EVIDENCE

Workplace Alcohol and Drug Policies

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Workplace Alcohol and Drug Policies

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Introduction

Substance use is associated with a range of negative consequences for the workplace, with high-risk alcohol consumption affecting a substantial proportion of workers, particularly in some subgroups. In fact, it has been argued that a large proportion of the estimated alcohol-attributable costs to society are borne by workplaces. Some individuals drink before work, during work hours, or work under the influence of alcohol. The impact of alcohol on the workplace is wide ranging, including a risk of accidents leading to injury, higher rates of poor health and absenteeism, and generally negative effects on the atmosphere in the workplace, leading to increased costs for both employers and employees. Exposure to employee substance use in the workplace is also related to several negative outcomes (poor workplace safety, increased work strain, and decreased morale) among workers who do not use substances at work.

The workplace has been identified as a promising setting for health promotion. Researchers have implemented and evaluated a variety of workplace alcohol prevention efforts in recent years, including programmes focused on health promotion, social health promotion, brief interventions, and changing the work environment. However, it is generally thought that workplace settings remain underutilised for delivering evidenced-based health interventions. For example, previous studies have suggested that the occupational health services (OHS) could be more actively involved in alcohol prevention (Holmqvist et al., 2008).

There are several reasons for workplaces to engage in prevention, early detection and treatment of alcohol and drug related problems. The existing high prevalence and increase in the consumption of alcohol and drugs among active employees in the workforce has created a new challenge for OHS, as the use of alcohol and drugs may affect workplace safety and productivity. Ames and Bennett (2011) highlight the advantage of the workplace as a setting for interventions as they have the potential to reach broad audiences and populations that would otherwise not receive prevention programmes and, thereby, benefit both the employee and employer. In addition, workplaces appear to be appropriate sites for conducting early interventions, because most people spend substantial periods of time at work.

Several studies have highlighted risk and protective factors associated with, in particular, alcohol intake. Protective factors (which have been shown to promote lower levels of alcohol intake) include decision latitude (skill utilisation, decision authority), job control, social support, job pride, stimulation, paid training, job satisfaction, and job gratifications. Risk factors include psychological and physical demands, role overload, working hours, harassment, and job insecurity.

Workplace Alcohol and Drug Policies

Substance use and the workplace

Recent research has provided conflicting research (which may be due to differences in measurement) as to whether alcohol or drug use is a more common problem in the workplace. Pidd et al (2011) conducted secondary analysis of a large nationally representative survey of Australian workers (n = 9,828) to identify the prevalence of alcohol and drug use at work. Results indicated that 9% of workers usually drank alcohol and 1% usually used drugs at work. Attending work under the influence of alcohol was more prevalent (6%) than attending work under the influence of drugs (2%), and significantly more likely among young, male, never married workers with no dependent children. Hospitality industry workers were 3-4 times more likely than other workers to drink alcohol and 2-3 times more likely to use drugs at work or attend work under the influence of alcohol or drugs. Other high-risk industries and occupations included construction, financial services, tradespersons and unskilled workers. More than 1 in 20 admitted to having worked under the influence of alcohol and almost 1 in 50 reported attending work under the influence of psychoactive drugs.

Gjerde et al (2010) used both questionnaires and analysis of oral fluid to investigate alcohol use among workers in Norway. Self-reported data suggested that hangovers after drinking alcohol appeared to be the largest substance misuse problem, resulting in absence and inefficiency at work. That is, around a quarter of respondents reported inefficiency or hangover at work during the past year, while 6% had been absent from work due to the use of alcohol. Analysis of oral fluid revealed that the use of illegal drugs was more common than drinking alcohol before working or at the workplace. Alcohol was negative in all samples, but 21% reported the intake of alcohol during the last 24 hours.

Macdonald et al (2010) reviewed 20 years of published literature on work-place drug testing, with a special emphasis on cannabis, the most commonly detected drug. It was concluded that the acute effects of smoking cannabis impair performance for a period of about 4 hours and that long-term heavy use of cannabis can impair cognitive ability. However, it remained unclear whether heavy cannabis users represent a meaningful job safety risk unless using before work or on the job.

Hodgins et al (2009) determined the prevalence of alcohol use and problems among employed individuals in Canada (n = 1,890), and conducted an examination of predictors of alcohol consumption-related problems. General alcohol problems were identified by 10%, although very few workers described any specific work-related alcohol problems (1%).

Research has indicated that those individuals working in the hospitality industry are particularly vulnerable to alcohol harm linked to the workplace (e.g. Pidd et al, 2011). Relevant risk factors may include work stress, low-income jobs, younger age, high turnover positions, living alone, and irregular hours. Moore et al (2009) examined problem drinking among young adult food service workers by means of a survey of national restaurant chain employees (n = 1294). Hazardous alcohol consumption patterns were seen in 80% of men and 64% of women. Findings of variables associated with problem drinking included higher rates among young adult restaurant workers who are: (a) male; (b) white; (c) aged 21–24; (d) educated post-high-school; (e) frequently socialising with co-workers after work; and (f) current smokers.

Workplace Alcohol and Drug Policies

The impact of work and non-work factors

Special Interest Articles -
Marchand and colleagues (2010/11)

Marchand and colleagues conducted research in Canada on the association between various work and non-work factors and alcohol use and misuse. Generally, the findings indicated that non-work factors had a stronger relationship with alcohol consumption.

For example, Marchand (2010) examined data from a representative sample of workers (n = 10,155) and found that in general, non-work factors both mediated and suppressed the role of occupation and work organisation conditions. Specifically, drinking was more associated with higher qualified workers with e.g. high risk drinking being associated with upper managers. Family situation, social support outside work, and personal characteristics of individuals were also associated with alcohol use and misuse. In relation to work organisation conditions, only workplace harassment was an important determinant of drinking. Marchand and Blanc (2011) analysed longitudinal data from the Population Health Survey between 1994-1995 and 2002-2003 (n = 6,526 and 6,582 workers) and found a limited contribution for work factors to the onset of alcohol misuse, with a stronger influence for them on recurrent alcohol misuse.

Marchand et al (2011) examined the associations between occupational groups, work-organisation conditions and weekly high-risk alcohol consumption among workers (n = 76,136). The results suggested that work made a limited contribution and non-work factors a greater contribution to weekly high-risk alcohol consumption, suggesting the need to take into account the worker's social environment when developing alcohol related policy and interventions.

Workplace Alcohol and Drug Policies

The impact of work and non-work factors

Special Interest Articles -

Marchand and colleagues (2010/11) (continued)

In relation to work factors, occupational groups were not related to high-risk alcohol consumption, a finding that did not support previous research. However, two work-organisation conditions influenced high-risk alcohol intake: 1) the number of hours worked per week being associated with higher odds of high-risk alcohol intake, suggesting that workers may use alcohol consumption to buffer the stress of working long hours; and 2) job insecurity which was seen to promote stress, with high-risk alcohol consumption constituting a coping strategy for attenuating the deleterious effects of work stressors. The results also indicated strong associations with family and individual characteristics. In terms of specific factors, being female, of older age, being in a couple and living with children were associated with lower odds of high-risk drinking, while increased education, smoking, physical activities, and economic status (i.e. living in a high income household) were associated with higher odds. These findings were seen to suggest that involvement in family activities help workers handle stress and thereby keep alcohol-intake levels low, and families with children simply have less opportunity to drink. Higher household income levels, however, may reduce the protective role of living in couples or having children at home.

Gender differences indicated that for men, the higher the exposure to physical demands, the higher the odds of high-risk drinking. This was seen to suggest that fatigue disposes men to cope with stress by consuming more alcohol, whereas the opposite is true for women who may believe that higher levels of alcohol consumption reduce their performance in physically demanding work environments.

Workplace Alcohol and Drug Policies

The impact of work and non-work factors

(continued)

Other research has also investigated the types of factors associated with increased alcohol consumption among the workforce. For example, Waehrer et al (2008) examined problem drinking and drug use by workers by analysing data from the National Survey on Drug Use and Health data on civilian workers. Results indicated that uninsured workers were significantly more likely than privately insured workers to be illicit drug users or heavy drinkers. Gimeno et al (2009) examined the relationship between work exposure and drinking behaviours by conducting a cross-sectional survey of drinking workers (n = 3,099). Workers in passive jobs had an increased likelihood of heavy and lower likelihood of frequent drinking. Suzuki et al (2010) examined the association between workplace social capital (consisting of trust and reciprocity) and health status among Japanese private sector employees in a cross-sectional study (n = 1,147). Findings indicated that individual perceptions of mistrust and lack of reciprocity at work have adverse effects on self-rated health among Japanese workers. Mezuk et al (2011), using data from the Health and Retirement Study (n = 2,902) found that in contrast to results from investigations of younger workers, job strain was unrelated to alcohol misuse.

Work stressors

Frone (2008) explored the relationship of 2 work stressors (work overload and job insecurity) to employee alcohol use and illicit drug use by analysing data from a national sample of workers (n = 2,790) who took part in a broad cross-sectional survey on workplace health and safety. The results supported the relation of work stressors to alcohol and illicit drug use before work, during the workday, and after work. Thus, it was suggested that when exploring the work environment as a potential cause of employee substance use, the importance of measures that assess alcohol and illicit drug use in terms of their temporal relation to the workday should be considered.

Butler et al (2010) examined daily work stressors and alcohol consumption (among 106 employed college students) in relation to the tension reduction theory which is relevant to the association between work and college student drinking. The theory proposes that people consume alcohol to reduce tension and stress (Greely & Oei, 1999), with people being motivated to consume alcohol when they experience stressors, with alcohol serving as a means of regulating negative emotions arising from work stress. Results indicated that factors related to consumption were hours worked, whereas workload and work-school conflict (particularly when students expressed strong beliefs in the tension reducing properties of alcohol) were unrelated to alcohol consumption. Thus, the authors suggested that working during the academic year may be a risk factor for increased alcohol consumption as students drank more on days when they worked more hours, perhaps suggesting that reducing the hours students work may reduce student drinking. In relation to prevention it was suggested that the employment context may be an appropriate venue for alcohol interventions targeted at college students.

Workplace Alcohol and Drug Policies

Work stressors (continued)

Specifically, organisations employing large numbers of college students may want to incorporate substance misuse prevention as part of their normal training both to improve worker health and to reduce costs associated with alcohol misuse.

Lemke et al (2008) hypothesised that gender differences in problem-drinking prevalence may be partly due to the fact that men are more likely to experience social influences to drink or particular stressors (exposure) or because men are more likely to react to these situations by increasing their alcohol use (reactivity). They conducted a longitudinal study of social and stress-related influences on drinking behaviours by analysing the drinking histories of problem and non-problem drinkers (n = 831, average age = 69). Findings indicated that women were more likely than men to report exposure to a partner's drinking or emotional distress. Men reported more exposure to peers' drinking and workplace problems and were more likely to report drinking reactivity to social influences and stressors. Thus, it was proposed that men's overall greater drinking reactivity corresponds with their propensity to develop problem drinking. In addition, it was said that information about experiences that may place pressure on drinking for men and women can inform efforts to prevent and treat alcohol misuse. Additional findings indicated that exposure to social influences and stressors were generally higher among problem drinkers than among non-problem drinkers. Thus, the findings were said to point to a need for early detection of drinking reactivity and prevention efforts specifically focusing on reducing drinking reactivity.

Norms

Much research has focused on workplace substance use norms. Most adults spend a significant proportion of their time at work, and the workplace represents a major social context in which social norms about substance use at work can develop and be acquired.

Reynolds et al (2008) found that among Austrian employees (n = 850), higher education, abstinence from alcohol, stress, and perceived temperance norms were all uniquely correlated with perceived stigma of problem drinking. They also assessed the validity of a questionnaire designed to measure perceived stigma of problem drinking that was designed for use in the workplace substance misuse prevention research and proposed that this brief, validated measure provides organisations with a way to assess the level of stigma attached to alcohol misuse in their workplace culture, thereby enabling the organisation to target and promote effective strategies to decrease the stigma attached to seeking help with the goal of reducing alcohol misuse.

Hodgins et al (2009) found that workplace alcohol availability predicted general alcohol problems. Job responsibility and workplace norms also predicted alcohol problems, but only for men. Perceived work stress did not predict alcohol problems. Results support the development of interventions that focus on re-shaping alcohol use norms.

Workplace Alcohol and Drug Policies

Norms (continued)

Frone and Brown (2010) explored the relation of workplace substance use norms regarding alcohol and illicit drug use to employee substance use through the data analysis of a national probability sample telephone survey (n = 2,430 employed adults). Results indicated that injunctive norms (what people should do in a given situation) regarding workplace alcohol and illicit drug use predicted substance use and impairment overall across all contexts of use. Descriptive norms (what others do in a given situation) predicted alcohol and illicit drug use before and during work, as well as workplace impairment. This study shows that both workplace injunctive and descriptive norms are important predictors of substance use. Social norms marketing campaigns, therefore, may be a useful way for employers to target employee substance use. Results also indicated that generally, the pattern of results for workplace norms was identical for both alcohol and illicit drug use, suggesting that norms interventions designed to reduce heavy drinking may also be applied to reduce illicit drug use. Thus, the study suggests that workplace substance use norms may be important predictors of employee substance use, and efforts to reduce work-related drinking and illicit drug use may similarly benefit from targeting social norms.

Impact of other's drinking

There is a lack of research on the harms experienced as a result of drinking by others. Such effects have often been neglected in policy development and in estimates of the economic burden associated with alcohol consumption. However, recent research has investigated this issue with Caswell et al (2011) finding that a large proportion of New Zealanders (n = 3,068) reported the experience of physical, social, economic, and psychological harms because of the drinking of others. Laslett (2011) examined the adverse effects of drinkers in Australia on people other than the drinker by means of a cross-sectional survey (n = 2,649). Results indicated that women were more affected by the drinking of someone they knew in the household or family, while men were more affected by strangers, friends and co-workers. Young adults were consistently the most negatively affected across the majority of types of harm. The harms experienced ranged from noise and fear to physical abuse, sexual coercion and social isolation.

Dale and Livingston (2010) examined the impact on Australian workers of their co-workers' drinking by undertaking secondary analysis of data obtained as part of a broader national study into the third-party harms of alcohol (n = 1,677). Findings indicated that around a third of Australian workers had experienced negative effects from their co-workers' alcohol drinking, with 3.5% of workers reporting having to work extra hours to cover for others. The results were said to suggest that Australian workers are significantly affected by other people's alcohol drinking, at considerable cost. This finding highlights the significant cost to the workplace of alcohol consumption, extending previous work which has focused only on alcohol-related absenteeism.

Workplace Alcohol and Drug Policies

Special Interest Article – Frone (2009)

Frone (2009) explored the workplace substance use climate to perceived workplace safety, work strain, and employee morale among employees who do not use alcohol or drugs at work (n = 2,051). Workplace substance use climate can be defined broadly as employees' perceptions of the extent to which their work environment is supportive of alcohol and drug use at work. Ames and Grube (1999) suggest that workplace substance use climate comprises three dimensions: 1) the perceived physical availability of alcohol and drugs at work, i.e. the ease of obtaining alcohol or other drugs at work and the ease of using them during work hours and during breaks; 2) descriptive norms or the extent to which members of an individual's workplace social network use or work while impaired by alcohol or drugs at work; and 3) injunctive norms or the extent to which members of an individual's workplace social network approve of using or working under the influence of alcohol or drugs at work. The results showed that all three dimensions of workplace substance use climate were negatively related to workplace safety, positively related to work strain, and negatively related to employee morale. These results suggest that a permissive substance use climate at work may have broader relevance for the majority of employees who do not use alcohol and drugs at work. Thus, it was suggested that management attention toward workplace substance use may have broader relevance than merely the productivity of those employees who engage in substance use at work, but may also impact on the work environment, health, and morale of the majority of employees who do not use alcohol and illicit drugs at work. As such, it was proposed that the use of organisational policy, supervision, and education to target directly workplace substance availability and descriptive norms may ultimately have an indirect impact of reducing approval for workplace substance use.

Workplace Alcohol and Drug Policies

Absenteeism

Employee absenteeism has a great impact on worker productivity. Much evidence has indicated a link between alcohol consumption and absenteeism. For example, Johansson et al (2009) found that alcohol consumption was associated with sickness absence in Finland, particularly for low-educated males. Norstrom and Moan (2009) analysed annual data for Norway on registered sickness absence for manual employees covering the period 1957–2001. The results suggested that an increase in total consumption was associated with an increase in sickness absence among men but not women.

It has been argued that the impact of alcohol consumption on workplace absenteeism is likely to vary as a function of workplace conditions. For example, Salonsalmi et al (2009) examined whether drinking habits are associated with sickness absence, and also whether working conditions and work arrangements explained these associations. They conducted a postal survey with middle-aged employees in Sweden (n = 6,509) and derived data on sickness absence from the employer's registers. Results indicated that drinking habits were associated with both self-certified and medically confirmed sickness absence. The effects of working conditions were small, but psychosocial working conditions slightly explained the associations between drinking habits and sickness absence mainly among men.

Bacharach et al (2010) examined absenteeism in relation to the way in which alcohol is consumed. They maintained that a greater understanding of which alcohol-related behaviours are more tightly linked to absence may help managers and policy makers better target prevention activity. Employees (n = 470, 69% = male) completed a questionnaire and their absenteeism data was analysed. Results indicated that the frequency of heavy episodic drinking over the previous month was positively associated with the number of days of absence recorded in the subsequent 12 month period, whereas modal consumption (i.e. the typical amount of alcohol consumed in a given period of time) was not. That is, it is the short term or acute impairment associated with heavy drinking episodes that explains the alcohol absenteeism relationship.

In addition, results suggested that the perceived degree of support was related to whether risky drinking behaviour was associated with increased rates of absenteeism. More specifically, the effect of heavy drinking on absence was attenuated by greater co-worker support and strengthened under greater supervisor support. Thus, despite the fact that alcohol-related absence is the result of behaviour occurring outside of the workplace, findings suggest that supervisory and peer-relations at work may still play an important role in shaping the outcome of related work attendance decisions. The fact that the drinking absenteeism relationship was attenuated as a function of co-worker support is consistent with the notion that employees value the peer based advice, positive feedback and assistance that they receive by attending work. This suggests that such supportive peer relations should be encouraged, particularly if employers can train peers to identify possible alcohol problems among their co-workers and encourage such co-workers to seek help. In relation to supervisory support, it may be that employees who consume alcohol more heavily take advantage, assuming that their supportive supervisor will tolerate such behaviours. Accordingly, it was suggested that employers should be cautious in encouraging their supervisory staff to exercise "across the board" support. In fact, employers may wish to reinforce to line managers the importance of monitoring employee absence and enforcing organisational absence policies, at least among those known to chronically abuse such policies.

Workplace Alcohol and Drug Policies

Brief Interventions (BI)

Substantial empirical support exists for alcohol screening, brief intervention, and referral to treatment (SBIRT) in medical, but not non-medical settings such as the workplace. However, it has been recently demonstrated that alcohol screening and brief interventions may be incorporated into routine health and lifestyle examinations carried out in the workplace (Webb et al., 2009).

Special Research Articles – Osilla and colleagues (2008-10)

Recent research has investigated the efficacy of integrating BIs into an Employee Assistance Programme (EAP). Employee assistance programmes (EAPs) offer short term counselling and longer term referrals for a variety of behavioural health concerns such as depression and alcohol problems. Osilla et al (2010) outlined the advantages of using an EAP to address at risk drinking, which may help prevent more serious alcohol consumption and also reduce broader worksite problems. They propose that conducting prevention activity in the workplace may lead to decreases in personal, employer, and societal costs associated with long term alcohol misuse and treatment. In particular, they highlight that EAP is an underutilised resource that has great potential for providing screening and BIs. However, they also outline barriers specific to the workplace including workers' concerns about confidentiality, time constraints due to work schedules, and stigma associated with obtaining treatment for drinking issues.

Osilla et al (2008) conducted a study using an EAP for mental health services by means of a randomised controlled trial. Clients entering the EAP were screened for at risk drinking, and if relevant, were assigned to a BI plus usual EAP service (n = 44) or only the usual EAP service (n = 30). The results provide preliminary evidence to support the integration of alcohol screening and BI as a low cost method of intervening with clients with at risk drinking, with participants in the BI condition showing significant reductions in peak blood alcohol concentration, peak quantity, and alcohol-related consequences compared with the EAP service only group.

Workplace Alcohol and Drug Policies

Special Research Articles – Osilla and colleagues (2008-10) (continued)

Osilla et al (2010) conducted further research examining changes in workplace productivity for clients receiving a BI for at risk drinking in the EAP. The study used a similar procedure to the previous research, with participants (n = 44) attending the EAP for behavioural health concerns being screened for at risk drinking and then being assigned to BI and usual care (BI and UC) or usual care alone (UC) condition. Respondents also completed a 3-month follow-up. At follow-up, participants in the BI and UC group had improved productivity when at work (presenteeism) compared to the UC group. However, the two groups did not differ by absenteeism. Study limitations included the small sample size affecting the potential to generalise the findings, with the potential to generalise the results to other non-EAP worksite settings also being unknown. The study also recruited participants from various occupations and although baseline variations of absenteeism and presenteeism were controlled, these variables may vary by occupation because of policies and workplace norms. However, the study was said to provide preliminary evidence of how alcohol-related BIs can significantly impact on worksite outcomes and it was proposed that widely implementing BIs in standard EAP care may have the potential for decreasing the prevalence of alcohol misuse in the worksite and improving broader outcomes such as worksite productivity.

Workplace Alcohol and Drug Policies

Brief Interventions (BI) (continued)

McPherson et al (2010) examined the feasibility of implementing a telephonic screening and brief intervention in an EAP call centre and assessed whether routine screening and brief intervention resulted in increased identification of workers who misuse alcohol using a pre-test post-test methodology. Employees were offered screening using the Alcohol Use Disorder Identification Test (AUDIT) during intake, brief counselling using motivational interviewing, referral to counselling, and follow-up. Results indicated that at follow up (5 months later) 93% of workers contacting the EAP completed the AUDIT, with 52% screening at moderate or high risk for an alcohol problem. In fact, overall identification rate (18%) approached general US population estimates. Most employees agreed to follow-up and three-quarters set an appointment for face-to-face counselling. Thus, it was proposed that integration of routine alcohol screening and brief intervention by telephone into EAP practice is feasible and increases identification and opportunity for brief motivational counselling. To conclude, when screening and brief intervention is seamlessly integrated, workers are willing to answer questions about alcohol and participate in follow-up.

Croissant et al (2008) conducted research with 100 employees in Germany to assess the effectiveness of a BI delivered by a company physician. Results indicated that 45% of employees attended the company physician after recommendation by their supervisors, with a further 24% attending on their own initiative. At follow up, 78% of employees originally diagnosed as alcohol-dependent were abstinent. Overall, alcohol consumption was reduced among all employees with other benefits being achieved (e.g. happiness at work and physical health). It was concluded that a BI conducted by a company physician is both an effective and efficient means of influencing the drinking behaviour of employees effectively. It was proposed that the fear of demotion at work and job loss may prove to be a helpful influence on changing drinking behaviour.

Hermansoon et al (2010) assessed the effectiveness of a workplace BI at a Swedish transport company. Employees presenting for a routine health and lifestyle check-up were offered screening (n = 990) and were then randomised to a brief or comprehensive intervention group or to a control group. An identical follow-up session was performed 12 months later. Of those employees who volunteered for the alcohol screening, 20% tested positive. There were positive differences in screening at baseline and follow up (e.g. 51% compared with 23% measured by the AUDIT). However, there were no significant differences between the brief and comprehensive intervention groups or between the intervention groups and the control group. However, it should be noted that the lack of difference between the intervention groups may be due to the fact that most individuals allocated to the comprehensive intervention chose to participate only in the first session, thus making it essentially identical to brief intervention. Therefore it was concluded that alcohol screening and brief intervention performed in connection with routine health and lifestyle examinations in the workplace may be effective in reducing alcohol consumption. In fact, given the lack of difference in outcome between the intervention groups and the control group, it was proposed that alcohol screening may in itself cause reduction in drinking. This possibility is supported by a recently published study (McCambridge and Day, 2008). This was explained by the fact that the screening was performed by trained company nurses and the negative health effects associated with alcohol were highlighted. Participants were also given the opportunity to contact a company nurse or doctor. A strength of the intervention was that as the study only involved ordinary OHS personnel and generally available alcohol screening measures, the design can be adopted easily by other workplaces.

Workplace Alcohol and Drug Policies

Brief Interventions (BI) (continued)

Aseltine et al (2009) highlighted that barriers to behavioural change may render early screening and intervention in the workplace to prevent or reduce the effects of problem drinking ineffectual. Thus, they conducted research examining underestimation of drinking using data from web-based employee alcohol screenings (n = 1,185). Results indicated that over half of participants (53%) underestimated their drinking relative to their AUDIT results. In terms of individual differences, younger and male respondents tended to have the highest AUDIT scores and also (along with married respondents) were most likely to underestimate their drinking. These results were seen to suggest that these barriers may limit the impact of corporate efforts to curtail problem drinking. As such, targeting at risk employee groups for alcohol screening and treatment options is recommended, as is providing personalised feedback based on screening results to raise awareness of at risk drinking and available helping resources

Interventions

Although there is now a recognised need for interventions for substance misuse prevention at the workplace and a wide variety of interventions are successfully introduced into practice, empirical studies investigating the efficacy of such interventions are few.

Ferrario and Borsani (2011) reported on a review of the effectiveness of workplace health promotion programmes. Despite methodological limitations including the lack of control groups and the use of multiple outcome measures, it was concluded that health assessment programmes (including feedback) can reduce the risks of alcohol misuse. Webb et al (2009) conducted a review of workplace interventions aimed at reducing alcohol problems consisting of ten papers. Again, the methodological issues with the research was said to limit the validity of results. Weaknesses included only four studies using randomised controlled trials, representativeness of samples, consent and participation rates, and validity of measures used. However, all but one study reported statistically significant differences in measures such as reduced alcohol consumption, binge drinking and alcohol problems. Overall, brief interventions, interventions contained within health and life-style checks, psychosocial skills training and peer referral were shown to have potential to produce beneficial results.

Recent studies have evaluated various forms of workplace interventions. Loeber et al (2008) evaluated a workplace intervention with executive managers at a German company (n = 100 intervention participants and 22 controls). The intervention consisted of a theory oriented half day course to prevent substance consumption. One year after the intervention, intervention participants demonstrated increased knowledge of how to deal with the substance-related problems of staff members compared to controls (e.g. increased knowledge of company policy regarding addiction). However, there was no evidence of participants transferring this theoretical knowledge into practice (e.g. no significant difference in the number of appraisal interviews conducted due to substance-related problems). Taken together, the results indicated that the theoretical course was not sufficient to produce considerable changes in behaviour. As an alternative, the authors suggested the use of a series of workshops with roleplay and feedback to establish expertise in interviewing techniques with substance-related problems.

Workplace Alcohol and Drug Policies

Interventions (continued)

Ennenbach et al (2009) evaluated a prevention programme for workers at a Bavarian rehabilitation clinic. The programme was developed based on the results of a survey on health and substance use problems which indicated a high rate of substance misuse, with young female employees being identified as one of the risk groups for alcohol consumption and professional discontent. The evaluation revealed some improvements with respect to health and substance misuse, including a significant reduction in average alcohol consumption. These findings were said to indicate that prevention programmes in the workplace are both possible and effective.

Recently, there has been an increase in the number of interventions that are now web-based. For example, Billings et al (2008) evaluated the effectiveness of a web-based multimedia health promotion programme for the workplace (designed to help reduce stress and to prevent depression, anxiety, and substance misuse) using a randomised controlled trial (n = 309). Relative to controls, the web-based group reduced their stress, increased their knowledge of depression and anxiety, developed more positive attitudes toward treatment, and adopted a more healthy approach to alcohol consumption. The authors suggested that this brief and easily adaptable web-based stress management programme can simultaneously reduce worker stress and address stigmatised behavioural health problems by embedding this prevention material into a more positive stress management framework. Doumas and Hannah (2009) evaluated the efficacy of an alcohol web-based personalised feedback programme delivered in the workplace to young adults. Participants (n = 124) were randomly assigned to one of three conditions: 1) web-based feedback 2) combined intervention: web-based feedback plus a 15-minute motivational interviewing session, or 3) a control group. Results indicated that participants in the intervention groups reported significantly lower levels of drinking than those in the control group at a 30-day follow-up. This was particularly true for participants classified as high risk drinkers at the baseline assessment. Similar results were found when comparing the two types of intervention, indicating that the addition of a 15-minute motivational interviewing session did not increase the efficacy of the web-based feedback programme. Thus, the results were said to support the use of web-based feedback as a stand-alone alcohol prevention programme for young adults in the workplace.

McCarthy and O'Sullivan (2010) conducted a randomised controlled trial to evaluate the efficacy of a brief cognitive behavioural therapy (CBT) intervention programme with Irish Navy recruits (n = 26) undergoing a 16-week basic training course. The CBT was designed to reduce excessive pre-enlistment drinking behaviours and was conducted over four consecutive 1.5-hour weekly sessions. In comparison to those in the control group, participants who received the intervention reported increased scores in readiness to change drinking post intervention and reduced scores in binge drinking at 2 month follow up. There were also marginal changes in self-efficacy and risky drinking behaviour. Thus, this was said to indicate the potential efficacy of a workplace CBT intervention for unhealthy drinking.

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Implications for Practice

Interventions should be conducted in the workplace

Evidence suggests that the workplace is an appropriate venue for undertaking prevention work and interventions. For example, it has been suggested that organisations employing large numbers of students may want to incorporate substance misuse prevention as part of their normal training both to improve worker health and to reduce costs associated with alcohol misuse.

Overall, brief interventions, interventions contained within health and life-style checks, psychosocial skills training and peer referral have been shown to have potential to produce beneficial results in the workplace. However, barriers such as workers' concerns about confidentiality, time constraints due to work schedules, and stigma associated with obtaining treatment for drinking issues should be considered when planning such interventions.

In particular, recent research supports the integration of alcohol screening and BI as a low-cost method of intervening with employees with at risk drinking, as long as BIs are seamlessly integrated into existing health and wellbeing checks. In fact, research has shown that alcohol screening may in itself cause a reduction in drinking. It has been proposed that the fear of demotion at work and job loss may prove to be a helpful influence on changing drinking behaviour.

Consideration should be given to a range of influences on alcohol consumption

Research into the link between alcohol and the workplace has revealed the wide ranging impact of alcohol related harm ranging from absenteeism and reduced workplace productivity to impact on co-workers. This suggests the need for workplace interventions to be multifaceted and incorporate the range of factors which impact on the workplace.

There is a greater impact of non-work than work factors

Non work factors have generally been shown to have a greater impact than work factors, with work factors being shown to have more of an impact on recurrent alcohol use than alcohol onset. This suggests the need to take into account the worker's social environment when developing alcohol related policy and interventions.

Demographic characteristics which place individuals more at risk are being male, never having been married with no dependent children, being younger, having an increased education, and economic status (i.e. living in a high income household)

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Implications for Practice

Consideration should be given to the impact of risk and protective factors

Research has indicated there are a range of factors associated with alcohol consumption and drug use in the workplace. It may be useful to consider these as risk and protective factors (examples of both are outlined below):

- Protective factors which have been shown to promote lower levels of alcohol consumption/ drug use include: decision latitude (skill utilisation, decision authority), job control, social support, peer support from colleagues, job pride, stimulation, paid training, job satisfaction, job gratifications.
- Risk factors include psychological and physical demands, role overload, working hours, harassment, job insecurity, work stress, low income jobs, higher qualified workers, passive jobs, working in the hospitality industry, working irregular hours, individual perceptions of mistrust and lack of reciprocity at work, and supervisory support.

These factors should be considered in order to target at risk groups and tailor interventions.

The impact of permissive workplaces

Research has shown that availability within the workplace can predict general alcohol and drug problems. In fact, a permissive substance use climate at work has also been shown to impact on employees who do not use alcohol and drugs at work. This highlights the need for policy, supervision, and education to target directly workplace substance availability and descriptive norms that may have an indirect impact of reducing approval for workplace substance use.

Men are particularly vulnerable to workplace factors

The research indicates that men appear to be more negatively affected by the relationship between alcohol and the workplace. Results include the following.

- Job responsibility and workplace norms have been shown to predict alcohol problems for men.
- For men, the higher the exposure to physical demands, the higher the odds of high risk drinking.
- Men reported more exposure to peers' drinking and workplace problems than women.
- Younger male respondents tended to have the highest AUDIT scores and also (along with married respondents) were most likely to underestimate their drinking.

This suggests that interventions for men need to be tailored to the different stressors and vulnerability factors that they face.

Workplace Alcohol and Drug Policies

Implications for Practice

There are benefits of interventions that focus on re-shaping alcohol use norms

It has been shown that both workplace injunctive and descriptive norms are important predictors of substance use. Thus, social norms marketing campaigns may be a useful way for employers to target employee substance use.

In addition, the pattern of results for workplace norms have been shown to be identical for both alcohol and illicit drug use, suggesting that norms interventions designed to reduce heavy drinking may also be applied to reduce illicit drug use.

Link to other Core Elements

Resilience and Protective Factors

Brief Interventions

Training and Support

Social Marketing