

This fact sheet summarises the current issues and research regarding the effect of alcohol use on the workplace

Impact of alcohol problems on the workplace

Alcohol misuse is a major issue affecting employers and employees in the UK. A recent survey found those in employment were more likely than those not working to have drunk heavily during the previous week⁷:

- 26% of working men had consumed more than eight alcohol units on at least one day
- 14% of women working full-time had consumed more than six units of alcohol on at least one day

Drinking at lower levels can also cause alcohol-related harm. Problems can arise from 'inappropriate' drinking, taking place in a manner or in situations which are potentially dangerous or where there could be adverse consequences. With regard to the workplace, this could mean drinking before a shift, in lunch breaks or during work hours. It may 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 and so for the employee. Many people drink recreationally or socially without experiencing any problems.

- **Absenteeism**, costing an estimated £2 billion a year to industry, has been shown in studies as having a strong relationship to occasional excessive or inappropriate drinking⁸.
- **Performance and productivity** are affected by an employee under-performing due to being under the influence of drink or having a hangover from drinking the previous night. It may take longer than one day to recover from a heavy binge and an employee may experience fatigue, depression or anxiety at this time. This in turn can affect colleagues' and workplace morale. Colleagues may resent or feel they must 'cover up' for someone with a problem.
- **Accidents** with alcohol as a contributory factor are estimated to comprise 20-25% of all workplace accidents. 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**).
- **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.

Underlying reasons

Alcohol problems sometimes stem from an attempt to cope with an underlying problem such as stress, relationship difficulties, depression or bereavement. The result can be that the underlying problems, rather than being addressed, are exacerbated by drinking and the alcohol use itself becomes a problem.

In the case of an employee experiencing an alcohol problem, this could be additionally linked to workplace stress or an 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.

Drinking & 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)⁹ 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.

| Death rates from alcohol-related causes, by occupation | | | |
|---|-----------------|--------------|-----------------|
| MEN (proportional mortality ratio, average = 100) | | | |
| JOB GROUP | CAUSES OF DEATH | | |
| | Liver cirrhosis | Liver cancer | Falls on stairs |
| Publicans and bar staff | 383 | 184 | 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 |

| Death rates from alcohol-related causes, by occupation | | | |
|---|-----------------|--------------|-----------------|
| WOMEN (proportional mortality ratio, average = 100) | | | |
| JOB GROUP | CAUSES OF DEATH | | |
| | Liver cirrhosis | Liver cancer | Falls on stairs |
| Literary and Artistic Occupations | 215 | 129 | 166 |
| Publicans and bar staff | 378 | 94 | 173 |
| Hairdressers | 211 | 85 | 145 |

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

Other findings in the Occupational Health, Decennial Supplement

The survey also showed:

- Male cooks, kitchen porters, publicans, barmen and caterers as well as female publicans and bar staff showed high death rates from homicide. This suggests a link with alcohol-related violence, possibly from customers.
- Brewery workers showed an increased death rate from rectal cancer, linking with reports that this cancer is associated with beer drinking.
- Higher rates of oesophageal cancer amongst farmers in the cider-making areas of Somerset and Hereford & Worcester, suggests a link with drinking rough cider. In the cider-producing areas of Devon and Dorset, rates were also slightly raised. Calvados, an apple brandy, has been associated with high rates of oesophageal cancer in Normandy.

Occupation and high levels of drinking

Derived from the General Household Survey, the report also noted levels of drinking above recommended levels, shown in occupations within 16 broad classifications. The sample was 16,500 men and 18,500 women. Those occupational sectors reporting the highest consumption of more than 14 (for women) or 21 (for men) alcohol units per week were (occupation with the highest level first):

- **WOMEN:** security, arts & sport, professional (other), professional (science), managerial, clerical, transport.
- **MEN:** construction, arts & sport, professional (other), assembly workers, metal & electrical, managerial.

Men from any level or income group may develop alcohol problems, though those earning under £100 or over £500 weekly appear slightly more vulnerable. Among women, those working full-time in professional or managerial posts are most likely to develop problems.

Europe

A survey of European countries[®] found limited implementation of workplace policies, with little regulation of consumption in the workplace. In many instances, regulations reflect a wider social ambivalence about alcohol use and problems:

- In France, consumption or distribution of alcoholic beverages in workplaces is banned – except for beer, wine and cider.
- In Belgium, there is a ban on alcoholic beverages in the workplace but only those with an alcohol content of over 6%.
- In Italy, while consumption of alcohol in workplaces is banned, “reasonable quantities” of wine or beer are allowed to be consumed in the cafeteria at lunchtime.

The legal situation

Employers have certain legal responsibilities regarding their staff. These are stated in the:

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 particularly 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.

Management of Health and Safety at Work Regulations 1992

Employers have a duty under this act to assess the risks to the health and safety of their employees. Knowingly allowing an employee to continue working if affected by alcohol and their behaviour places the employee or other colleagues at risk could make an employer liable to prosecution. Employees should also take reasonable care of themselves and others who could be affected by their actions whilst at work. Experiences of industrial tribunals show that dismissal of employees with an alcohol problem without appropriate investigation or where policies are unclear can be ruled as unfair.

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[®]. 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.
- should be publicised at regular intervals to staff.
- be reviewed regularly, probably every 12 months

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. 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.

An alcohol problem should be regarded as primarily a health issue rather than an immediate cause for discipline and this should be reflected in the workplace policy. This encourages staff with problems to come forward and lessens the likelihood of collusion by colleagues not wishing to 'get someone into trouble'.

Getting specialist help

Some larger organisations have an occupational health department or employee assistance programme 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). Statutory services include community alcohol teams that are often multi-disciplinary and have medical staff; in the voluntary sector, services often offer counselling and group work. Alcoholics Anonymous is an abstinence-based self-help group. In-patient detoxifications and residential treatment is available although normally these would be through referral by a community service and following a full assessment.

With an employee's consent, a community alcohol service may provide the employer with reports on a person's attendance and/or progress. Establishing a clear boundary of confidentiality is important for assuring privacy and encouraging a person to seek help.

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. Drug testing differs, showing traces of drugs used in the past but not confirming impairment at the time of testing. 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.

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.

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.

A new range of factsheets, providing 'at-a-glance' help for employers wishing to address alcohol and drug problems in the workplace is also available.

Also available from Alcohol Concern is the handbook "**Drink, Drugs and Work Don't Mix**", designed to help employers take a pro-active approach to preventing and handling problems with alcohol and drug misuse in the workplace. A new training manual designed for use by a variety of professionals including managers, human resources staff and alcohol and drug services will be available in 2001.

For further information on the services that we offer to organisations and employers regarding alcohol and drugs issues in the workplace, including training and consultancy, please contact **Derek Mason, Workplace Development Officer** on **020 7928 7377** or email **workplace@alcoholconcern.org.uk**

References

①Holtermann, S and Burchell, M (1981) **The costs of alcohol abuse** (Government Economic Service Working Paper no.37) DHSS. This figure is hard to update: most information on absenteeism comes from company sick notes, which are unlikely to give alcohol misuse as a reason for sick leave. See also Davies, JB et al (note ④).

② Maynard, A (1992) **Is it helpful to measure the social costs of alcohol misuse?** Research Training Information Newsletter. YARTIC (Yorkshire Addictions Research Training and Information Consortium). Costs were updated to the 1992 values quoted here, but were not recalculated. The authors describe these figures as conservative, as they exclude the effects of inefficiency, poor productivity, staff turnover, loss of training investment, industrial accidents and damage to company image. The necessary base information does not exist to calculate the cost more accurately.

③International Labour Office (1987) **Responses to drugs and alcohol in the workplace**. Geneva: ILO.

④Quoted in Henderson, M et al (1996) **Alcohol and the Workplace**. Copenhagen: World Health Organisation Regional Office for Europe.

⑤Davies, 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. This study re-examines alcohol-related absenteeism, having questioned over 2,000 employees in 31 UK firms. It confirms that heavier drinking is associated with a higher rate of alcohol-related absenteeism but not necessarily a higher rate of overall absenteeism. Many firms have a problem with unexplained absenteeism, but this affects those with lower drinking levels as much as those with higher ones.

⑥Health Education Authority (1994) **Attitudes to alcohol in the workplace**. A research study conducted for the HEA by MORI. London: HEA.

⑦Office for National Statistics (2000) **Living in Britain: Results from the 1998 General Household Survey**. London: The Stationery Office.

⑧Office of Population, Censuses & Surveys (1995) **Occupational Health, Decennial Supplement**. London: HSE. These figures are for 1979-1990, except 1981 for which none were available.

⑨Alcohol Concern/ISDD (1999) **Drink, Drugs and Work Don't Mix**, London: ISDD.

⑩Fortium, C and Delcmarcelle (1995) **Legislation, policies and prevention/treatment programmes on alcohol at work in the European Community**. *Alcologia*, vol.8, no.1.