low-risk drinking is no more than three drinks on any single day and no more than seven drinks per week.

Medicinal marijuana:

A plant-based drug obtained from the Cannabis sativa plant (Kane, 2001). Cannabis-based drugs can be used for different medical disorders including pain, anxiety, epilepsy, glaucoma, loss of appetite and weight loss associated with HIV/AIDS, inflammatory bowel disease, irritable bowel syndrome, movement disorders due to Tourette syndrome, multiple sclerosis, nausea and vomiting related to cancer chemotherapy, posttraumatic stress disorder (PTSD), and sleep problems (NCCIH, 2019).

Methamphetamine:

A potent central nervous system stimulant used as a recreational drug and less commonly as a second-line treatment for attention deficit hyperactivity disorder and obesity (EMCDDA,2016).

Moderate alcohol consumption: According to the U.S. Department of Health and Human Services and U.S. Department of Agriculture (2015). Dietary Guidelines for Americans, intended to help individuals improve and maintain overall health and reduce chronic disease risk, moderate drinking is defined as up to 1 drink per day for women and up to 2 drinks per day for men

Opioids:

Opioids are a class of drugs that produce morphine-like effects that include the illegal drug heroin and synthetic opioids such as fentanyl. Medically they are primarily used for pain relief, including anaesthesia (EMCDDA,2016).

Response rate:

The number of respondents completing the questionnaire as a percentage of respondents who started the questionnaire

Standard alcoholic drink: In the United States, the National Institute on Alcohol Abuse and Alcoholism (NIAA, 2017) defines a standard drink as a drink with 14 grams (0.6 fluid ounces) of pure alcohol, similarly found in 12 ounces of regular beer, which is usually about 5% alcohol, 5 ounces of wine, which is typically about 12% alcohol, 1.5 ounces of distilled spirits, which is about 40% alcohol. Although the standard drink amounts help follow health guidelines, they may not reflect standard serving sizes. In addition, while the alcohol concentrations listed above are typical, there is considerable variability in alcohol content within and across beverage types (e.g., beer, wine, and distilled spirits). For example, some light beers contain half as much alcohol as a regular beer, while some craft and speciality beers have twice as much. Similarly, the alcohol content in wines can vary from 5% to 15%.

Tobacco:

A plant is grown for its leaves, dried and fermented before being put into tobacco products. Tobacco contains nicotine, the ingredient that can lead to addiction. People can smoke, chew, or sniff tobacco (EMCDDA, 2016).

Purpose of the workplace survey, research design and data collection: Section 3

To collect data on employee's perception of drug-related policies in the workplace, information about legal and illegal substances and of importance of drug education and drug treatment. Findings from the survey will assist with informing curriculum development and training for public sector workers on drug-related issues in the workplace and help health care and drug prevention practitioners implement workplace policies, drug education and rehabilitative services that increase worker wellbeing and productivity.

Methods

Research Design and Approach

A quantitative, cross-sectional analysis of workers in 9 departments under the MHAI and public officers in the MHAI is the basis for the study. The study's goal was to examine the views of public sector workers about workplace drug policies, knowledge about legal and illegal substances, drug education and referral for treatment for drug addiction. Using a Likert scale, participants assessed their level of agreement with a series of statements and questions on a scale of 1 to 5: 1, strongly agree; 2, somewhat agree; 3, neither agree nor disagree; 4, somewhat disagree; 5, strongly disagree. The views and questions were on workplace policies on drugs, adequate information on drugs and drug treatment, the importance of drug education and treatment programmes for employees and participation in drug education and treatment programmes in the workplace.

Population and Sample

The targeted population of interest for this study was a stratified random selection of 311 employees drawn from 1624 employees attached to the various departments under the Ministry of Home Affairs and Information, including the Probation Department, the Immigration Department, the Government Industrial School, the Department of Emergency Management, the Barbados Postal Service, the Barbados Fire Service, the Barbados Prison Service, and the National Council on Substance Abuse.

The optimum sample size was acquired using Geo poll⁵ sampling. With the following input parameters: an alpha or level of significance (α) of 0.05 and a Confidence level of .95%, the optimum sample size.

The survey commenced on January 24, 2022 and finished on March 4, 2022. Most of the respondents in the survey were females. The age of most of the participants was between 35 and 65 years of age. These respondents worked in a department under the MHAI for between 11 and 30 years. Systems Consulting Inc distributed 304 questionnaires to respondents in the study. Of those who received the questionnaire, 89 respondents started, and 72 completed the questionnaire giving a completion rate of 81% and a response rate of 24%. The average time for completion of the survey was 8 minutes.

Data Collection

Procedures

The survey involved the following procedures. First, Systems Consulting Inc submitted a proposal to the management of the NCSA to collect the data online using question pro. Second, the administration of the NCSA approved the proposal to collect data, including the formatting of the survey instrument to support the online collection of data. Third, MHAI authorised data collection. Fourth, Heads of Departments in the various departments under the MHAI gave access to the data, including the email addresses of employees currently attached to the departments in the study. The survey was based only on online data collection rather than face-to-face interviews. As such, participants in the survey were not recruited nor interacted with any human subjects. Therefore, procedures for recruitment and participants were not a concern for this study as the data came from online sources. The survey commenced on January 24, 2022, and finished on March 4 2022.

Sample selection issues in data collection

The MHAI is the Parent Ministry of the NCSA. NCSA also has a close working relationship with various departments under the MHAI, including the Barbados Prison Service, Barbados Fire Service, Immigration

⁵ A technologically driven App that allows for the development of unique samples accurately representing any population. Geopoll.com/blc

Department, and the Probation Department. All departments participating in this survey can facilitate the online collection of data. Of the 304 respondents who received the questionnaire, 89 started, and 72 completed with data for the statistical analysis for this study. Although the rate of those who opened the questionnaire and completed it was high, 81%, the overall response rate was 24%. The low response rate was far less than initially anticipated in the design of this study; however, it was within the acceptable range of responses of between 5 % and 30% using online methods to collect data (JiaWu, and Zhao, 2022). Moreover, despite the reduced responses, 7 out of 9 departments participated in the survey. Overall, the findings of this study can be labelled exploratory and provide helpful information for guiding the development of drug-related training programmes for public sector workers.

Results: Section 4

The survey findings are in two sections. First descriptive statistics provided an overview of participating departments, job categories, length of service in the department, demographic variables, and overview of survey completion. In the second section, using a Likert scale, participants assessed their level of agreement with a series of statements and questions on a scale of 1 to 5. The views and questions were on workplace policies on drugs, adequate information on drugs and drug treatment, the importance of drug education and treatment programmes for employees and participation in drug education and treatment programmes in the workplace. All descriptive data was rounded to the nearest whole number.

Table 1

Participant’s level of agreement with a series of statements and questions on a scale of 1-5

Level of Agreement	
1	Strongly Agreed
2	'Somewhat Disagree'
3	'Neither Agree nor Disagree'
4	'Somewhat Agree'
5	'Strongly Agree'

Table 2: Participant selection

	Department	Total	Percentage of population	Sample size 311 ⁶ :	Number of persons to participate in the survey
1	Barbados Probation Department	28	2%	6	6
2	Government Industrial School	54	3%	9	9
3	Department Of Emergency Management	15	1%	3	3
4	Barbados Immigration Department	197	12.2%	38	38
5	Barbados Postal Service	599	37%	115	115
6	Barbados Fire Service	261	16%	50	50
7.	Barbados Prisons Service	431	27%	84	84
8	Ministry of Home Affairs Information and Public Affairs	22	1%	3	3
9	National Council on Substance Abuse (NCSA)	17	1%	3	3
		1,624 ⁷	100%	311	311 ⁸

⁶ Confidence level .95%

Confidence interval. 05

Population 1464

Sample size 304

⁷ Source Ministry of Home Affairs and Information

⁸ Rounding off to one decimal point

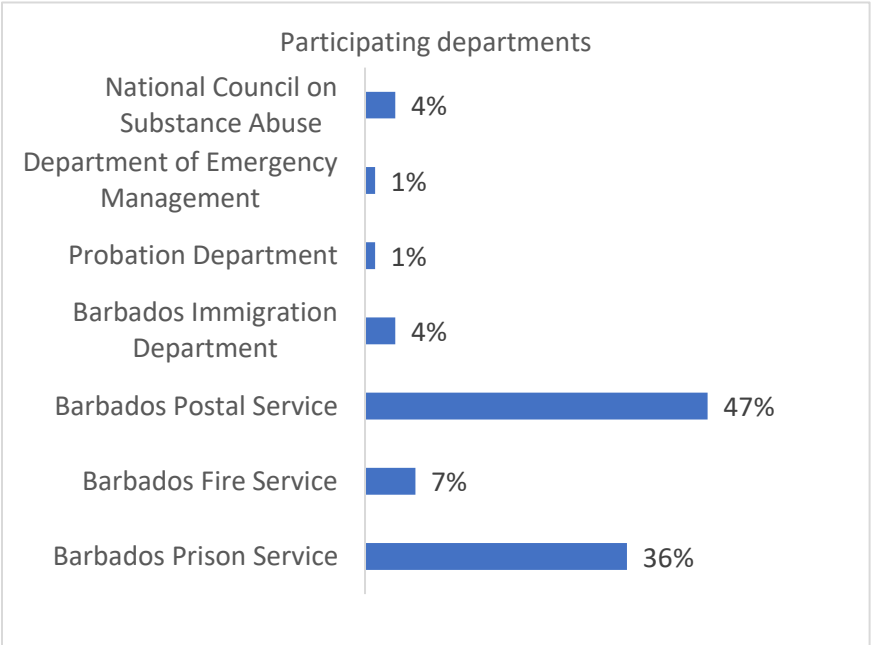
Most of the respondents were selected from the Barbados Postal Services (41%), followed by the Barbados Prison Service (23%), the Barbados Fire Service (18%), the Government Industrial School (3%), the Barbados Probation Department (2%), and the National Council.

Table 3 Survey Completion

Survey completion	
Viewed	304
Started	89
Completed	72
Completion Rate	81%
Response Rate	24%
Dropouts (After starting)	17
Average Time to Complete	8 minutes

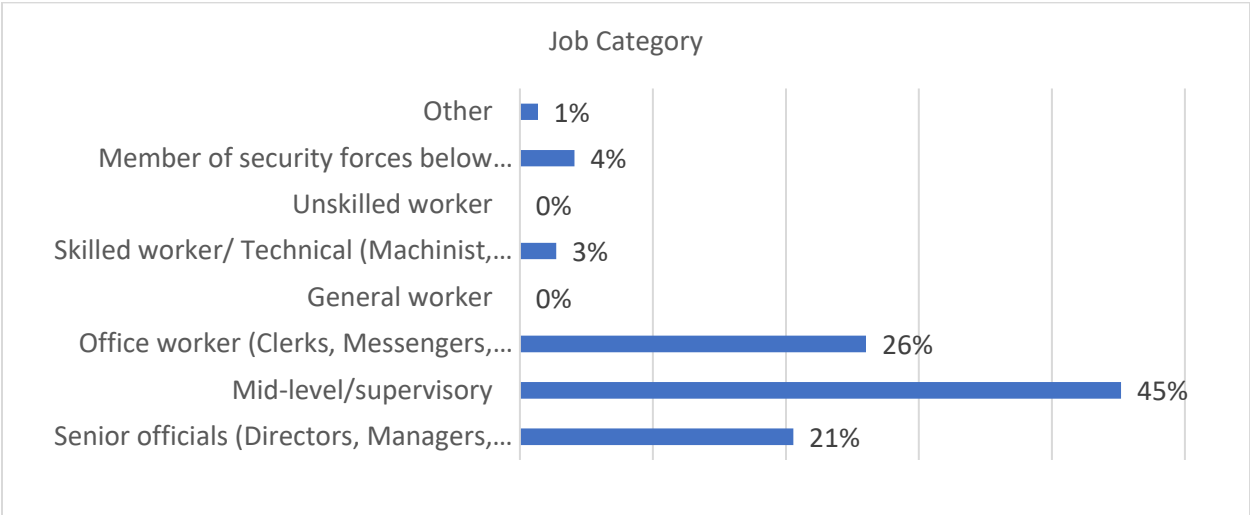
Of the 304 persons receiving the questionnaire, 89 started, and 72 completed the questionnaire giving a completion rate of 81% and a response rate of 24%. The average time for completing the survey was eight minutes (Table 3).

**Figure 1
Participating departments**



The participants in the study worked in 7 departments under the MHAI, including the National Council on Substance Abuse, the Department of Emergency Management, the Probation Department, the Barbados Immigration Department, the Barbados Postal Service, the Barbados Fire Service, and the Barbados Prison Service (Figure 1).

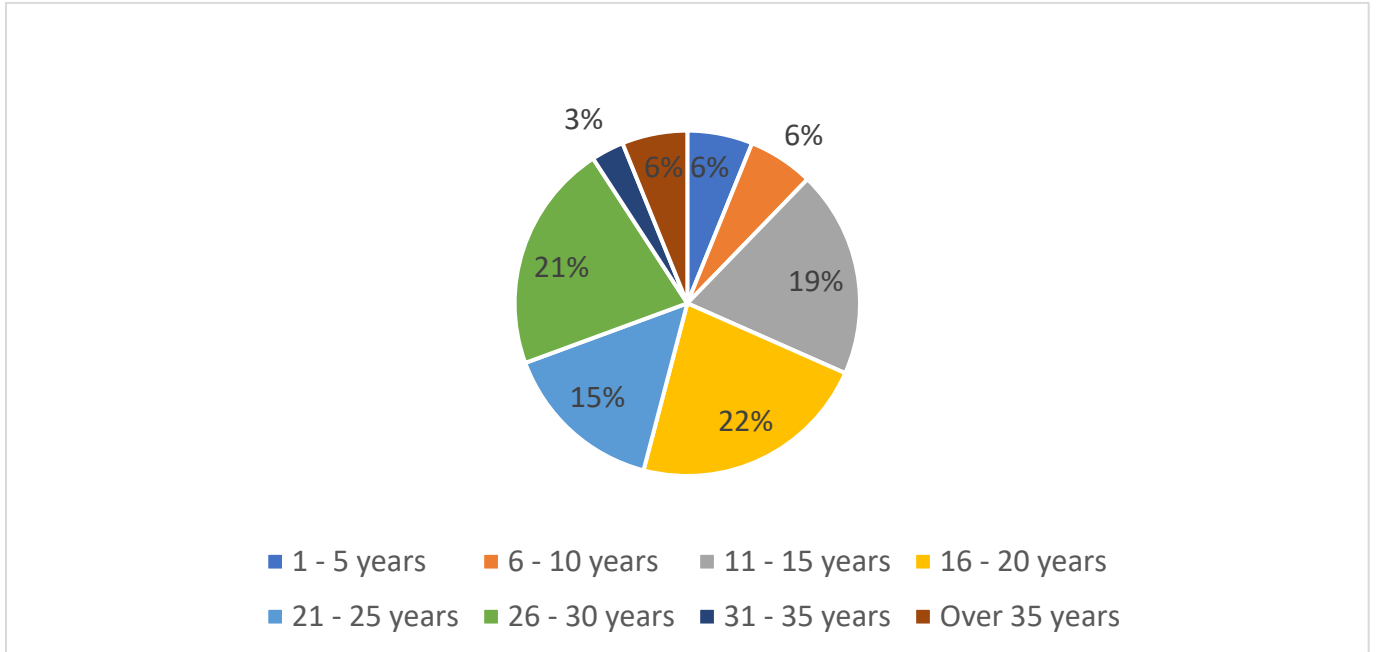
Figure 2



Most participants were middle or supervisory level employees (45%), followed by clerical staff (26%) and senior staff (21%). Members of the security forces below the rank of Inspector (4%) and skilled workers (3%) also participated in the survey (Figure 2).

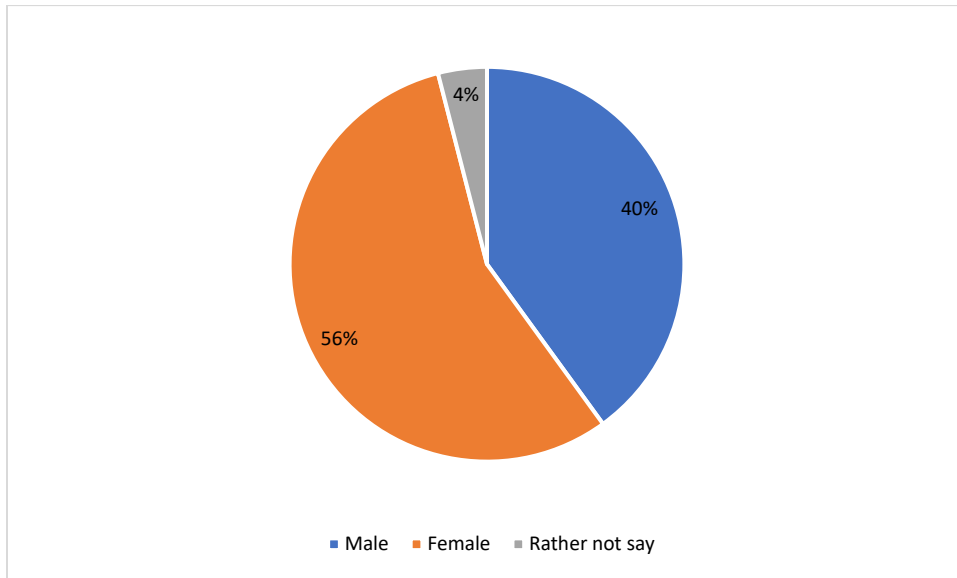
Figure 3

Length of Employment in Department



Most employees worked in a department under the Ministry of Home Affairs Information and Public Affairs for 16 to 20 years (22%), 26-to 30 years (21%) and 11 to 15 years (19%). Followed by 8 % working in the department for 1 to 5 years, 6 %, worked for 6 to 10 years and over 35 years respectively while 3 % worked 31to 35 years (Figure 3).

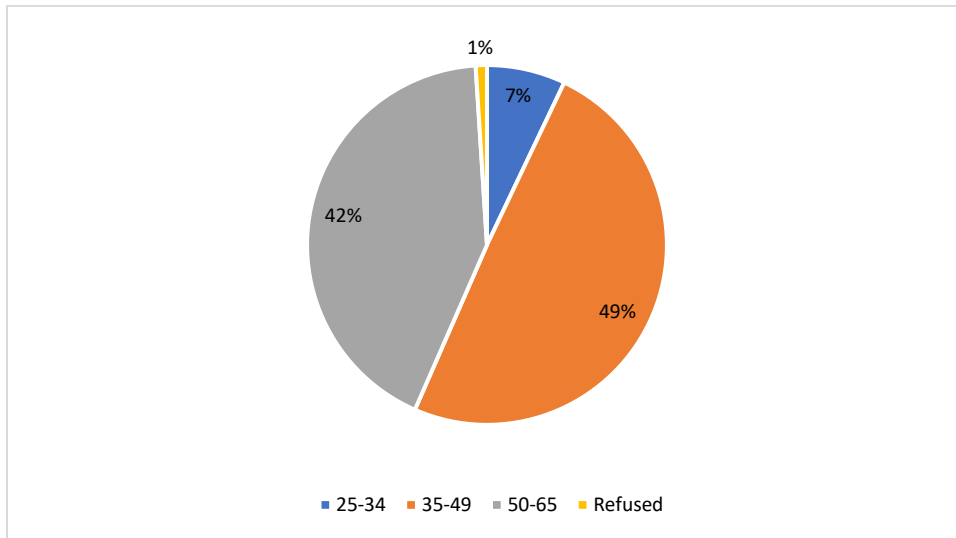
Figure 4
Gender



Approximately 4 out of every ten respondents were male (40%), and over half of the respondent's female (56%), while 4% did not answer this question (Figure 4).

Figure 5

Age of Workers

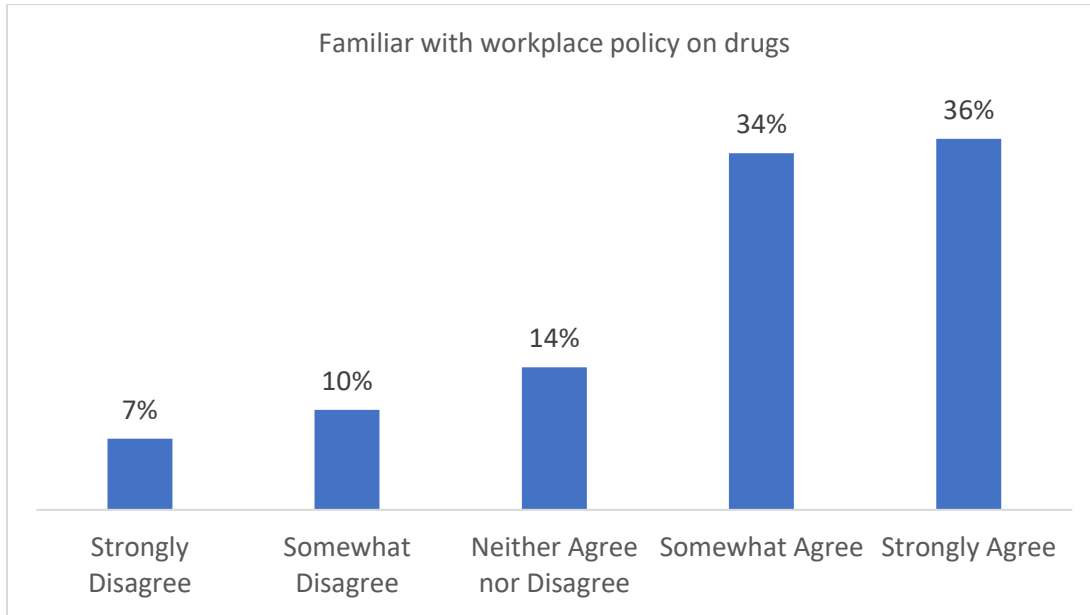


About half (49%) of the respondents were 35 to 49 years of age, while just over 4 out of 10 respondents (42%) were 50 to 65 years old, followed by 7 % in the 25 to 34 age group (Figure 5).

Workplace policy on drugs

Figure 6

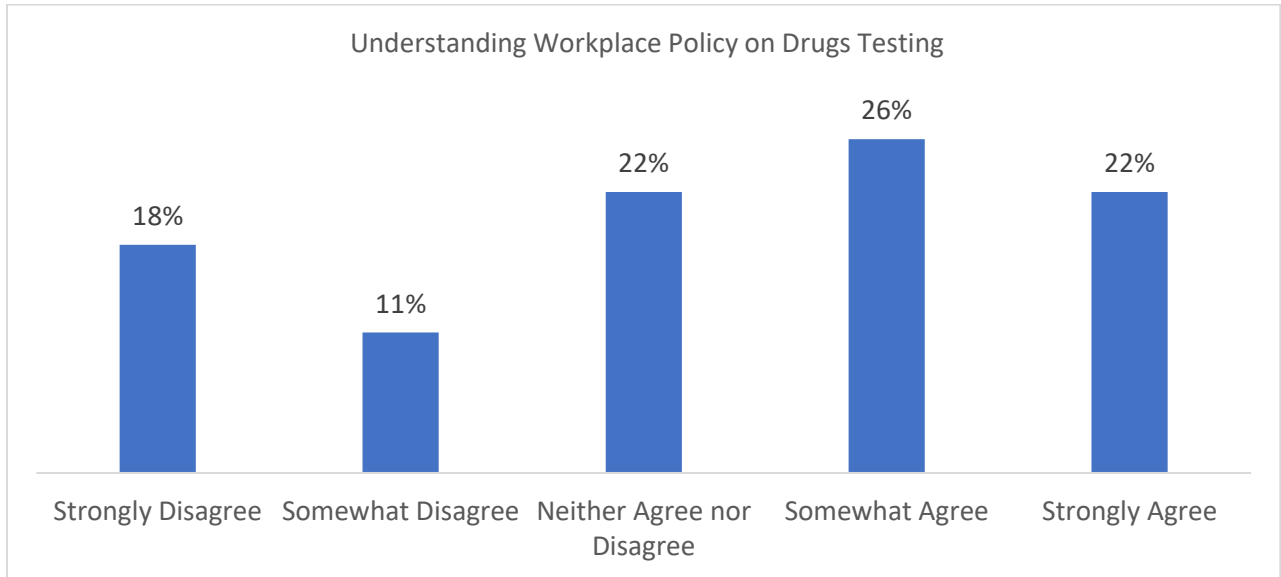
I am familiar with my workplace policy on drugs.



Approximately 7 out of 10 agree that they were familiar with the workplace policies on drugs. Fourteen per cent neither agree nor disagree, while 17 % disagreed (19% and 7%) (Figure 6).

Figure 7

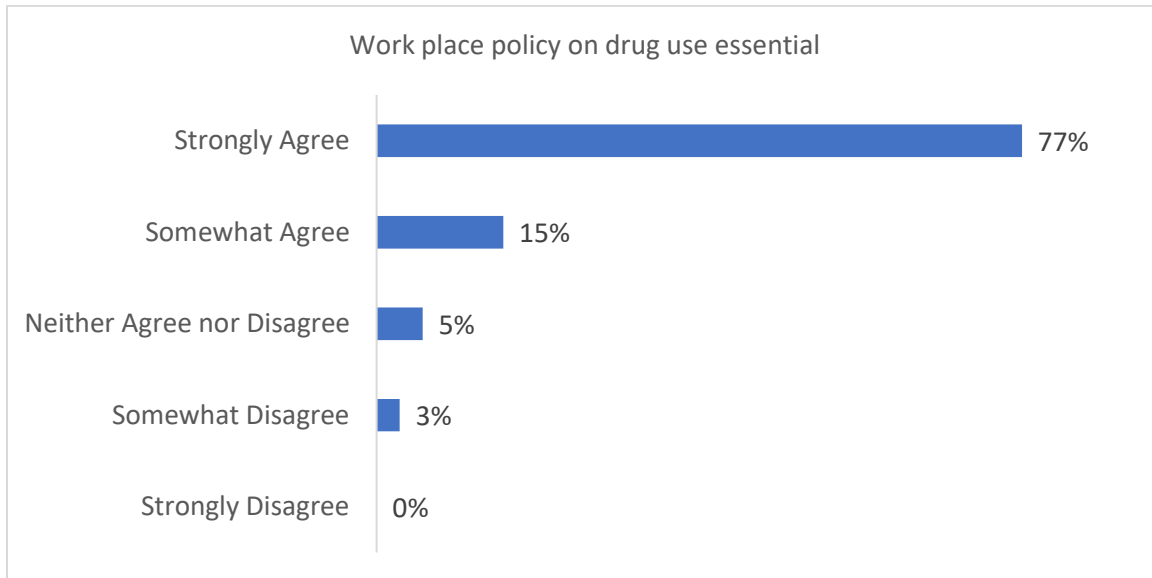
I understand my workplace policies on drug testing.



Less than half of the respondents (48%) understand the workplace policies in drug testing. In comparison, about 3 out of 10 respondents (29%) disagreed that they know the workplace policies on drug testing, and 22% neither agreed nor disagreed (Figure 7).

Figure 8

Do you feel a workplace policy on drug use is essential?



Though less than half of the respondents understand their workplace policies on drug testing (Figure 6), over 90% believe that a workplace policy on drug use is essential (Figure 8), followed by 5% who neither agreed nor disagreed, while 3 % somewhat disagreed (Figure8).

Information about Drugs and Substance Abuse

Table 3

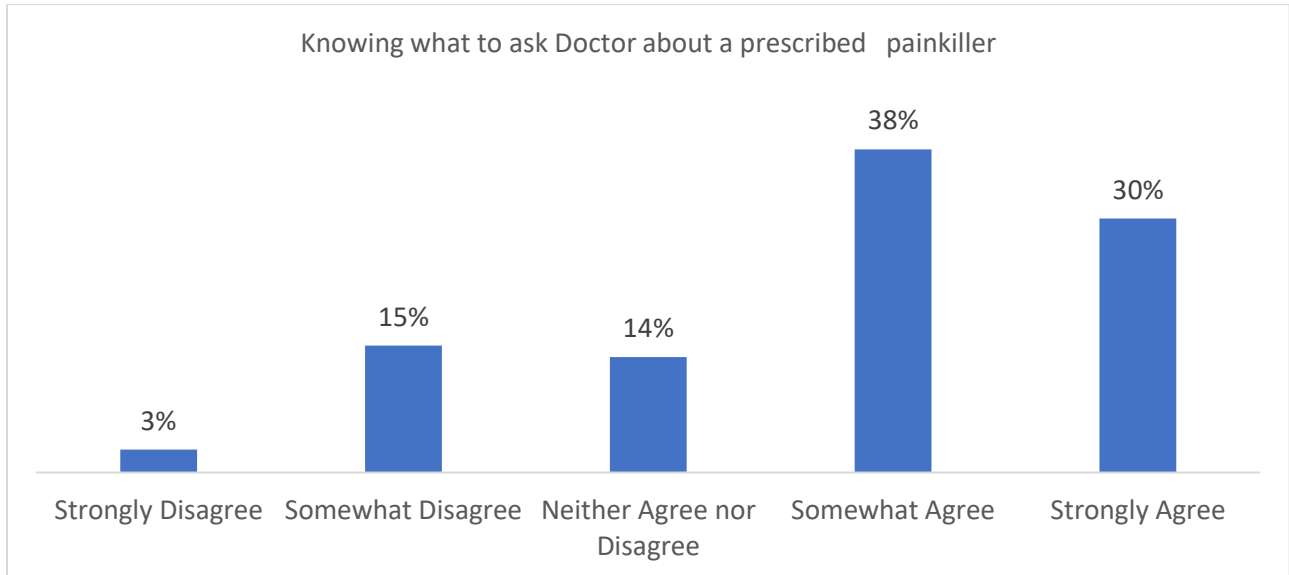
Adequate Information	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Alcohol	0%	11%	5%	37%	47%
Tobacco	1%	12%	5%	42%	38%
Marijuana	4%	7%	5%	41%	42%
Cocaine	30%	18%	11%	16%	25%
Opioids	30%	18%	11%	16%	25%
Methamphetamines	30%	18%	8%	19%	25%
Amphetamine	30%	18%	11%	16%	25%

More than 8 out of 10 respondents agreed they had adequate knowledge about alcohol (84%), tobacco (80%) marijuana (83%). However, fewer respondents agreed to have sufficient knowledge of expertise of cocaine (41%), opioids (41%), methamphetamines (44%), and amphetamines (41%). Approximately less than half of respondents (48%) disagreed that they had adequate knowledge of cocaine, opioids, methamphetamines, and amphetamines (Table 3).

Pain Management

Figure 9

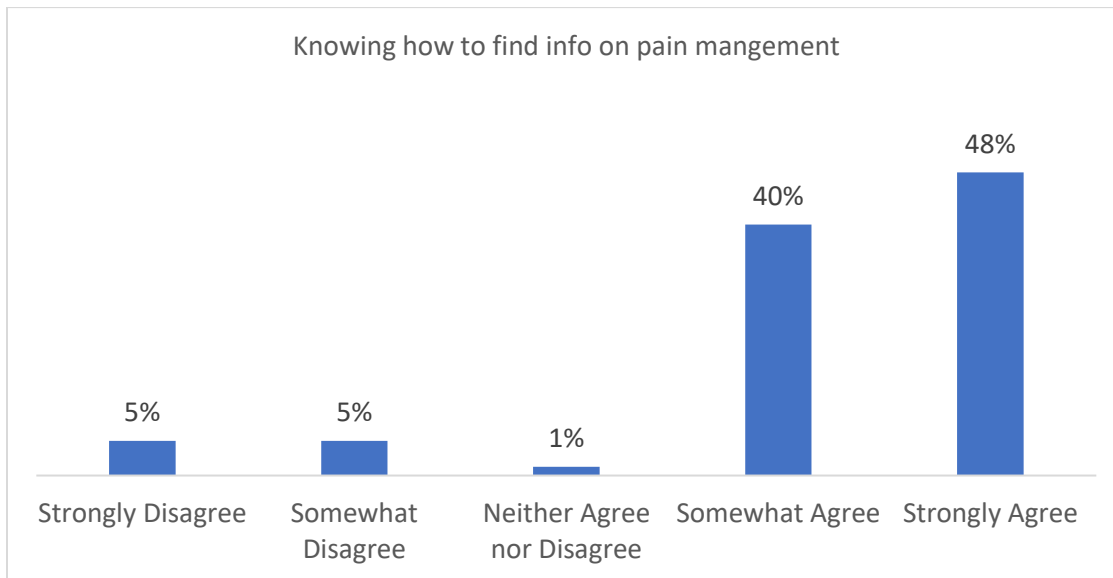
I know what to ask my doctor if I am being prescribed a painkiller.



Regarding managing pain, 68% of respondents agreed that they know what to ask their doctor about a prescribed pain killer (30% strongly agreed; 38% somewhat agreed). (Figure 9). Eighteen per cent of respondents disagreed with the statement that they had known what to ask their doctor about a pain killer. Fourteen per cent were neutral to this statement.

Figure 10

I know how to find information if I have questions on pain management.

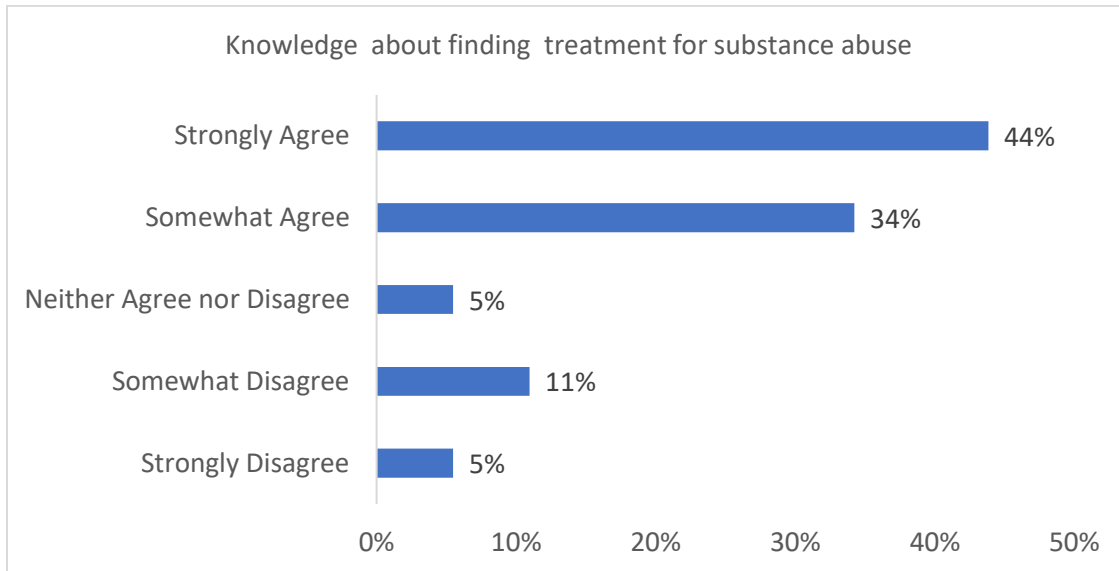


Overall, respondents (88%) were very aware of where to find information on pain management (48% strongly agreed; 40% somewhat agreed) (Figure 10).

Substance Abuse Problems

Figure 11

I know how to find information on treatment for a substance abuse problem

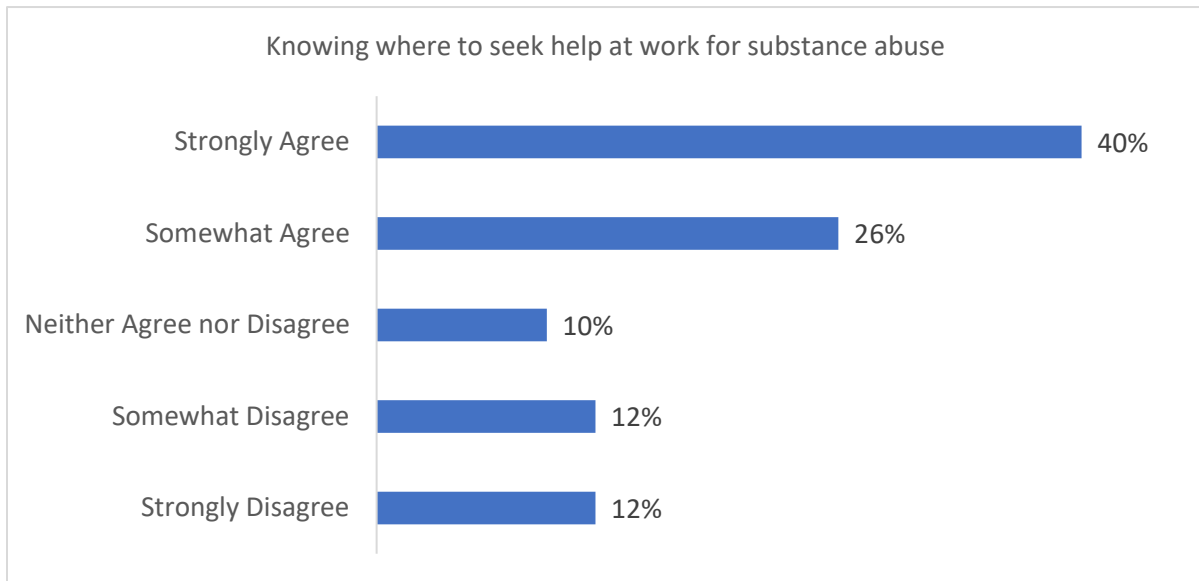


A large percentage of respondents also knew where to find information on substance abuse problems (77%) (44% strongly agree; 34% somewhat agree) (Figure 11). However, 16% of respondents disagreed that they know where to get information on in substance problems (figure 11).

Substance Abuse and the Workplace

Figure 12

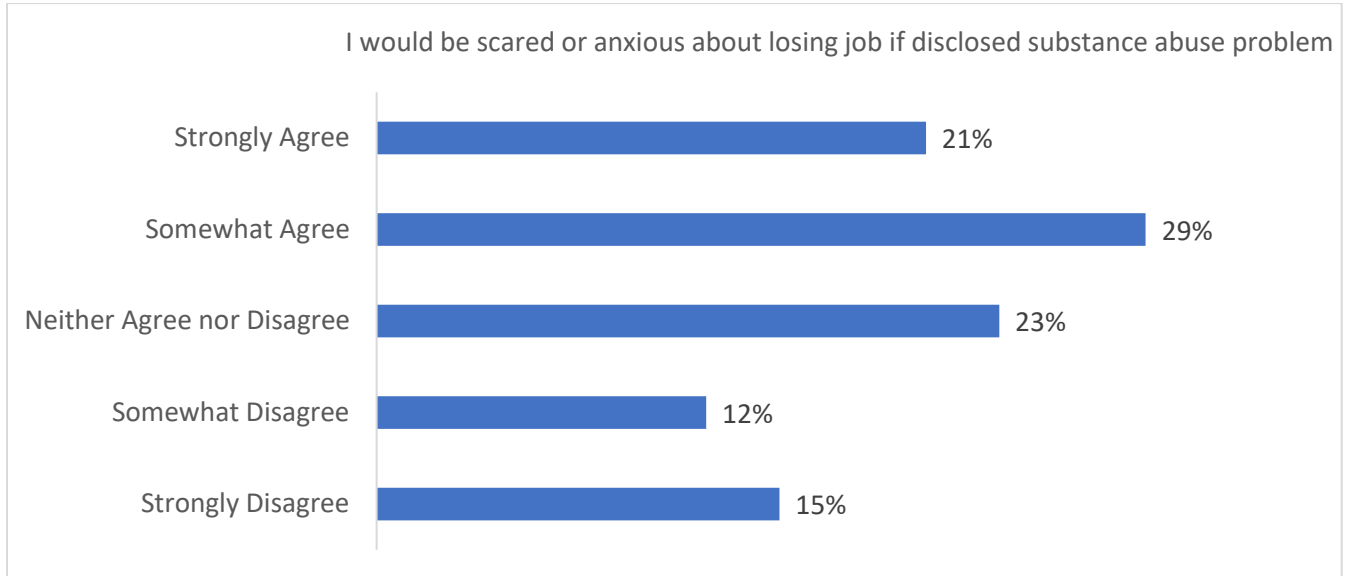
I know where to seek help at work if I think I need help for substance abuse.



Sixty-six per cent of respondents agreed that they knew where to seek help at work for substance abuse problems (40% strongly agree; 26% somewhat agree). Over 2 out of 10 respondents disagreed with the statement that they knew where to seek help for a substance problem. Ten per cent of respondents were neutral (figure 12).

Figure 13

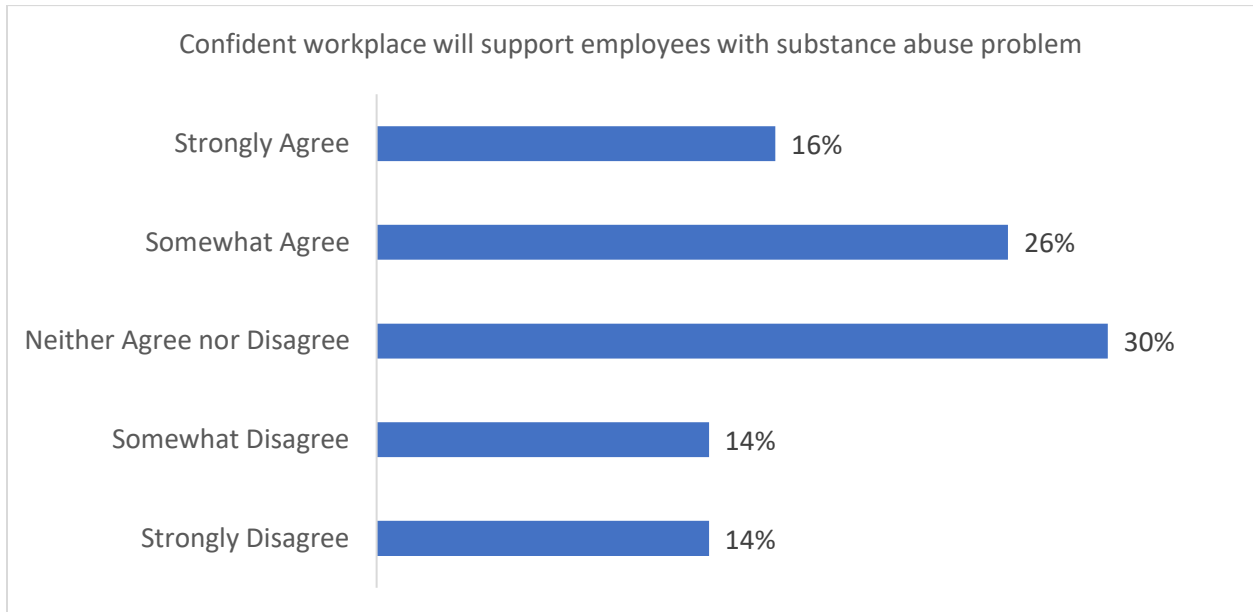
I would be scared or anxious I would lose my job if I disclosed, I had a substance use problem.



Approximately three out of ten employees disagreed that they fear losing their jobs if disclosing a substance problem, and just over two out of 10 employees were neutral (figure13). However, approximately half of the respondents (50%) agreed they would be scared or anxious to lose their job if they disclosed a substance abuse problem (21% strongly agreed; 29% somewhat agree) Figure 13.

Figure 14

I am confident that my workplace will support employees with substance abuse problems



The fear of losing their job because of disclosing a substance abuse problem is further problematic. Only four out of ten respondents agree that they were confident the workplace would support them if they had a substance abuse problem. Approximately only 3 out of 10 employees were convinced that they would not receive support from the workplace (Figure 14). A significant number of workers (30%) were neutral to whether they agree or disagree on the issue of confidence in receiving support from the workplace upon disclosing a substance abuse problem (Figure 14).

Workplace programmes

Table 4

Drug education programmes in the workplace are important.

Importance of programmes in the workplace	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Drug Education Programmes	0%	0%	5%	16%	78%
Assistance to workers with substance abuse problems	1%	0%	1%	19%	78%
Participation in drug education programmes	1%	0%	7%	23%	68%
Participation in programmes that assist workers with substance problems	1%	1%	1%	22%	74%

Approximately 9 out of 10 respondents agreed that drug education programmes and programmes that assist workers with substance abuse problems, participation in drug education programmes and participation in programmes that assist workers with substance problems are important Table 4).

Limitations of the Study and Discussion of findings: Section 5

This study has several limitations. Despite attempts to track individual responses across all nine departments, many participants still needed to provide a unique email address to enable this to occur. This technical deficiency contributed to a lower response rate. In addition, there was a relatively sizeable no-response rate from departments other than the Barbados Postal service and Barbados Prison Service (potentially due to participants needing more motivation to complete due to the Covid-19 pandemic). Thus, the sample in the final analysis was small, and readers should interpret the study findings cautiously. Another study limitation is the potential for low response rates using online surveys. Logistical constraints resulting from the Covid-19 pandemic also prevented the inclusion of a higher number of participants. Even though the facilitators extended the time for data collection, technical issues with departments' connectivity systems hindered respondent participation. Despite the small sample, seven of the eight departments participated in the study, and responses fell within the range of online surveys providing evidence of broad department participation. Though some concerns with the low responses rate, the research design for this study is adequate as researchers use cross-sectional studies to obtain significant

or small sample sizes that allow findings to be generalised to a broader population and to investigate the relationship between variables in the data analysis (Polit & Beck, 2010).

The self-report measures utilised in the evaluation instrument may have been subject to bias (although participant confidentiality was assured). Further, the inability to gain access to the participants because of restrictions of face-to-face interviews due to the Covid-19 pandemic is also a limitation as it created challenges for determining whether responses were truly random. Despite constraints regarding access to participants, the findings are viable as participants were randomly selected, and most departments participated.

The study's ability to analyse the results thoroughly is also a limitation. The study's objectives were focused primarily on worker perception, limiting the scope of responses. Despite emphasising perception, the responses reflected the study's purpose and were thoroughly analysed. However, future research is warranted to replicate the current results with a more rigorous study design. Such a design may include a mixed method approach where qualitative approaches provide rich data to explain the quantitative responses. A mixed-method approach to data collection is also practical where there is the potential for low response rates.

Finally, sub-group analyses examining differences in outcomes by age, gender and job status were not feasible due to the relatively small and homogenous sample. Future research with a more extensive and diverse selection should examine whether the survey is equally effective for all participant sub-groups.

Discussion of findings

The findings showed that most respondents were familiar with the workplace policies on drugs and believed that a workplace policy on drugs is essential. Despite the significant support for workplace drug policies, less than half of the respondents understand the workplace policies on drug testing.

The findings showed that most respondents were familiar with the workplace policies on drugs and believed that a workplace policy on drugs is essential. Despite the significant support for workplace drug policies, less than half of the respondents understand the workplace policies on drug testing. This is not surprising given that workplace drug testing (WDT) is a relatively new phenomenon worldwide, migrating through multinationals from industrialised to developing countries (ILO,2006).

Drug testing of employees occurs through formal screening for drug problems for pre-employment testing for jobs, incident driven or cause testing of employees in cases of post-accident fitness for duty (EMCCDA,2017). The ILO cautions that WDT raises various ethical considerations, including the confidentiality of personal information and whether an employer has a right to know what employees do

outside of working hours (ILO,2006). Other issues range from privacy questions to the social responsibility of employers and private enterprises.

Most respondents agreed they had adequate knowledge about alcohol, tobacco, and marijuana. However, fewer respondents reported having a sufficient understanding of stimulants such as cocaine, opioids, methamphetamines, amphetamines, and ecstasy. Many of the harms of using these stimulants⁹ are associated with intensive, high dose or long-term consumption. However, acute problems can affect even experimental or occasional stimulant users (EMCDDA,2017). Cocaine is the most reported illegal stimulant used in the last five years in Barbados, with few reports of methamphetamines, amphetamines, and ecstasy (Bardin, 2021). The use of stimulants and other harmful substances in Barbados is a significant concern for the National Council on Substance Abuse as the proportion of persons seeking treatment for drug addiction in Barbados are young adults between 20 and 40 years (NCSA, 2020). The drugs used include a mix of cocaine, marijuana, and alcohol. Because many young Barbadians make up the labour force, the workplace provides the opportunity for informing about the harms associated with stimulants and other harmful drugs.

One of the critical features of reducing the risks to public health among workers is the ability to access information on various drugs they will use for medical purposes. Most of these medicines are prescribed according to standard practice and guidelines, often for a limited period to relieve pain, insomnia or to deal with surgical or other trauma. Despite the value of these medicines to health, the misuse of prescription medicines is an increasing link to drug addiction as individuals seek to relieve pain (European Monitoring Centre for Drugs and Drug Addiction 2016). Therefore, accessing the information on prescribed drugs is crucial, given the link between prescription drugs, substance abuse, and drug addiction.

7 out of 10 respondents agreed that they know what to ask their doctor about a prescribed painkiller, with fewer unsure about finding information about such medications. Though a few workers indicated that they did not know where to find information on drugs that reduce pain, all workers must become knowledgeable about the harms of taking medicines for pain relief.

Though 6 out of 10 respondents agreed that they knew where to seek help for substance abuse problems, just over 2 out of 10 respondents disagreed with the statement that they knew where to seek help for a substance problem at work. Obtaining assistance from employers for substance abuse is even

⁹ Drugs increase your heart rate, breathing rate, and brain function. Some stimulants affect only a specific organ, such as the heart, lungs, brain, or nervous system (Steinbucher and Greenhill, 2020).

more concerning. Half of the respondents agreed they would be scared or anxious to lose their job if they disclosed a substance abuse problem. The fear of losing their job because of admitting a substance abuse problem is further problematic. Only four out of ten respondents agreed that the Workplace would support them if they had a substance abuse problem. More concerning was that three out of 10 respondents were uncertain whether they agreed or disagreed on the issue of confidence in receiving support from the Workplace upon disclosure of a substance abuse problem. Though the literature on worker fear of disclosing a substance abuse problem suggests the fear of a negative fallout, evidence suggests that employers can reduce worker hesitancy to report drug-related problems through comprehensive programmes and drug policies that emphasise confidentiality.

A focus on worker confidentiality in reporting drug problems further highlights the critical contribution the Workplace makes to reducing substance abuse and worker well-being and productivity. More recently, the Workplace has taken on a leading role not only as a place for drug education and referral for drug treatment but a location for recovery from drug addiction. In this light, an employment-based initiative such as the Therapeutic Workplace promotes monetary incentives tied to drug abstinence. The success of the Therapeutic Workplace is built within the ILO framework of non-punitive approaches to reducing substance abuse in the Workplace and creates better opportunities for workers to access treatment for drug addiction.

The inability of workers to seek access to help deal with problems associated with drug addiction can be costly to the organisations. Though information on drug-related public expenditure in Barbados is limited, the human and social costs linked to the loss of productivity due to premature deaths and illness related to drug use and the economic impact on a country's development can be substantial (EMCCDA, 2017). The US estimates the costs of substance abuse at \$600 billion annually. Still, treatment reduces associated health and social costs by far more than the cost of medicine itself. For example, the average price for one full year of methadone¹⁰ treatment is \$4,700 per patient, whereas one full year of imprisonment costs approximately \$24,000 per person (National Institute on Drug Abuse, 2020). The broader costs to society of untreated substance abuse problems suggest significant losses to productivity for private and public sector organisations. However, to such potentially measurable costs must be added the human harm, pain and suffering and other consequence, which are not readily measurable but still needs to be considered (EMCCDA, 2017). As such, investing in initiatives to reduce

¹⁰ Methadone is a medication approved by the Food and Drug Administration (FDA) to treat [Opioid Use Disorder \(OUD\)](#) as a medication-assisted treatment (MAT), as well as for pain management.

substance abuse in the workplace should be seen as a collaborative relationship between employers and workers.

Overall, most respondents agreed that interventions in the workplace are essential. These interventions feature a wide range of services, including drug education and programmes that assist workers with substance abuse problems. Respondents also note the importance of participating in these programmes. Therefore, workplaces provide opportunities for health education about alcohol and drugs and opportunities to identify and assist those with problems with alcohol and drugs. Moreover, workplaces can rely on the services of medical and substance abuse prevention officers to offer health advice to workers and train managers and supervisors to recognise and deal with alcohol and illicit drug use in the workplace. The findings from the workplace survey will help NCSA's substance abuse officers and assist HR departments with the crafting of programmes and initiatives to improve workplace policies on drugs, provide critical information about the harms of substances and create opportunities for workers to receive treatment for drug addiction.

One of the critical issues from the survey is the ability to increase broader participation. However, the response rate for this survey fell within the accepted range of 5% and 30% for precise estimates. Future studies should try to increase participation through the pre-contact of the potential participants, use of other types of surveys in conjunction with the online survey, and use of phone calls to remind the participants about the survey. Though incentives do not guarantee a boost in the online survey response rates, pre-paid monetary incentives might increase the response rate if resources allow.

Implications for practice: Section 6

The purpose of the survey was to collect data on drug use and drug-related policies in the workplace, including knowledge of the harms related to legal and illegal substances and policy frameworks regarding drug use and the treatment for drug addiction. This section addresses some of the implications of the findings.

As public sector employees are generally not required by law to test for drugs, the lack of understanding of workplace policies on drug testing has implications for mandatory or otherwise- drug testing in the context of the Laws and Regulations of Barbados, which govern workplaces. Moreover, the lack of understanding of workplace policies on drug testing supports the concerns raised by the ILO regarding drug testing in the workplace. It also signals a need for more education in the workplace regarding workplace drug -testing among all levels and categories of workers.

Though most workers in this study believe that a workplace policy on drug use is essential, the fear of reporting drug use has implications for successful workplace interventions that reduce substance abuse.

Recent developments in workplace drug policy suggest that building confidentiality among workers to reduce their hesitancy to report their drug problems encourages participation in workplace initiatives to reduce substance abuse.

Another critical issue for support at the organisational level is using the workplace as a place of recovery through incentives to abstain from drugs. Incorporating efforts to enhance confidentiality and use the workplace as a therapeutic workspace will create more opportunities for nonpunitive approaches to drug problems in the workplace. If Barbados seek to embrace a public health approach to drug abuse, adopting a nonpunitive strategy for workers with drug addiction may imply a need for a significant policy shift in response to this public health menace and provide the accompanying support at the organisational level. Such administrative support should focus on workplace drug policies reflecting a broad range of human, social and economic costs of prescribed drugs on productivity.

The inability to access information about the harms of prescription drugs will also have implications for effective workplace drug policies. For example, despite most legal medicines being prescribed according to standard practice and guidelines, often for a limited period to relieve pain, insomnia or to deal with surgical or other trauma, the misuse of prescription medicines is linked to drug addiction (European Monitoring Centre for Drugs and Drug Addiction 2016). Therefore, accessing prescription drug information is crucial, given the link between prescription drugs, substance abuse, and drug addiction. Moreover, the proportion of persons seeking treatment for drug addiction in Barbados is young adults between 20 and 40 years, the age at which workers are most productive (NCSA, 2020). The implications of not providing information on the harms of prescribed drugs can lead to a greater uptake of these substances, with even more severe ramifications for the country's economic, public, and social health

Conclusion and Recommendations: Section 7

The findings from the survey provided valuable data to inform training curricula for public sector workers. In particular, the study showed that workplaces could offer opportunities for well-designed drug policies, health education about legal and illegal substances and help for persons who experience problems with substance abuse and drug addiction. However, approaches to drug-related issues at the workplace are subject to Barbados' various administrative, legislative, labour and cultural issues regarding the use and abuse of legal and illegal substances. The successful implementation of a training plan for public sector workers will be consistent with and supportive of existing labour practices.

Recommendations

- The need for legislative changes to substance use and abuse in the workplace
- The standardisation of workplace drug policies.
- Encourage the promotion of non-punitive approaches to drug policies that allows for recovery friendly workplaces through the creation of Therapeutic Workplaces.
- Increase efforts to reduce workers' hesitancy to disclose information about their drug problems through work policies that emphasises confidentiality in the reporting of drug problems.
- Incorporate alcohol and drug education and treatment interventions in the workplace into a comprehensive health promotion programme to make them more attractive.
- Increase employees' knowledge on drug testing in the workplace.
- Increase collaborative efforts with private and public sector entities to obtain support for drug prevention, education, and drug treatment services.
- Consider strategies to ensure greater interest and participation in online surveys, including pre-contact of the potential participants, use of other types of surveys in conjunction with the online survey, using phone calls to remind the participants about the survey and, if resources allow monetary incentives.
- Conduct research on the impact of prescribed drugs on pain management.

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Appendix 1

National Council on Substance Abuse (NCSA)

Workplace Survey

Ministry of Home Affairs and Information

A National Council on Substance Abuse (NCSA) survey among public sector workers to inform curriculum development and training on drug-related issues.

Thank you for your time to answer this short survey among public sector workers on workplace policies on drug use, knowledge about drugs and assistance with substance abuse problems. The survey is conducted on a phased basis commencing with the staff of various departments in the Ministry of Home Affairs Information and Public Affairs. Your responses will remain completely anonymous and will be used to deliver a training programme for the public sector staff on drug-related issues.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
1.	I am familiar with my workplace policy on drugs.					
2.	I understand my workplace policies on drug testing.					
3.	Do you feel a workplace policy on drug use is essential?					
4.	I have adequate information on alcohol.					
5.	I have adequate information on Tobacco.					
6.	I have adequate information on marijuana.					
7.	I have adequate information on cocaine.					
8.	I have adequate information on opioids					
9.	I have adequate information on methamphetamines.					
10.	I have adequate information on amphetamines.					
11.	I know what to ask my doctor if I am being prescribed a painkiller.					
12.	I know how to find information if I have questions on pain management.					

13.	I know how to find information on treatment for a substance abuse problem.					
14.	I know where to seek help at work if I think I need help for substance abuse.					
15.	I would be scared or anxious I would lose my job if I disclosed, I had a substance use problem.					
16.	I am confident that my workplace will support employees with substance abuse problems.					
17.	Drug education programmes in the workplace are important.					
18.	Programmes to assist employees with substance abuse problems in the workplace are important.					
19.	Participation in workplace drug education programmes is important.					
20.	Participation in programmes to assist workers with substance abuse problems is important.					

21. Please state your department (E.g., Ministry Home Affairs, Post Office, Prisons, GIS).

22. Please describe your job: **indicate with a tick**

Senior officials (Directors, Managers, police officers, prison officers at rank of Inspector and above)

Mid-level/supervisory

Office worker (Clerks, Messengers, Secretaries, Receptionists, Administrative Personnel)

General worker

Skilled worker/ Technical (Machinist, Specialized Mechanic, or other type of tradesman)

Unskilled worker

Member of security forces below supervisory rank

Other

Describe occupation _____

23. Please state your gender

A. Male ()

B. Female ()

24. Please state your age _____

25. How long have you been employed in your department under the Ministry of Home Affairs

State years _____ -

Thank you for your time. Your feedback will help us improve policies, keep the workplace safe and combat the impact of substance abuse at work, in the community, and at home.

Sincerely,

Jonathan Yearwood PhD