

acquire

pull-out digest

Alcohol Concern's Quarterly Information and Research Bulletin

Impact of alcohol problems on the workplace

Introduction

Alcohol misuse is a major issue affecting employers and employees in the UK. Problems caused by this issue not only affect the health, safety and welfare of staff but also the productivity, profits and reputation of an organisation. Work-related alcohol misuse costs the UK economy an estimated £6.4bn per year (Cabinet Office, 2003)

This article looks the evidence of prevalence of alcohol problems in the workplace and the level of harm it causes. It examines the underlying risk factors for problem drinking at work and looks at a variety of approaches that have been taken to tackle this problem.

1. The scale of problem drinking in the workplace

Hard information on the scale of problem-drinking within the workforce is difficult to find as many do not perceive there is a problem or choose to conceal it. The latest international studies suggest:

- Workplace alcohol use and impairment directly affects an estimated 15 percent of the U.S. workforce, based on representative probability sample of the U.S. workforce. (Journal of Studies on Alcohol, 10 January 2006).
- An earlier random survey of 43,809 US workers found that problems occurred in 35% of workers in some occupations and 1% in other occupations. (Midford, Welander and Allsop, 2005).

- An estimated 70% of people with alcohol problems are in employment (International Labour Organisation, 1998)

Much more research is required to determine the prevalence of problem drinking in the work context.

2. The cost of alcohol misuse in the workplace in the UK

The prevalence of problem-drinking in this context is directly related to the drinking culture common in the society where an organisation is based. The majority of people drink, and according to the General Household Survey in 2002 one in five men and one in eight women drank on at least 5 days in the previous weeks are likely to be experienced at all levels of the hierarchy across all organisations. (Ghodse, 2005).

The impact of alcohol misuse on the workplace can result from excess drinking in leisure time, 'inappropriate' drinking, taking place in a manner or in situations which are potentially dangerous or where there could be adverse consequences such as before a shift, in

lunch breaks or during work hours, or binge-drinking during after-work activities such as socialising around conferences or at Christmas parties. Chronic heavy drinking in personal leisure time can have a long-term effect on an employee's performance.

It can lead to absenteeism, inefficiency, accidents or damaged customer relations. Drinking impairing an employee's work performance in any way can be viewed as problematic for the employer as well as the employee.

The cost of alcohol misuse in the workplace is difficult to quantify and national figures on these costs tend to be extrapolated from smaller individual studies. The Government, in its 2003 "Interim analytical report" on alcohol problems in the UK, provided the following estimates:

- **Reduced performance and productivity cost up to £6.4bn in total.** Productivity encompasses working days lost to alcohol-related absence, reduced employments working years lost to premature alcohol-related deaths and represents loss of earnings and lost profit for employers. Performance is also affected by an employee under-performing due to being under the influence of drink or having a hang-over from drinking the previous night-time. This in turn can affect colleagues' and workplace morale. Colleagues may resent or feel they must 'cover up' for someone with a problem

Performance and productivity includes:

- **Absenteeism costs an estimated £1.8bn per year** and has been shown in studies to have a strong relationship to occasional excessive or inappropriate drinking. Alcohol-related sickness accounts for around 15% of the total number of working days lost as a result of absenteeism - an estimated 17m working days.

- **Reduced employment is estimated to cost around £2.1bn pa.** Cost through loss of staff and recruitment occurs when employers need to replace experienced and trained staff. It is usually more effective to retain existing staff, if possible, by supporting them in dealing with their problems than to incur the cost of recruiting and training new staff. The experience and skills lost when staff leave is often difficult to quantify.

- **Premature death from alcohol misuse loses the economy around £2.5bn** in potential output and accounts for around 58,000 potential life lost under the age of 65.
- **Accidents** with alcohol as a contributory factor are estimated to account for 10% of all workplace injuries. (Midford, Welander and Allsop, 2005) With drinking impairing concentration, judgement and co-ordination, accidents can affect the drinker and those around them. Employers have legal responsibilities regarding the safety of employees and, where relevant, the general public (see **The legal situation**).

Figure 1 provides an analysis of the types of costs and who bears them

Figure 1 Types of cost or effect and who bears them

Type of effect	Type of use	Who bears the cost
Availability or supply of labour Sickness absence Absenteeism Unemployment Premature death	Excess drinking particularly associated with chronic use Excess drinking particularly associated with binge drinking Varying patterns of excess drinking Varying patterns of excess drinking	Employer, State through benefits, individual Employer and work colleagues State - may have macro economic effects Employer for key individuals
Productivity of labour Reduced productivity at work Lower occupational attainment	Varying patterns of excess drinking, particularly associated with chronic use Early use impacting on education, heavy drinking on career patterns	Individuals through lost earnings, colleagues and employees Mainly individuals through lost earnings, employers potentially through fewer benefits from training
Other impacts Accidents Passive use Company reputation Workplace relationships	Use at work or prior to work Alcohol-related violence Misuse at work Varying patterns of excess drinking	Victims including colleagues and members of the public Victims' health, State and employer for healthcare costs, employers for sickness absences Employer Colleagues but potentially employers if morale is affected.

Figure 2 Indicators of problematic alcohol use

Individual predictors	Work environment predictors
Young and male Single, separated or divorced Low educational and skill level More than usual recent stress Low self-esteem Depression	Long working hours and some type of shift work High risk of injury at work High physical demands Monotonous work Tight deadlines Job insecurity Poor supervision

(Midford, Welander and Allsop, 2005)

3. Risk factors for problematic drinking in relation to the workplace

Successive studies over the past 20 years have identified key predictors for excess drinking in this context. These predictors centre on the individual make-up of the employee and the nature of working environment. Figure 2 lists the key predictors.

Further analyses indicate that life-long personality traits dictate how an individual will react to a given situation or interact with other colleagues. Anxiety and depression are common psychiatric conditions that can predispose people to problem drinking to cope with personal or work-related problems.

Further analyses indicate that life-long personality traits dictate how an individual will react to a given situation or interact with other colleagues. Anxiety and depression are common psychiatric conditions that can predispose people to problem drinking to cope with personal or work-related problems.

Work-related stress is frequently cited as a cause of excess drinking. The Health and Safety Executive defines stress as "the reaction that people have to excessive pressure or other types of imposed demand with which they feel unable to cope". Common causes of work-related stress revolve around issues of 'role conflict' such as unclear job descriptions, ambiguity or overload. Organisation change can create anxiety about enforced job changes, restructuring, and job insecurity. Other factors include boredom, exclusion from decision-making, interpersonal conflict with managers or colleagues, inadequate pay and insufficient prospects of promotion. Dangerous or adverse working conditions can cause on-going anticipatory anxiety. (Lucas, 2005)

In the case of an employee experiencing an alcohol problem, this could be additionally linked to workplace organisational culture that encourages or tolerates heavy drinking. A workforce may use drinking as a way of socialising or bonding and even have a workplace bar facility. Other organisations may traditionally use or include drinking in the process of doing business, through lunches for instance. These factors need to be acknowledged if alcohol use affecting the workplace is to be successfully addressed.

4. Drinking and high-risk occupations

Statistically, certain occupations have shown a higher incidence of alcohol-related deaths than others. Obvious reasons for higher levels of drinking may include the ready availability of alcohol, such as for publicans and those in the alcohol industry. In some working cultures, there may be a social pressure to drink whilst employees in others may experience high levels of occupational stress.

The report **Occupational Health, Decennial Supplement** (1995) used causes of death such as cirrhosis of the liver and cancers of the oral cavity, pharynx, oesophagus, liver and larynx as indicators of alcohol-related problems. Alcohol is an established cause of these diseases. The occupations in the tables below show above average mortality rates in men and women. The high ratios for falls on stairs suggest a link between alcohol and such accidental deaths. NB Updated figures for 2005 have yet to be published.

Figures 3 a and b

Death rates from alcohol-related causes, by occupation Men (proportional mortality ratio, average = 100)			
Job group	Causes of death		
	Cirrhosis	Liver cancer	Falls
Publicans and bar staff	383	84	194
Doctors	341	286	197
Seafarers	265	154	132
Lawyers	233	324	79
Literary and artistic occupations	198	155	118
Armed forces	182	118	183
Fishing and related workers	172	120	153
Caterers	171	194	125
Cooks and kitchen porters	140	254	169

Figure 3b

Death rates from alcohol-related causes, by occupation Women (proportional mortality ratio, average = 100)			
Job group	Causes of death		
	Cirrhosis	Liver cancer	Falls
Literary and artistic occupations	215	129	166
Publicans and bar staff	378	94	173
Hairdressers	211	85	145

Office of Population Censuses and Surveys (1995) **Occupational Health, Decennial Supplement**. London: HSE. Figures are for 1979-1990, except 1981 for which none were available.

5. Occupation and higher levels of drinking

Figures from the General Household Survey show that men and women from the managerial and professional groups are more likely to exceed the Department of Health guidelines for safe drinking (see Figure 4). Regular drinking at higher levels can put employees at risk of developing alcohol problems either relating to their health or work performance.

Figure 4 Maximum number of units drunk on at least one day in the previous week by sex and socio-economic classification in 2003

Socio-economic classification of household reference person	Men	Women	All persons
% who drank more than 4(men) 3(women) units on at least one day in the previous week (figures in brackets indicate average %)			
Managerial and professional			
Large employer and higher managerial	44	28	36
Higher professional	38(42)*	27(26)*	33(34)*
Lower managerial and professional	43	25	34
Intermediate			
Intermediate	39	20	27
Small employers/ own account workers	38(39)*	21(21)*	30(29)*
Routine and Manual			
Lower supervisory and technical	40	23	32
Semi-routine	37(38)*	18(20)*	26(280)*
Routine	38	19	28

(ONS, 2004)

6. The legal situation

Employers have certain legal responsibilities regarding their staff. In relation to alcohol misuse or misuse of other substances, existing UK legislation requires an employer to maintain a balance between the rights of individual employees and the welfare of the staff as a whole. In safety critical organisations such as railway companies, employers have a duty to service users. Below are listed some of the key pieces of legislation in this area:

Management of Health and Safety at Work Regulations 1999

Employers have a duty under this act to assess the risks to the health and safety of employees. If an employer knowingly allows an employee under the influence of drug misuse to continue working and his or her behaviour places the employee or others at risk, the employer could be prosecuted. In addition an employer has a duty to "to assess the risk of stress-related ill health arising from work activities" which could reasonably be expected to lead to alcohol misuse. Employees are also required to take reasonable care of themselves and others who could be affected by what they do at work. (Lucas, 2005)

Employment Rights Act 1996

Under this act employers have a duty to provide written information about their disciplinary rules and procedures. The ACAS Code of Practice on Disciplinary and Grievance Procedures recommends that disciplinary rules should encompass issues such as sub-standard performance, misconduct and unauthorised absences which are patterns of behaviour that could feasibly link to alcohol misuse. (Howard, 2005)

Human Rights Act 1998

Article 8 of this act sets down an employee's right to a private life which is set against the employer's right to protect the reputation of the organisation. In relation to testing for alcohol misuse, an employer would need to show that testing is relevant to the work situation.

Data protection Act 1998

Under this act employers must ensure that any testing for alcohol and drugs complies with data protection principles particularly in relation to the collection and process of information about the results of tests to which an employee has given explicit consent.

Health and Safety at Work Act 1974

This act places a duty on employers to ensure the health, safety and welfare of their employees. They must ensure that employees do not injure themselves or endanger the public or colleagues. This has particular relevance to alcohol and the use of machinery or vehicles.

Road Traffic Act 1988

Any person driving, or attempting to drive, a motor vehicle whilst unfit to drive through alcohol use

can be prosecuted under this act. This includes driving as part of work duties.

Transport and Works Act 1992

This states that it is an offence for certain employees to be unfit through alcohol use whilst working on transport systems such as railways. The operators of the system would be liable if they had been negligent in their efforts to prevent the offence occurring. Employees also have responsibilities under the Road Traffic Act 1991 that places the current legal limit for driving at 35 micrograms of alcohol in 100 millilitres of breath.

7. Helping employees with alcohol problems

An employee's alcohol problem may emerge as a result of a specific incident or as part of a gradual decline in performance. There can be signs that may indicate alcohol problems, although care should be taken as these might be due to stress or depression. Signs of alcohol problems might be found in their:

- **Work performance**, such as missed appointments or deadlines, increased error rate, poor concentration, unreliability and an inability to remember instructions.

- **Attendance**, including lateness in the mornings or after lunch, unauthorised leave, patterns of absence (e.g. after weekends), recurring causes of absence.

- **Conduct**, such as withdrawal, depression, anxiety, poor co-operation, mood changes, uncharacteristic behaviour, accidents, alcohol on the breath, customer complaints.

An employee's alcohol use can affect other staff, increasing their workload. Staff may also try to cover up for a colleague who is drinking although this can often just make the problem harder to address. (Davies et al., 1997)

An alcohol problem should be regarded as primarily a health issue rather than an immediate cause for discipline. This approach is supported by ACAS recommendations, the International Labour Organisation Code of Practice, and the general view of the Employment Appeals Tribunal. (Stone, 2005)

8. Tackling problem drinking in the workplace

In the last 25 years various approaches have been used in developed economies such as Australia, the US and the United Kingdom. These approaches fall into 5 main categories:

- A. Policy development
- B. Information and education programmes
- C. Health promotion programmes
- D. Assistance and treatment
- E. Regulation of use and testing.

This section provides a brief overview of these approaches.

A. Workplace alcohol policies

Alcohol Concern views alcohol policies as fundamental to tackling alcohol-related problems at work, whether driven by concerns about health and safety or costs and business effectiveness. Alcohol problems in the workplace should be viewed as a health issue, and the alcohol policy should be located in or linked to one or more of an organisation's procedures: health, safety, personnel and general management (Alcohol Concern and Drugscope, 1999). The introduction of an alcohol policy is usually more successful if supported by a programme of training that raises alcohol awareness and supports managers in its application. Organisations often have a parallel or combined policy to address drug misuse.

Key principles of an alcohol policy for the workplace

An effective policy should:

- clarify that an employer has a legitimate interest in an employee's life outside work when it affects their own or others' performance, health or safety.
- regard an alcohol problem as a health problem rather than being an immediate cause for discipline or dismissal.
- be a clear statement of intent agreed by employers and unions or staff representatives.
- be understood by and apply equally to everyone in an organisation.
- clearly delineate responsibility and give guidance to managers on procedures to follow, signalling when disciplinary action should be instigated.
- establish procedures for referring an employee with alcohol problems to in-house support or outside specialist services.
- clarify rules of confidentiality in order to encourage staff or colleagues to come forward.
- ensure managers receive appropriate training to implement the policy.
- be publicised at regular intervals to staff.
- be reviewed regularly, probably every 12 months.

Training should be provided for managers, giving them the confidence and skills to make early identification and to intervene should problems arise in the workplace. Staff, especially managers, should be encouraged to examine their own attitudes to alcohol problems as this affects their response to situations.

A December 2001 survey by the Chartered Institute of Personnel and Development (CIPD) found that 60% of organisations had some form of policy with regard to substance misuse. This means that a significant proportion still rely on more informal or ad hoc management procedures. Stone in a recent review of employer responsibilities in this area points to the difficulties of such an approach, particularly in explaining inconsistencies of decisions and actions when challenged by trade unions and employment tribunals. The review identifies 4 key rea-

sons for employers to implement an alcohol and/or drug misuse policy: the need to:

- safeguard the well-being of the workforce
- ensure the safety of the public
- safeguard the organisation from unfair claims
- maintain the external image and reputation of the organisation.

(Stone, 2005)

B. Information and education programmes

Workplace education programmes have been a principal method of tackling problem drinking in the workplace and 'off-the-job' drinking. In general studies have shown that the programmes were effective in reducing self-reported alcohol consumption and lowering the incidence of reduced work performance due to excess drinking. However, the studies are limited in that the effects were measured either immediately or shortly after the programmes were conducted and these effects seem to dwindle over time. The findings suggest that programmes need to be regularly undertaken to sustain the effects. (Roman and Blum, 2002)

C. Health promotion programmes

Programmes of this type are intended to improve the general well-being of employees. Such programmes entail taking risk assessment of employees' health by a health worker with suggested follow-up plans to improve health. Programmes tend to focus on areas such as smoking cessation, obesity, and stress management. A small number of Canadian studies have shown them to be effective in tackling alcohol misuse (Shain, 1994) but more research is needed in this area. (Midford, Welander and Allsop, 2005)

D. Getting specialist help

Some larger organisations have an occupational health department or employee assistance programme (EAP) that may include an in-house counselling service, some with expertise in alcohol problems. Alternatively, an individual might approach their GP or primary care team or be referred or self-refer to a community alcohol service. These secondary services, which provide specialist information and advice, can be classed as statutory (NHS) or non-statutory (voluntary sector).

Studies from the US suggest that only a small proportion of employees genuinely self-refer themselves for treatment (18% of male employees and 20% of female employees). The majority of self referrals occur after extensive discussion with an employee's supervisor. Around 20% of alcohol referrals are formal supervisory referrals. Factors that incline employees to seek help include the provision of a professionally competent source of assistance, provision of a service by the employer, the assurance of confidentiality and lack of penalty to their job status.

Some studies have shown that EAPs result in a

decline in health care costs, a reduction in accidents, lower rates absenteeism and reduced worker compensation claims. (Roman and Blum, 2002) Other studies suggest that 'constructive confrontation' and referral by supervisors improved job performance and that specific forms of EAP intervention reduced disability costs, relapse rates and treatment costs. Many of these studies have methodological limitations so the evidence of their effectiveness is not conclusive. However, this approach is favoured by employers, employees and unions. (Midford, Welander and Allsop, 2005) More work is needed to establish robust evidence of their value. Moreover, most of the cost-benefit analyses of EAPs have highlighted savings in health care costs relevant to the US workplace which are not applicable to countries that have tax-based health care or social insurance systems. More work needs to be done to assess their effectiveness in a UK setting. (Godfrey and Parrott, 2005)

E. Testing

Testing employees or potential employees has always been controversial, raising industrial relations and civil liberties issues. Whether testing is appropriate or necessary should be carefully considered, as the damage to employer-employee relations can potentially outweigh the benefits. Whilst it is reasonable to expect employees to be unimpaired by alcohol whilst at work, it could be argued that requiring an employee to undergo a test 'without cause' (randomly or without specific evidence that they are impaired) is unfair and intrusive. In this context, the Data Protection Act and the Human Rights Act, particularly Article 8 concerning an individual's right to privacy, have implications for employers.

In the United States, over 80% of large listed companies operate formal substance testing and screening programmes although far fewer UK companies test staff. Under UK law, employers' have a responsibility to demonstrate 'due diligence' (take reasonable care) to prevent an offence if an employee's ability to work safely is impaired. This need to actively prevent alcohol or drug-related accidents has led companies in the transport sector to introduce testing to prevent employees' substance use in the workplace. Other industries with staff in 'safety critical' roles, using machinery for instance, may use testing.

Methods of testing

Alcohol testing indicates whether an individual is under the influence at that time. Alcohol use can be tested in several ways:

Breath testing

A 'breathalyser' measures the level of alcohol in the breath. This is convenient and inexpensive. Employees may be tested prior to commencing a shift.

Blood testing

The most accurate measure of alcohol in the body is by means of a blood test, although this is more

invasive than a breath test. It is often inappropriate in a workplace setting due to lack of staff suitably trained to take samples.

There are significant limitations to alcohol testing, in that it cannot measure degrees of impairment, cannot detect if performance is impaired as a result of a hangover and is unable to distinguish between one-off use and dependency.

Screening or testing to detect alcohol problems can be used in a variety of ways:

Recruitment screening usually refers to testing or assessing the health of potential employees during the recruitment process.

Routine testing is done at specified times, gives a clear message that it is not acceptable to be affected by alcohol when working, and might be used in situations where employees are in 'safety critical' posts, such as operating public transport or machinery. Use in situations that are not safety critical may cause feelings of resentment amongst the workforce.

Random testing or unannounced testing is used as a deterrent to identify previously undetected alcohol misusers. As with routine testing, use in situations that are not safety critical may cause feelings of resentment amongst the workforce.

'With cause' and post-incident testing might be used if a manager has reason to believe that an employee has been drinking, by their behaviour or smelling of alcohol, for instance. After an incident at work, such as an accident, it can be a part of the post-incident investigation.

A 2004 survey of UK employer attitudes to drug testing in safety critical industries by the Joseph Rowntree Foundation (JRF) found that:

- most employers stressed the importance of implementing testing in a fair and transparent way
- even in safety critical industries, employers said testing could be divisive and counter-productive if handled clumsily
- employers emphasised that welfare and support services needed to be provided for staff with alcohol and drug problems.

(Joseph Rowntree Foundation (JRF), 2004)

Testing alone will not solve workplace alcohol problems. If introduced, this should only be after consultation with staff representatives and as part of a broader alcohol policy for the workplace. The JRF report concluded that rather than introducing testing programmes "good all round management is the most effective method for achieving high productivity, enhanced safety', low absentee rates and lower staff turnover and a reliable and responsible workforce" (JRF, 2004)

Conclusion

Despite the problems that can be caused by employees' alcohol use, it is one of a range of occupational health issues that is preventable and

manageable. The workplace provides opportunities for reaching those who have an early or developed alcohol problem. Given support, training and an effective workplace policy, it is possible for employers to make effective interventions should problems arise.

A range of factsheets, providing 'at-a-glance' help for employers wishing to address alcohol and drug problems in the workplace, is also available in print form or from the Alcohol Concern website

Also available from Alcohol Concern is the handbook "**Drink, Drugs and Work Don't Mix**", designed to help employers take a proactive approach to preventing and handling problems with alcohol and drug misuse in the workplace. **Contact: Alcohol Concern Information line: 0207 922 8667 or email: info@alcoholconcern.org.uk**

HSE. (These figures are for 1979-1990, except 1981 for which none were available).

Roman, P. M. and Blum, T. C. (2002) The workplace and alcohol problem prevention, *Alcohol Research and Health*, vol. 26, no.1, pp49-57

Shain, M. (1994) Alternatives to drug testing in S. Macdonald and Roamn, P. (eds) *Drug testing in the workplace: Research Advances in alcohol and drugs problems*, vol. 11, New York, Plenum Press, pp257-277

Stone, I. (2005) Employers liability and responsibility in Ghodse, H. (ed.) (2005) *Addiction at work: tackling drug use and misuse in the workplace*, London, Gower.

References

Alcohol Concern/ISDD (1999) *Drink, drugs and work don't mix*, London: ISDD.

Cabinet Office Strategy Unit (2003) *Interim analytical report*, London, Cabinet Office

Davies, JB et al (1997) *Alcohol in the workplace: results of an empirical study*. Prepared by the University of Strathclyde for the Health and Safety Executive

Ghodse, H. (ed.) (2005) *Addiction at work: tackling drug use and misuse in the workplace*, London, Gower.

Godfrey, C. and Parrott, S. (2005) *The extent of the problem and cost to the employer* in Ghodse, H. (ed.) (2005) *Addiction at work: tackling drug use and misuse in the workplace*, London, Gower

Health and Safety Executive www.hse.gov.uk
Howard, G. (2005) *Employment law* in Ghodse, H. (ed.) (2005) *Addiction at work: tackling drug use and misuse in the workplace*, London, Gower.

International Labour Organisation (1998) *Mobilising small businesses to prevent substance abuse. Report of the ILO workshop, 12-16 May 1997(Oslo)*, Geneva, ILO, 1998

Joseph Rowntree Foundation (2004) *Drug testing in the workplace: the report of an independent inquiry into drug testing at work*, York: JRF

Lucas, G. (2005) *Effects and risks of workplace culture*, in Ghodse, H. (ed.) (2005) *Addiction at work: tackling drug use and misuse in the workplace*, London, Gower.

Midford, R., Welander, F. and Allsop, S. (2005) *Preventing alcohol and other drug problems in the workplace* in Stockwell, T., Gruenewald, J.W., Tombourou and Loxley, W. (eds.) *Preventing harmful substance use: the evidence base for policy and practice*, Australia, John Wiley and Sons.

Office for National Statistics (2004) *Living in Britain: Results from the 2003 General Household Survey*. London: The Stationery Office.

Office of Population, Censuses and Surveys (1995) *Occupational Health, Decennial Supplement*. London:

