

MODULE 22 ALCOHOL AND THE WORKPLACE

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Summary:

- Lost productivity—often as a result of absenteeism, poor job performance, accidents and injuries, and alcohol-related disability and death—is believed to be the most significant social cost of harmful drinking.
- Certain occupations and work environments are associated with a greater risk of alcohol-related harm.
- Unemployment has been linked with higher rates of alcohol-related harm.
- Employer policies on alcohol in the workplace can improve worker health, safety, and productivity.
- The workplace can be a convenient point of access to provide education, intervention, and treatment programs to a large segment of the adult population, including certain at-risk groups.
- More research is needed to properly evaluate workplace programs to reduce the negative impact of alcohol.

Alcohol and lost productivity

Harmful drinking has been shown to pose significant social and economic costs to the workplace, primarily as a result of lost productivity. The effects of absenteeism, poor job performance, accidents and injuries, and alcohol-related disability and death has been estimated to cost employers around the world hundreds of billions of dollars a year. It has been estimated that lost productivity is the primary social cost of harmful drinking (Collins & Lapsley, 2008; Rehm et al., 2006; Saar, 2009), costing the European Union €59 billion in 2003 (Anderson & Baumberg, 2006) and costing the U.S. \$134 billion in 1998 (Harwood, 2000).¹

While some of the productivity losses can be attributed to drinking on the job, most of the costs stem from drinking outside the workplace, such as drinking at lunchtime or heavy drinking after work. Furthermore, it is not just regular problem drinkers, who account for around 10% of the workforce (Henderson, Hutcheson, & Davies, 1996), whose heavy drinking leads to reduced productivity; individuals who typically drink moderately but may occasionally drink excessively are also responsible for much of the alcohol-related productivity losses, including losses resulting from absenteeism (Bacharach, Bamberger, & Biron, 2010; Frone, 2006; Salonsalmi, Laaksonen, Lahelma, & Rahkonen, 2009).

Absenteeism and presenteeism

Heavy drinking episodes can result in hangovers that lead to employees calling in sick or missing part of a work day. It has been shown that risky alcohol consumption levels are associated with an increase in the number of sick days taken (Bacharach et al., 2010; Hermansson, Helander, Brandt, Huss, & Ronnberg, 2002; Roche, Pidd, Berry, & Harrison, 2008). Studies in Sweden and Norway have found that a 1-liter increase in total alcohol consumption is linked to a 13% increase in sickness absence among men, but the effect is not statistically significant among women (Norstrom, 2006; Norstrom & Moan, 2009). The direct effects of absenteeism are felt not only by employers but by employees who

may have to take on additional work to compensate for absent colleagues (Dale & Livingston, 2010).

Employees who report to work following a heavy drinking episode may be less productive than usual, an effect sometimes categorized as “presenteeism.” The costs of subpar performance resulting from alcohol consumption are difficult to measure but are believed by some to be more significant than the costs of absenteeism (European Alcohol and Health Forum, 2011; Goetzel et al., 2004). The effects of coming to work with a hangover may include falling asleep at work, lower output, poor work quality, conflicts with supervisors and coworkers, and injuries (Ames, Grube, & Moore, 2000; Mangione et al., 1999). Performance of certain tasks following an episode of heavy drinking may be diminished well after alcohol has been eliminated from the body (Cook, 1997a, 1997b).

Morbidity and mortality

The World Health Organization (2011) reports that alcohol misuse is the greatest risk factor worldwide for impaired health and premature death among 25-to-59-year-olds, a group that makes up the majority of the working-age population. Employee illness and death represent a significant cost to employers in terms of lost productivity as well as the resources to recruit and train replacements. The cost to employers of healthcare, sick leave, insurance, and legal fees may also be affected by alcohol-related illnesses and mortality.

¹ It is beyond the scope of this module to examine the accuracy of these cost estimates.

Diminished human capital

There is some evidence that alcohol consumption among young people may result in lower academic achievement (Carrell, Hoekstra, & West, 2011), which in turn affects the skill level of the workforce; however, some studies have not found a causal relationship between drinking and schooling (Dee & Evans, 2003), and others have found that the negative effect of moderate drinking on academic performance is modest (DeSimone & Wolaver, 2005; Koch & Ribar, 2001; Lye & Hirschberg, 2010; Williams, Powell, & Wechsler, 2003). The evidence is stronger that heavy drinking or binge drinking, by reducing the number of hours spent studying, lowers predicted grades (Williams et al., 2003; Wolaver, 2007).

Accidents and injuries

Alcohol impairment at work can put the drinker and others at greater risk of injury, particularly in workplaces where heavy machinery is involved (Frone, 2006, 2009). It has been estimated that 20%–25% of workplace accidents are alcohol related (Henderson et al., 1996). High-profile alcohol-related accidents,

such as the Exxon Valdez oil spill, can harm a business's reputation in ways that are difficult to measure but important (Lewis, 2001, 2003; Small, 1991).

Effects of harmful drinking on other people

Harmful drinking can lead to significant lost productivity from people other than the drinker. As noted above, coworkers of heavy drinkers may have to work extra hours and are at greater risk of injury. An Australian study calculated the harm done by alcohol to people other than the drinker to be comparable to the direct costs of harm from the drinker, and that productivity losses account for two-thirds of this cost (Laslett et al., 2010).

A workplace culture in which alcohol-related problems are prevalent could also create poor interpersonal relations, reduced workplace safety, and a stressful occupational climate, all of which can result in low morale, greater absenteeism, and less productivity among all employees, not just the drinkers (Bennett, Patterson, Reynolds, Wiitala, & Lehman, 2004; Frone, 2009). As discussed below, the converse of this situation is also true.

Effects of the workplace on alcohol misuse

Certain work environments and professions have been associated with a higher incidence of alcohol-related problems.

Working environments

Burnout, a feeling of exhaustion resulting from chronic work stress, has been associated with increased rates of alcohol dependence (Ahola et al., 2006). Poor workplace safety (Frone, 2008), a high number of hours worked (Butler, Dodge, & Faurote, 2010), and unhealthy working conditions (Peretti-Watel, Constance, Seror, & Beck, 2009) may also contribute to greater stress and more alcohol-related problems.

The consumption of alcohol at work is related to social norms and the ease of drinking during work hours or breaks. Injunctive norms (the degree to which other people at work approve of working under the influence of alcohol) and descriptive

norms (the degree to which an individual's coworkers drink before or during work) have been shown to predict alcohol consumption and impairment at work (Frone & Brown, 2010).

Occupations

Romeri, Baker, and Griffiths (2007) looked at mortality statistics in England and Wales and found that alcohol-related mortality rates were highest among bar staff, publicans, coal miners, and seafarers. Other professions in which alcohol is often available at the workplace—such as occupations in the catering, entertainment, and hospitality industries—had above-average alcohol-related mortality rates.

Alcohol and employment

Heavy drinking and the risk of unemployment

A few studies have shown that problem drinking reduces the likelihood of employment (Mullahy & Sindelar, 1996; Mullahy & Sindelar, 1993) but this effect has not been found in all research on the topic (Feng, Zhou, Butler, Booth, & French, 2001). A review of health data on working-age males in England found that problem drinking is associated with a 7% to 31% reduction in the probability of working (MacDonald & Shields, 2004). It is important to note, however, that problem drinkers who are unemployed may have other characteristics (such as a low education) that reduce their likelihood of employment, and so it is difficult to prove their unemployment is directly caused by alcohol misuse (European Alcohol and Health Forum, 2011).

The effect of unemployment on problem drinking

Research has shown that a high rate of unemployment has adverse effects on public health, including higher rates of alcohol-related harm. In an analysis of European employment and health data from 1970 to 2007, Stuckler et al. (2009) found that a 3% increase in unemployment was associated with a 28% rise in the number of deaths from alcohol abuse as well as a 4.45% increase in suicide rates among individuals below age 65.

The increased financial and psychological stress that comes with unemployment can put individuals at greater risk of mental health problems or the adoption of less healthy lifestyles, which may include an

increase in smoking or harmful drinking (Bolton & Rodriguez, 2009; French, Maclean, Sindelar, & Fang, 2010; Litchfield, 2011). Though it seems that less alcohol is consumed overall when unemployment rises, Dee (2001) found that binge drinking increases by an average of 8% when unemployment rises 5% in the United States; a similar trend has been observed in Finland (Johansson, Bockerman, Prattala, & Uutela, 2006). Binge drinking patterns increase the risks of alcohol-related harm at any level of total alcohol consumption (Rehm et al., 2004; see also MODULE 6: “Binge” Drinking).

Alcohol consumption and earnings

A number of studies have shown that light to moderate drinkers have higher earnings than abstainers (Barrett, 2002; Hamilton & Hamilton, 1997; Peters, 2004; van Ours, 2004; Zarkin, French, Mroz, & Bray, 1998). Some researchers have argued, however, that the observed difference in earnings results from including former drinkers, who may have poorer health and lower wages, in the same group as long-term abstainers, and that moderate alcohol consumption is a proxy for certain personality traits that positively affect earnings, such as emotional stability (Auld, 2005; Lye & Hirschberg, 2010).

Renna (2008) found that the negative impact of alcoholism and alcohol abuse on individual labor earnings is the result of fewer hours spent at work, not a reduction in hourly wages. This finding is consistent with other evidence that harmful drinking is associated with greater absenteeism.

Implications for policy and prevention

Since alcohol misuse is the leading cause of death among 25-to-59-year-olds, a group that accounts for most of the working population, the workplace offers a convenient venue for addressing alcohol-related problems and promoting general employee wellness. A range of policies and interventions may be helpful in reducing alcohol-related harm in the workplace.

Government policies

Governments have an interest in protecting the health, safety, and productivity of the workforce, and many countries around the world have implemented policies addressing drinking in the workplace. In Germany, for example, workers and employers are subject to the *Arbeitsschutzgesetz* (1996), which states that drinking may not affect workplace performance and that alcohol problems be treated as health issues. The United Kingdom's Health and Safety at Work Act (1974) and France's Code du Travail (2008) do not prohibit alcohol consumption at work but they do contain provisions against intoxication (European Alcohol and Health Forum, 2011). And employers in the United States are not required to implement alcohol policies, but the Occupational Safety and Health Administration (1970) mandates safe working environments and provides guidance to employers on how to maintain a workplace free of substance abuse.

It should also be noted that population-based government policies (e.g. taxation and availability of alcohol, availability of health services) can affect the amount of lost productivity resulting from harmful drinking outside the workplace (Anderson, Chisholm, & Fuhr, 2009; Babor et al., 2010).

Employer policies

Given the potential loss in productivity that results from alcohol misuse or from poor health in general, employers have a vested interest in the wellness of their employees. Improving the health and safety of the workforce can increase worker satisfaction and productivity (Barling, Kelloway, & Iverson, 2003; Zacharatos, Barling, & Iverson, 2005) and reduce healthcare costs (Kumar, McCalla, & Lybeck, 2009).

The 1996 Code of Practice of the International Labour Office (ILO) established a set of guidelines, intended for all types of employers, on handling alcohol and drug-related issues. The Code discusses

alcohol problems as health issues and recommends employers emphasize prevention and offer assistance to employees who need it. It also suggests that employers and employees cooperate on the development of alcohol-related policies.

Individual employers are generally left to set their own policies voluntarily, even in some jurisdictions where there are government regulations regarding drinking and the workplace. The approaches adopted by employers vary but may include such measures as explicitly prohibiting alcohol at work and providing interventions to employees with alcohol problems. Targeted interventions may be particularly useful for reaching employees who are at greater risk of alcohol problems, such as young men, bar staff, or those working repetitive jobs with high levels of stress or boredom (Ames et al., 2000; Cook, 1997a; European Alcohol and Health Forum, 2011; Frone, 2008, 2009; Frone & Brown, 2010; Rospenda, Richman, & Shannon, 2009). In workplaces where the potential harm from alcohol misuse is especially severe, such as the transportation industry and workplaces with heavy machinery, there is a greater need for a clear and strict alcohol policy.

Large employers are more likely to have policies addressing alcohol at work as well as the structure to assist employees with alcohol problems, such as through employee assistance programs (EAPs). EAPs can direct employees with a range of behavioral and mental health issues to the appropriate providers. Osilla et al. (2010) found that brief interventions provided through EAPs for alcohol and drug problems led to improved productivity and represented a cost savings to employers.

Limitations and challenges

Although a number of studies have shown the effectiveness of workplace policies and interventions at reducing alcohol-related problems (Anderson & Larimer, 2002; Bennett et al., 2004; Cook, Back, &

Trudeau, 1996; Heirich & Sieck, 2000; Matano et al., 2007; Pidd, Boeckmann, & Morris, 2006; Sieck & Heirich, 2010; Spicer & Miller, 2005; Walters & Woodall, 2003), many programs have not been properly evaluated, and more research is needed to explore how to make workplace programs more effective.

Absent detailed government regulations on drinking and the workplace, employers are left to create their own voluntary policies, which may vary significantly in scope and effectiveness. Small and medium-sized organizations may not have the same resources as large enterprises to develop alcohol policies and provide adequate interventions and treatment for employees in need. Many large employers, under pressure to cut labor costs particularly in difficult economic times, have been shifting to a more flexible workforce that may include contractors, consultants, freelancers, and part-time employees; such “casual” or self-employed workers typically do not qualify for the same benefits as full-time employees. Benefit programs are even rarer for workers in developing countries, especially given that 50% to 70% of

all workers there are self-employed or casually employed, according to the ILO (2002).

Where employee benefit programs do exist, confidentiality and privacy issues make it especially difficult to undertake a proper assessment of a particular approach. There may be privacy laws that protect information about employee use of EAPs or restrict the type of information on drinking patterns that could be collected through questionnaires (European Alcohol and Health Forum, 2011; International Labour Office (ILO), 2009).

Culture may also affect policies on drinking and the workplace. At an organizational level, alcohol consumption may be tolerated in some workplaces, or management might not consider the value of an alcohol policy. More broadly, different parts of the world have different attitudes toward what is “problem drinking” and how it should be addressed; these perspectives affect whether workplace policies are deemed to be necessary and how interventions are applied.

Conclusions

Workplace policies on alcohol can be useful for employers and employees alike. By setting a clear policy on alcohol and offering programs for employees who are at risk or need treatment, employers can create a safer, healthier, and more productive workplace. Assistance programs offered through the workplace can reach a large segment of the working-age population, including groups who may be at particular risk for alcohol-related harm. Since employers generally set their own policies voluntarily, more research is needed on the effectiveness of various approaches.

POLICY OPTIONS: Alcohol and the Workplace

In developing policies and approaches, consideration of a number of key elements is required. While some may be necessary at a minimum and under most conditions, others may not be appropriate in all cases, or may be difficult to implement. The list below offers a menu of areas that need to be addressed, based on effective approaches that have been implemented elsewhere.

Policies restricting alcohol consumption or impairment at work

Government regulations to **protect occupational health and safety**

- May include prohibitions against intoxication in the workplace or call for an alcohol-free workplace
- May provide resources for employers to develop individual workplace policies (e.g. U.S. Occupational Health and Safety Administration)

Employer alcohol policies

- To be consistent with local labor laws and alcohol regulations
- To be developed with input from employees or representatives (e.g. trade unions)
- Provide clear standards of conduct
- Address alcohol problems as a health issue
- Emphasize prevention
- Offer EAPs
- Explain possible disciplinary action as a last resort
- May be integrated into broader health policies or programs

Education and prevention

Employer-sponsored **alcohol education** programs

- Discuss alcohol, its effects on the body, and the impact of drinking on health and work performance
- Integrate alcohol education into broader health and wellness programs

- Educate employees about making informed choices within the parameters of an employer policy, if one exists, as well as local alcohol laws
- May involve training through websites, seminars, or refresher courses

Intervention and treatment

Employee assistance programs (**EAPs**)

- Allow access through various means: voluntary use by employees, informal recommendation from a supervisor, or formal request when there is a need for external intervention
- Are confidential
- Involve follow-up counseling
- Are reviewed periodically by management and labor
- Coverage provided by health insurance or compensation
- May be combined with other efforts, such as education

Targeted programs for at-risk groups of employees

- Generally more effective than programs aimed at the general workforce
- Address drinking patterns of particular groups and contexts
- Focus on workers at greater risk for harm (e.g. in the transportation industry)
- Involve close monitoring and follow-ups

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