

PolicyTalk

Workplace alcohol and other drug programs: What is good practice?

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Ken Pidd & Ann Roche

Introduction

Managing risk of alcohol and other drug related harm in the workplace is not always straight forward. While employee drinking and drug use during work hours has obvious implications for workplace safety and productivity, so can patterns of consumption that occur away from the workplace and out of working hours. Moreover, employer sanctioned use of alcohol in the form of hospitality at work related events can have negative consequences for not only employee and customer/client wellbeing, but also corporate image and liability. The aim of this paper is to clarify some of these issues and describe what constitutes good practice in minimising risk of alcohol and other drug related harm in the workplace.

Background

Employee alcohol and other drug use can adversely affect workplace safety, productivity and employee wellbeing. While data concerning other drug related workplace injuries are scarce, it is estimated that employee alcohol use contributes to around 5% of all Australian workplace deaths and 4% to 11% of non-fatal workplace injuries (Pidd, Berry et al. 2006a). The annual cost of alcohol related absenteeism alone is estimated at between \$437 million and \$1.2 billion (Pidd, Berry et al. 2006b), while alcohol and other drug use (excluding tobacco) accounted for approximately \$5.2 billion in lost productivity costs in the financial year 2004/05 (Collins and Lapsley 2008). Preventing and reducing those negative outcomes is an imperative for employers and for public health policy and practice. The social and economic costs associated with workplace injuries and lost productivity are not only borne by employers, but also the wider community.

Workplace safety, productivity, and employee wellbeing concerns may be the main reasons employers seek to implement alcohol and drug programs. However, the workplace is also a unique and cost-effective setting to implement public health strategies to address alcohol and drug related harm. These include:

- Most people who drink alcohol or use drugs are employed, so the workplace provides access to people who might need but otherwise not seek assistance
- Full-time employees spend substantial time at the workplace which maximises opportunities for their exposure to prevention and intervention strategies
- Employers have substantial influence over employees' work-related behaviours, particularly those that are relevant to workplace safety and productivity
- Industrial relations and OH&S legislation and frameworks incorporate alcohol and drug related issues that affect the workplace and employee wellbeing
- Messages concerning alcohol and drug harm prevention and minimisation delivered in the workplace are likely to influence the wider community via employees' interaction with family, friends, and other social networks.

Over the past 20 years there has been considerable effort by employers, unions, and employer organisations to address alcohol and drug related harm in the workplace. Despite these efforts, the workplace remains largely underutilised as an intervention and prevention setting. Moreover, while some responses to workplace alcohol and drug related harm are constructive and based on models of evidence-based good practice, many are either contentious or ill-informed (Allsop & Pidd 2001). Two reasons for this may be:

1. lack of understanding about factors that influence employees' alcohol and drug consumption patterns

2. lack of information about evidence-based good practice responses and effective intervention strategies.

Understanding the various influences on employees' alcohol and drug consumption patterns is important as it allows for the identification of risk factors that can contribute to alcohol and drug related risk to workplace safety, productivity, and employee health and wellbeing. Information about good practice responses and effective interventions allows for the development and implementation of evidence-based strategies to address identified risk factors.

Factors that contribute to an employee's alcohol and drug consumption patterns

Research concerning the prevalence and patterns of alcohol and drug consumption among the Australian workforce indicates wide variation between different occupational groups. For example, risky drinking, illicit drug use, and attending work under the influence of alcohol or drugs is significantly more prevalent among some industry and occupation groups compared to others (Pidd, Roche & Buisman-Pijlman, 2011; Pidd, Shtangey, & Roche 2008a; 2008b). Variations in alcohol and drug consumption patterns across industry and occupation groups remain even when controlling for the influence of other factors known to be associated with alcohol and drug use, such as age, gender, income, and education level (Berry, Pidd, Roche & Harrison, 2007; Pidd et al., 2011).

Individual differences such as age and gender, together with an individual's attitudes and beliefs concerning alcohol and drug use play an important role in determining one's alcohol and drug consumption patterns. The attitudes, beliefs and behaviours of an individual's family and close social networks also influential, as are the social norms and expectations of the wider community. In addition to these influences, research indicates that workplace factors play a role in determining employee alcohol and drug consumption patterns.

Work stress affects employee alcohol and drug consumption patterns (Frone, 2008). Working conditions such as hazardous or dangerous work, shift work, long and/or irregular hours, poor industrial relations, low pay, boredom, job insecurity, low job satisfaction and workplace events such as serious accidents, industrial disputation, and downsizing can increase employees' levels of physical and/or psychological distress. Elevated levels of work related stress are then alleviated by the use of alcohol or other drugs during and/or outside of work hours (Greenberg & Grunberg 1995).

Another important influence is the availability of alcohol and drugs (Ames & Grube 1999). Low levels of supervision, and the lack of formal workplace alcohol and drug policies can influence employees' beliefs about the acceptability of alcohol or other drugs during working hours. Working in close proximity to hotels and other sources of alcohol or drugs, or working away from normal workplace and/or social controls can influence alcohol and drug availability and consumption during and after working hours. Normative support for use, in the form of co-worker behaviour and expectations, can also affect employees' consumption patterns both at and away from the workplace. For example, while drinking at a work related social function might receive normative support from co-workers there may be less normative support for drinking during working hours.

Workplace conditions that contribute to high levels of work stress, workplace alcohol and drug availability and workplace normative support for use can combine to create workplace social networks, or sub-cultures, with their own norms for use that may differ from an employee's norms for use away from the workplace. For example, employees may be pressured to join co-workers in regular "end of the working week" drinking rituals despite not normally drinking on a regular basis. Similarly, employees working long and irregular hours may be encouraged by co-workers to use stimulants to combat the effects of fatigue.

Building on previous work (e.g., Ames & Janes, 1992), Pidd and Roche (2008) outlined an integrated model that proposes the workplace contains stressors, controls and subcultures that interact to result in an overall workplace culture that influences alcohol and drug use. They argued that this workplace culture can shape the consumption patterns of individuals and social groups not only within the workplace, but also in settings external to the workplace. Elements of this integrated model include:

- workplace customs and practices (e.g. workplace subcultures and social networks, co-worker behavioural norms at work and in work-related settings, the workplace industrial relations climate and administrative/management culture)
- workplace conditions (i.e. environmental factors that impact on consumption patterns via workplace stressors)
- workplace controls (i.e. factors that contribute to the availability of alcohol and drugs in the workplace)
- external factors (e.g. employees' pre-existing attitudes, beliefs and behaviours regarding drinking and drug use, the values, behaviours and expectations of family members, and the social and cultural norms of the wider community).

A cultural perspective has two important implications for interventions designed to address alcohol and drug related harm in the workplace. First, it highlights the complexity of the relationship between work and employee AOD use. A range of factors both internal and external to the workplace can individually, or in combination, contribute to employees' consumption patterns. Thus, an assessment of these factors needs to be conducted before designing and implementing specific interventions. Such an assessment not only helps identify the extent and precise nature of any potential risk to employee safety and wellbeing, but also allows for strategies to be tailored to dealing with specific identified risks.

The second implication is that workplace interventions need to acknowledge the pivotal role of workplace culture. Workplace culture not only has a direct influence on employee consumption patterns but can also mediate the influence of workplace conditions, workplace controls and external factors. Central to the concept of a workplace alcohol and drug culture are the workplace alcohol and drug related norms of both management and employees and the way in which the workplace deals with alcohol and drug related issues. Good practice responses go beyond a focus on individual 'problem' employees to include 'whole of workplace' strategies that include all management, employees, visitors, and guests at workplace functions.

Good practice responses

Many traditional responses to alcohol and drug related harm in the workplace have taken an approach that focuses on identification and treatment of employees with a perceived alcohol or drug 'problem'. While providing help to such employees is important, there is also a need to consider the much larger number of employees who experience only occasional alcohol or drug related problems, but collectively account for a much greater proportion of alcohol and drug related harm in the workplace. For example, heavy drinkers who frequently drink at levels associated with high risk of harm take more days off due to their drinking compared to employees who drink less (Pidd, Berry, et al., 2006b; Roche, Pidd, Berry, & Harrison, 2008). However, the much larger number of employees who only occasionally drink at high risk levels account for the majority of alcohol related absenteeism (Pidd, Berry, et al., 2006b; Roche, Pidd, et al., 2008).

Contemporary Australian (Pidd & Roche 2008), American (Bennett & Lehman 2003), and international authors (ILO 2003) have argued for a shift away from the traditional approach to managing alcohol and drug related harm in the workplace to a broader primary prevention approach. There are four basic components of such an approach that are central to good practice responses that are likely to be effective.

1. The development and implementation of a formal workplace policy

A formal written policy forms the basis of any response to alcohol and drug related harm in the workplace. Policies based on good practice are those that are informed by a workplace risk and needs assessment that identifies the extent and nature alcohol and drug related risk and the infrastructure that supports the policy and associated procedures. The policy and procedures most likely to be effective will be tailored to suit the specific needs and resources of individual workplaces.

The policy should be a comprehensive document that states objectives, the methods of achieving the objectives, and the roles and responsibilities of those who will implement the policy. It should outline the work organisation's position on alcohol and other drug use (including the legitimate use of pharmaceuticals and over-the-counter medications) and guidelines and strategies for dealing with all aspects of alcohol and drug related issues in the workplace. This includes detailing under what conditions alcohol is made available at workplace functions and the incorporation of strategies to minimise any subsequent alcohol related harm. One such approach is the ADF's 'Good Host' program, which has been shown to assist in minimising alcohol related risk at workplace social events involving alcohol (Pidd & Roche, 2010).

The policy should also outline procedures for approaching and dealing with an affected employee and provide information on treatment or counselling services, and the details of any disciplinary action that may be taken if the policy is breached. To be effective, policies also need to be widely disseminated, implemented throughout the entire workplace and be universal in application.

A key component of an effective policy is consultation with stakeholders such as management, unions, employees, supervisors and occupational health and safety staff. This consultation process allows for the development of mutually acceptable goals and procedures. Successful consultation with stakeholders during the policy development stage is often crucial for policy credibility and acceptance.

2. The provision of education and training

Informing employees about the policy is necessary to ensure employees understand how they can comply with it. Good practice awareness and education programs contribute to the health and wellbeing of employees by providing information about alcohol and drug related harm in the workplace, workplace factors that may contribute to increased risk of harm, and general alcohol and drug related health information including access to rehabilitation and treatment. In most cases, the success of any workplace response to alcohol and drug related harm is dependent on changing existing attitudes and behaviours relating to alcohol and drug use. The provision of regular, ongoing employee education plays a crucial role in this regard.

The credibility, acceptance and success of any workplace policy is dependent on the attitudes and actions of supervisors, managers, safety personnel, employee representatives, and other key staff who are responsible for the policy's implementation. Providing training for employees who will implement the policy and manage workplace alcohol and drug related issues improves their confidence in carrying out their roles and builds their capacity to identify and respond to workplace alcohol and drug related harm. Training enhances supervision and management capability as it develops skills on how to communicate with employees who perform poorly due to alcohol or drug related issues. In order to contribute to a workplace culture that inhibits alcohol and drug related harm, training programs need to be regular, ongoing and adaptable to changing circumstances.

3. Access to counselling and treatment

An important component of any workplace response is access to counselling and treatment services. Some employers provide these services via an employee assistance program (EAP) or pay for private services; others use community based non-profit services. Regardless of which type of service is utilised, the employer must ensure the service provider has appropriate and relevant counselling and treatment skills and knowledge. While access to counselling and treatment may be compulsory when employees breach conditions of the policy, employees should also be given the opportunity to access these services voluntarily. In either case, employees should be assisted to locate and access these services and provided with paid or unpaid leave to attend and confidentiality must be assured. The provision of access to counselling and treatment helps avoid the financial costs and loss of morale among co-workers that is associated with dismissal. It is also less punitive than instant dismissal for policy breaches and therefore more likely to be accepted and endorsed by employees.

4. Evaluation

Evaluation is a critical, but often overlooked component of good practice responses to workplace alcohol and drug related harm. An evaluation of the policy can determine if the policy is achieving its stated aims and goals and helps identify strengths, weaknesses, and possible improvements. At a minimum evaluation should attempt to determine if the response has reduced alcohol and drug related risk and led to positive changes in employees' alcohol and drug related knowledge, attitudes, and behaviours. The evaluation methodology will differ depending on the needs and resources of individual workplaces and it will determine the nature of the data to be collected for evaluation. Gaining the views of managers, supervisors, employee representatives, key staff, the employees themselves and, where appropriate, members of employees' families is important. It is also important the evaluation process is regular and ongoing, so that the response can be adjusted as problems or obstacles are identified.

Other strategies

In addition to these four basic components of good practice responses, a number of other intervention strategies have been used to respond to alcohol and drug related harm in the workplace. A recent systematic review of workplace interventions identified four strategies in particular that could produce positive results - health promotion, brief interventions, peer interventions, and psychosocial skills training (Webb et al., 2009).

Health promotion

Workplace health promotion programs have a long history and in general, have been effective for improving employee wellbeing and productivity in the workplace (Bergstrom et al. 2008; Kuoppala, Lamminpaa & Husman 2008). The basic premise of health promotion programs is that healthy lifestyles are incompatible with heavy alcohol consumption and other drug use. Incorporating alcohol and drug issues within the context of wider health concerns can motivate behavioural change, and has been shown to reduce levels of risky alcohol consumption (Heirich & Sieck 2000; Richmond et al. 2000).

Brief interventions

Brief interventions aim to identify potential problems with alcohol and drug use and motivate those identified as being at-risk to change their consumption patterns (Babor & Higgins-Biddle 2001). Typically, brief interventions provide feedback in the form of information and advice concerning risk of harm due to the individual's alcohol and drug use. Brief interventions have been shown to be an effective strategy for workplaces (Anderson & Larimer 2002; Dumas & Hannah 2008; Walters & Woodall 2003), particularly if

incorporated into broader primary prevention interventions such as health promotion programs (Heirich & Sieck 2000; Richmond et al. 2000).

Peer interventions

Peer interventions involve the use of peers as agents of change and have been shown to demonstrate effectiveness for addressing a wide range of social and health-related behaviours (Rivera & Nangle 2008). Applied to the workplace, peer interventions are based on the premise that co-workers are in the best position to recognise and respond to employees with alcohol or drug problems. Peer interventions involve the use of trained co-workers to recognise alcohol or drug problems among their peers and intervene appropriately. Evaluations of these programs indicate that they have been effective in identifying and addressing problem behaviours and have contributed to reducing use and related harm (Sonnenstuhl 1996; Spicer & Miller 2005).

Psychosocial skills training

Psychosocial interventions use a range of strategies including motivational interviewing, cognitive behaviour therapy, problem solving, goal setting, social skills training, contingency management and coping strategies. Evaluations of workplace psychosocial skills training indicates that it can reduce consumption and personal problems associated with consumption, including absenteeism (Cook et al. 1996, 2004; Bennett et al., 2004).

Workplace drug testing

Workplace drug testing is a strategy that is becoming commonplace. However, despite the growth in the prevalence of testing, reviews of evaluation research consistently finds that few conclusions can be drawn regarding the efficacy of testing due to the poor quality of the evidence base (e.g., MacDonald et al., 2010; Cashman et al, 2009)¹. Moreover, poorly implemented testing programs may not only fail to reduce risk, but may also result in unintended negative consequences for workplace safety and productivity (Pidd & Roche, 2011). Drugtesting attempts to strengthen workplace controls by focusing on individual employees. On its own, such an approach is limited and inconsistent with a 'whole-of-workplace' approach that also targets the much wider range of workplace factors associated with alcohol and drug related harm. Even when testing programs are implemented in conjunction with education and training programs, these are often restricted to explanation and instruction in the roles, responsibilities and procedures involved in the testing process. Good practice education and training programs should extend to raising employees' and managers' awareness of alcohol and drug related risk to health and safety and building their capacity to respond to this risk. Testing may be a useful tool in responding to workplace alcohol and drug related harm, but it needs to be incorporated into a much broader 'whole-of-workplace' response that targets the workplace culture.

¹ For a review of evidence and issues concerning testing see: Pidd, K. & Roche, A.M. (2011). Workplace drug testing: Evidence and issues. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, South Australia.

Conclusion

Working conditions and environments that influence employee alcohol and drug consumption patterns and related harm vary widely across different workplaces. Thus, it is unlikely that any single intervention strategy will be appropriate for all workplaces. Good practice responses to alcohol and drug related harm in the workplace are effective because they are tailored to suit the specific conditions, needs and resources of individual workplaces and adopt a multifaceted whole of workplace approach that aims to create a workplace culture that minimises risk of alcohol and drug related harm.

Dr Ken Pidd and Professor Ann Roche
National Centre for Education and Training on Addictions
Flinders University

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