

Institute
of Alcohol Studies

Alcohol and the Workplace

IAS Factsheet

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The World Health Organisation's European Charter on Alcohol states the following:

"All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption."

"Promote public, private and working environments protected from accidents and violence and other negative consequences of alcohol consumption."

The WHO Charter has been signed by all the Member States of the EU, including the UK.

Alcohol and the Working Population

The heaviest drinkers, and thus those with the greatest likelihood of experiencing alcohol problems, tend to be concentrated in those of working age.

There is evidence that problems of alcohol (and drug) dependence, as well as other psychiatric problems, are significantly less prevalent in the population working full time than in the unemployed and economically inactive.**REF The rate of alcohol-related deaths is also lower amongst those who are working.¹ However, these finding is difficult to interpret: unemployment may increase the risk of dependence, but, equally, dependence clearly increases the risk of becoming unemployed.

Some industries and occupations have higher than average alcohol consumption and alcohol problems. In the UK, the highest risks of dying from alcohol-related problems are found in bar staff and publicans, who are around twice as likely to die from alcohol as other people. Other catering professionals and entertainers also have an increased risk, as do hairdressers and barbers. Amongst male workers, seafarers, butchers and labourers (building, woodworking, flooring and tiling) have a similarly increased risk. Men with the lowest rates of death from alcohol are farmers, managers, and professional drivers, whilst women who work with children, as well as managers have the lowest risk of dying from alcohol consumption.¹

Doctors have traditionally had high rates of heavy drinking and alcohol-related death, but according to the latest figures, based on 2001-2005 records (published 2007),¹ they are amongst the professions with the lowest rates of alcohol-related death. The authors of the report comment on two factors that may be important here. The first is that doctors are more aware of the health implications of heavy drinking, and so have reduced their drinking before the rest of the population. A similar trend was previously observed with smoking. A second factor is that many doctors may have cultural reasons for not drinking, as a relatively high proportion of doctors are Asian (21% of doctors, relative to 4% of the general population).

The International Labour Organisation estimates that, globally, 3-5% of the average work force are alcohol dependent, and up to 25% drink heavily enough to be at risk of dependence.²

There is some evidence that changes in the total amount of alcohol consumed by the population as a whole can have a direct impact on workplaces. A study in Sweden³ showed that an increase in total consumption of 1 litre of pure alcohol per head of population was associated with an increase in sickness absence of 13% in male employees. The effect was not statistically significant in women. For comparison, total consumption of alcohol in the UK has increased by almost 2 litres per head of population since 1996.

A survey carried out in December 2007 for Norwich Union Healthcare found a third of employees admitting to having been to work with a hangover. 15% reported having been drunk at work. One in ten employees reported hangovers at work once a month, one in twenty once a week. Work problems resulting from hangovers or being drunk at work included difficulty concentrating; reduced productivity; tiredness and mistakes. The majority (77%) of employers interviewed for this survey identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.⁴

The Problems

Alcohol can impair work performance in three main ways:

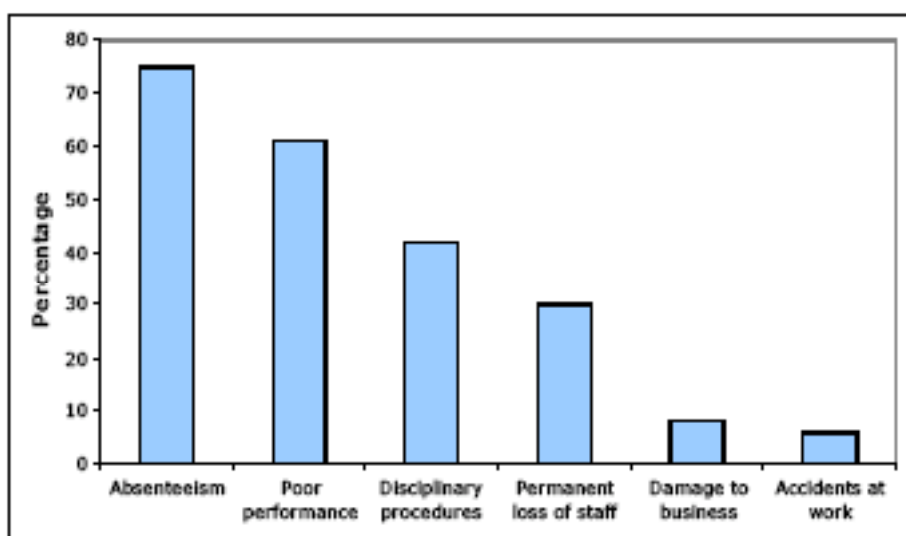
- A raised blood alcohol level while at work will jeopardise both efficiency and safety-for example increased likelihood of mistakes, errors of judgement, increased accident prone-ness. Impairment of skills begins with any significant amount of alcohol in the body. There are no reliable figures of the number of workplace accidents attributable to alcohol.⁵
- The after-effects of drinking (hangovers) can impair both work attendance and performance. A survey carried out by YouGov for PruHealth found that each day around 200,000 British workers turn up to work hungover from the night before. High proportions of hungover workers report problems such as lack of concentration, inability to work at normal pace, etc. Alternatively, workers complaining of hangovers may absent themselves from the workplace (see below).
- Persistent heavy drinking can lead to a range of social, psychological and medical problems, including dependence, and is associated with impaired work performance and attendance- for example, increased sickness absence. Dependence may be associated with drinking or being under the influence of alcohol at inappropriate times and places, deterioration of skills and interpersonal difficulties.

The Government's Strategy Unit made an assessment⁶ of alcohol as an issue for the workplace during the preparation of the National Alcohol Harm Reduction Strategy. This included an estimate of the economic costs of workplace alcohol problems. The Strategy Unit summarised the issue as follows:

Alcohol affects workplace activity –

- *Alcohol plays a part in and around work, both as a perceived antidote to the pressures of the modern workplace and as a way to socialise or network with clients and colleagues.*
- *However, drinking can reduce the productivity of the UK economy in a number of ways. This occurs through:*
 - *increased sickness absence: drinking 7+ (for women) or 14+ (for men) units per week raises the likelihood of absence from work through injury by 20 per cent;*
 - *the inability to work (unemployment and early retirement); and*
 - *premature deaths among economically active people (people of working age).*
- *Combined, these three factors account for a total alcohol-related output loss to the UK economy of up to £6.4bn.*

PERCENTAGE OF EMPLOYERS ATTRIBUTING SELECTED WORKPLACE PROBLEMS TO ALCOHOL MISUSE



Heavy drinkers stay less long in jobs

- *Workers who misuse alcohol are more likely to have sickness absence and accidents.*
- *Those with a history of alcohol misuse are likely to change jobs more often, there is some suggestion that they are more likely to be unemployed.*
- *The unemployed have relatively high levels of alcohol consumption and an above average proportion of problem drinkers are unemployed: alcohol accounts for 3.9 per cent of expenditure in unemployed households compared to 0.86 per cent for full-time employees.*
- *There is no evidence that chronic heavy drinkers suffer a drop in income: on the contrary, those who drink above government guidelines have higher wages. Binge drinkers are likely to earn up to £7,000 less annually than heavy drinkers; however, as they tend to be concentrated amongst younger age groups this to some extent reflects the fact that they are unlikely to have climbed far up the career and earnings ladder.*

Absenteeism from work through alcohol misuse costs the economy about £1.5bn

- *It is generally acknowledged that people with alcohol-related problems have increased rates of sickness absence from work.*
- *The value of lost output during sickness has long been regarded as one of the main costs to the economy of alcohol misuse.*
- *In 2001, across the whole UK workforce, over 176m working days were lost as a result of absenteeism. Between 6 per cent and 15 per cent of this aggregate figure can be attributed to alcohol-related sickness.*
- *In total, alcohol-related sickness absence is estimated to cost between £1.2bn and £1.8bn, with a middle estimate of approximately £1.5bn.*

ESTIMATED COST OF ALCOHOL-RELATED SICKNESS ABSENCE

Minimum estimates	
Alcohol-attributable working days lost in 2001	c.11m
Alcohol-attributable cost of sickness absence in the economy	£1.2bn
Maximum estimates	
Alcohol-attributable working days lost in 2001	c.17m
Alcohol-attributable cost of sickness absence in the economy	£1.8bn

Source: Leontaridi (2003)

But alcohol misuse can also reduce employment, which accounts for a further £1.9bn cost

- *The relationship between drinking and unemployment is not straightforward.*
- *However, there is evidence suggesting that excess drinking is negatively associated with employment:*
 - *it is estimated that problem drinking by men accounts for a 7-31 per cent drop in the probability of working;*
 - *problem drinking may also lead to lower activity rates among heavy or dependent drinkers, through a 'discouraged worker' effect; and*
 - *unemployed young men of the 1958 British birth cohort were more likely than other men to be heavy drinkers regardless of drinking group at age 16.*
- *In total, the reduction in employment activity associated with drinking is estimated to cost between £1.7bn and £2.1bn, with a middle estimate of approximately £1.9bn*

ESTIMATED COST OF ALCOHOL-RELATED REDUCED EMPLOYMENT

Minimum estimates	
Number of days out of employment	c.15m
Alcohol-related reduced employment costs to the economy	£1.7bn
Maximum estimates	
Number of days out of employment	c.20m
Alcohol-related reduced employment costs to the economy	£2.1bn

Source: Leontaridi (2003)

Premature death from alcohol misuse loses the economy around £2.4bn in potential output

- Premature death from alcohol-related causes accounts for at least 58,000 potential years of life lost under the age of 65.
- This removes employees from the workforce and implies loss of output in the economy.
- The economic cost of alcohol-related premature death is the value foregone of their potential output in current and future years up to retirement.
- The total economic cost is estimated to lie between £2.3bn and £2.5bn.

ESTIMATED COST OF ALCOHOL-RELATED PREMATURE MORTALITY

Minimum estimates	
Alcohol-attributable deaths	c.15,000
Alcohol-attributable cost of lost output through premature mortality	£2.3bn
Maximum estimates	
Alcohol-attributable deaths	c.22,000
Alcohol-attributable cost of lost output through premature mortality	£2.5bn

Source: Leontaridi (2003)

Alcohol-related workplace productivity harms: a summary

Who is affected?

- binge drinkers are at higher risk of unemployment - even when in work, their annual incomes are up to £7,000 below those of other drinkers (although this at least in part reflects the fact they are younger); and
- chronic drinkers are at some risk of higher unemployment, but earn more as their drinking rises until, and if, their drinking becomes unsustainable.

How many are affected?

- up to 17m working days are lost annually due to alcohol-related absence;
- up to 20m working days are lost annually due to alcohol-related reduced employment;
- at least 58,000 potential working years are lost annually due to premature alcohol-related deaths; and
- this represents lost earnings for individuals, lost profit for employers and lost productivity for the country.

How much does it cost?

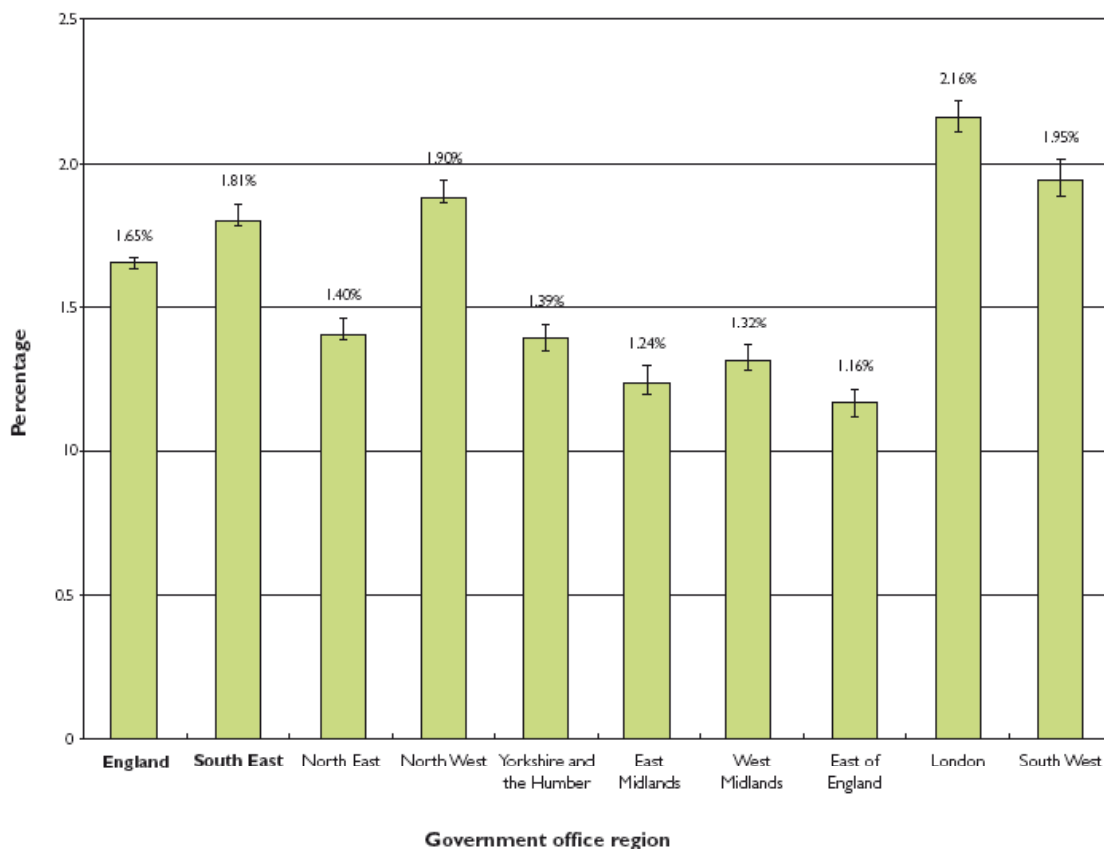
- a cost of up to £6.4bn in lost productivity.

Alcohol and Incapacity Benefit

Altogether in the UK, around 50,000 people claim incapacity benefit because of drink problems.⁷ The highest proportions of the workforce claiming incapacity benefit or severe disablement allowance with a main diagnosis of alcoholism are to be found mainly in Scotland and in Northern England, though some seaside towns on the south coast of England also have high numbers of claimants. The local authority areas with the highest percentage of claimants are:

Inverclyde	Rochdale	Argyll & Bute
Glasgow	Lambeth	Bristol
Manchester	Bournemouth	Hackney
Aberdeen City	Newcastle upon Tyne	Highland
Salford	City of London	Islington
Edinburgh	Southwark	Southampton
Burnley	West Lothian	
North Lanarkshire		
Renfrewshire		

Percentage of incapacity benefit and severe disablement allowance claimants with a main diagnosis of alcoholism by region, England, May 2005⁸



Source: Iyer et al (2006) (citing the Department for Work and Pensions, 2005)

Legislation

There is no direct legal requirement for employing organisations to implement alcohol policies as such. However, health and safety at work legislation requires both employers and employees to maintain a safe working environment, and were an alcohol-related accident to occur, then, depending on circumstances, the employer, the employee concerned or both could be liable.

The Transport and Works Act 1992 introduced the 80mg% legal limit for operational staff of British Rail. As employers, rail companies themselves set a maximum blood alcohol level of 39mg%.

The Exxon Valdez disaster in 1989 (an alcohol-related oil tanker disaster which devastated the coast of Alaska) prompted many companies in the offshore oil and related industries to introduce both no-alcohol rules for their staffs and screening for alcohol and drug problems.

In regard to alcohol dependent employees, employment protection law requires employers to treat dependence as a form of sickness, giving the employee the opportunity to overcome the problem.

Alcohol Policies in Practice

Many employing organisations now operate workplace alcohol policies designed both to ensure that employees are sober during working hours and also to identify and help employees with a drink problem. Examples of employing organisations with alcohol policies include: British Rail, Ford Motor Company; Royal Bank of Scotland; Marks and Spencers; Whitbread, Manchester City Council; Shell; Nuclear Electric. Many company policies now also encompass drugs other than alcohol.

There are no reliable figures for the number of companies which operate alcohol policies, although they are common in large companies and those which are safety sensitive, such as transport.

In its submission⁹ in regard to the National Alcohol Harm Reduction Strategy (February 2003), the TUC called for further development of workplace alcohol policies. The TUC's report, "Drink and work - a potent cocktail", states that people are drinking more now than ever before, but few employers have alcohol policies in place to tackle any problems.

The TUC submission refers to a recent Alcohol Concern survey which showed that almost two-thirds of employers (60%) were experiencing problems as a result of staff drinking. A separate Chartered Institute of Personnel Development survey found that a large number of employers (43%) did not have alcohol policies and most (84%) did not run health awareness programmes for their staff.

According to the TUC report, alcohol is a major factor behind absences from work with up to 14.8 million working days lost as a result of drinking every year. It is also estimated that long-term sickness, unemployment and premature death due to alcohol abuse costs the UK economy some £2.3 billion a year.

The TUC believes that not enough is understood about the effects of drink on the workplace, and it is calling on the government to fund more research into the growing problem. It also points to such workplace factors as stress, bullying and long hours, working away from home and the office culture which can all lead to individual workers consuming more alcohol than is good for them.

Unions are concerned that many employers are turning to companies which offer screening and random testing as a means of dealing with alcohol and the workplace. The TUC believes that these are never effective at keeping drink away from work, and they raise a number of privacy and human rights concerns.

TUC General Secretary Elect Brendan Barber said:

'Drink is definitely a workplace issue. People who like the odd drink or two may think their drinking is under control, but their colleagues who have to cover for their 'duvet days' and long lunches might think otherwise. Drinkers are also risking serious damage to their health.'

'It's in everyone's interest that we tackle the UK's growing drink problem. The TUC would like to see the government, unions and employers all coming together to deal with the issue in a sensitive and understanding way.'

'A potent cocktail' suggests a number of ways that the government, employers and unions might tackle the drink/work issue:

- *The government should fund research looking at the extent of the misuse of alcohol by individuals at work, its effect on the workplace and its cost to the nation. The government could also offer financial incentives to those employers currently offering counselling and other types of employee assistance programmes to encourage more workers to come forward and admit their alcohol problems.*
- *Employers who don't have alcohol policies should draw them up in consultation with unions in the workplace. Policies should cover such topics as tackling the causes of excessive drinking, confidentiality, counselling, screening, testing and occupational health services.*
- *Unions can play their part by training and providing information to union reps on dealing with workplace alcohol issues, and by helping those members trying to deal with their drink problems through rehabilitation schemes.⁹*

Helplines for Professionals

Recently, there has been some concern about the provision of support for professionals such as doctors and lawyers who have a drink problem. The BMA annual conference estimated that as many as 1 in 12 doctors are abusing alcohol and/or other drugs and that increased stress is driving some doctors to suicide and mental breakdown. The BMA has set up a 24 hour telephone helpline for doctors suffering from stress and addiction problems.

A Lawyers' Assistance Programme (LAP) to aid members of the profession with alcohol problems is also being planned.

The LAP will be aimed initially at solicitors and their staffs. It will concentrate on alcohol and other drug problems, although if resources allow it will also provide assistance to lawyers suffering from other conditions such as depression.

There is a similar scheme already available to dentists.

Changing Attitudes

The development of alcohol policies within the workplace can be seen to be part of a wider change in attitudes towards drinking. Several surveys have found that traditional 'liquid lunches' are no longer a part of the working day for many employing organisations.

One survey found that 60% of senior British managers never drank alcohol at lunchtime and 24% did so less than once a week. When the whole work force was questioned, 71% said they never drank alcohol at lunchtime and 12% did so less than once a week; 32% had never drunk during the working day; and 14% said they drank less than they used to.

Yet one major Scottish company found that 23% of its male workers regularly drank between 21 and 50 units of alcohol a week, and 18% of women drank 14 to 35 units. Eleven per cent of male workers drank more than 50 units a week and 2.5% of women drank more than 35 units. For women in the 17-30 age group, this percentage doubled to 5%.

Another survey in Scotland found that managers and professional workers thought it was more acceptable for them to drink during office hours than it was for other staff.

A Workplace Alcohol Policy

As an example, the following is a statement describing the main elements of the alcohol policy operated by Manchester City Council.¹⁰

The policy is that the Council will attempt to:

- alert staff to the problems associated with alcohol
- offer encouragement and assistance to all employees who feel they may have an

alcohol problem to seek help voluntarily at an early stage

- offer assistance to an employee with a drink-related problem which comes to light through observation or by the normal disciplinary procedures, for example through poor work performance, absenteeism or conduct.

It will also try to create a working environment which understands the problems that inappropriate consumption of alcohol can cause by:

- promoting and publicising health and alcohol education and information
- demonstrating a sympathetic managerial attitude towards problem drinkers
- not encouraging excessive consumption of alcohol in connection with any of the Council's functions, facilities or civil business.

Identification

Problem drinkers tend to be identified by poor performance, high sickness absence or disciplinary problems. Once they enter the monitoring system, either by the line manager's intervention or by self-referral, they are interviewed by a personnel officer. A trade union representative can be present if the employees request it. If treatment is sought, time off is granted in accordance with the usual conditions of service concerning sick pay.

Regardless of whether employees make the approach themselves or their problem comes to light as a result of disciplinary action, the Council will still attempt to help them. If employees refuse to undergo treatment, their work performance is monitored for a specified period. If it remains unsatisfactory, the employee will be interviewed again and if necessary disciplinary procedures invoked.

Employees who accept a course of treatment devised by the medical department are asked to sign an agreement drawn up by the personnel department setting out the obligations on both sides so that both the Council and the employee know what is expected of them.

A limited amount of counselling is carried out in-house by the Council's two part-time counsellors. There is a limit of six formal sessions, typically held with decreasing frequency. If more are needed, the occupational health unit will refer employees to local services, while always seeking to avoid dependency. In severe cases, employees may be referred to a detoxification unit.

Return To Work

When possible, the Council will guarantee employment in the previous job of an employee who has undergone treatment. Where the problems may have been caused by the nature of the work, however, the Council will attempt to redeploy the employee.

If an alcohol problem occurs again, whether during treatment or following a return to work, each case is assessed on its merits. It is possible that reasonable further treatment will be offered but this is increasingly unlikely.

Staff will continue to be monitored for at least a year after their return to work.

Confidentiality

The policy guaranteed the employee confidentiality while undergoing a programme of treatment. No personnel record is made that the employee underwent treatment, although the medical department maintains a medical record. The report sent to the employee's department may mention an alcohol problem, but is likely to refer instead to nervous debility. Employees are encouraged to tell their GP's about the treatment but are not obliged to do so.

Screening

All employees are given a pre-employment health screen by one of the Council's two occupational health nurses. This consists of simple physical checks, with any problems

referred to the doctor. As part of this screening, prospective employees complete a questionnaire on alcohol intake.

Publicity

Each employee received a pack containing a copy of the policy and a leaflet on drinking levels when the policy was launched. At the same time, line managers were trained in identifying problem drinkers and in the range and sources of treatment available.

Monitoring

There have been no formal studies of the operation of the alcohol policy. The Council notes that it has proved advantageous for a number of individuals who have been helped to solve their problems and remain in employment. Over the last two years about 50 employees have been placed on programmes of treatment for alcohol problems and about 15 of them have subsequently left the Council's employment.

Institute of Alcohol Studies

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