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Alcohol in the workplace: Introduction

Official statistics on alcohol consumption show that those in employment (especially in “office” professions) are more likely to drink during the week and also to a greater extent than those who are unemployed or economically inactive (please visit the Socioeconomic groups and alcohol section of the Alcohol Knowledge Centre for more information). Survey data also show that in recent years, an increasing proportion of working people have been drinking above recommended guidelines.

This invariably has had harmful implications on the health and social behaviour of employees and employers in the workplace; an Impact Assessment paper on minimum pricing calculated lost productivity due to alcohol in the UK at about £7.3bn per year.¹ This factsheet addresses these concerns and their causes, examines the underlying risk factors, and looks at solutions for dealing with the issue of problem drinking at work.

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. Heavy drinking during the working week contributes to the prevalence of alcohol-related health problems among adults, which in turn impacts upon the productivity of UK firms.

Up to 17 million working days are lost each year because of alcohol-related sickness and the cost to employers of sick days due to drink is estimated at £1.7bn.\(^1\) The total annual cost to the economy is estimated to be £7.3bn (2009/10 prices).\(^2\)

A recent study produced by Lancaster University claimed to have found ‘a robust positive causal link between opening hours and absence’ in the last decade, stating that relaxing licensing laws for bars to remain open for longer led to a similar increase in absenteeism.\(^3\)

This is supported by recent survey evidence on professional conduct in relation to alcohol misuse. A 2007 report commissioned by Norwich Union Healthcare produced the following findings on alcohol-related workplace issues:\(^4\)

- A third of employees admitted to having been to work with a hangover
- 15% reported having been drunk at work
- 1 in 10 reported hangovers at work once a month; 1 in 20 once a week
- Work problems resulting from hangovers or being drunk at work included difficulty concentrating; reduced productivity; tiredness and mistakes
- The majority of employers (77%) interviewed identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence

Among workers, recent data on alcohol-related mortality by socioeconomic classification shows that routine workers are at greater risk of dying from an alcohol-related disease than those in higher managerial and professional jobs.

**Men whose jobs are classified as “routine”, such as van drivers and labourers, face 3.5 times the risk of dying from an alcohol-related disease than those in higher managerial and professional jobs. Women in “routine” jobs, such as cleaners and sewing machinists, face 5.7 times the chance of dying from an alcohol-related disease than women in higher professional jobs such as doctors and lawyers.\(^5\)**

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\(^2\) Home Office (November 2012), ‘Impact Assessment on a minimum unit price for alcohol’, p. 5

\(^3\) Green, C. P., Paniagua, M. Navarro (2011), ‘Play Hard, Shirk Hard? The Effect of Bar Hours Regulation on Absence’, p. 3

\(^4\) Aviva (May 2008), ‘UK employees admit that regular drinking affects their jobs’

\(^5\) ONS (May 2011) ‘Alcohol death rate greater for women and men in routine jobs’, *Health Statistics Quarterly* 50, p. 1
The effects of problem drinking in the workplace

According to Alcohol Concern, the impact of alcohol misuse in the workplace can result from any one or a combination of several risk factors:

1. Excess drinking in leisure time
2. '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
3. Binge drinking during after work activities such as socialising around conferences or at Christmas parties

Heavy drinking in personal leisure time can have a long-term effect on employee work performance, including absenteeism, inefficiency, poor decision-making and damaged customer relations. Specific productivity problems include procrastination, inconsistent performance, neglect of detail, poorer quality of work, less quantity of work and more frequent mistakes.

A raised blood alcohol level while at work jeopardises both efficiency and safety by increasing the likelihood of mistakes, errors of judgement, and accident proneness. There are no precise figures of the number of workplace accidents attributable to alcohol, but the International Labour Organisation (ILO) estimated that up to 40% of accidents at work involve or are related to alcohol use.

There is evidence to show that impairment of skills begins with any significant amount of alcohol in the body. For example, in a study of airline pilots who had to perform routine tasks in a simulator under 3 alcohol test conditions, it was found that:

1. Before the ingestion of any alcohol, 10% of them could not perform all the operations correctly;
2. After reaching a blood alcohol concentration of 100mg/dl, 89% could not perform all the operations correctly;
3. And 14 hours later, after all the alcohol had left their systems, 68% still could not perform all the operations correctly.

In the UK, a Parliamentary response from the Secretary of State for Defence to the query ‘what proportion of disciplinary processes in Her Majesty’s Armed Forces cited alcohol as a contributing factor in 2012?’ read as follows:

Figure 1: The proportion of disciplinary procedures in 2012 where either the charges specifically refer to alcohol or drinking in (a) the Army, (b) the Royal Navy (including the Royal Marines), and (c) the Royal Air Force

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Navy (inc. Royal Marines)</td>
</tr>
<tr>
<td>Army</td>
</tr>
<tr>
<td>Royal Air Force</td>
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</tbody>
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The after-effects of drinking (hangovers) can also impair both work attendance and performance. A survey carried out by YouGov for PruHealth found that on any given day around 200,000 British workers turn up to work hungover from the night before, which they admit impacts directly on their own productivity and safety in the workplace, in the following ways:

... nearly one-in-four employees (22 per cent) admit to making mistakes at work as a result of being hungover. 83 per cent of employees who have been hungover at work admit it makes a difference to the way they work. A third say they 'drift off and don't work at their usual pace', 28 per cent suffer from headaches and can't concentrate and 62 per cent reveal they generally just 'muddle through the day'.

If problem drinking persists, it can lead to a range of social, psychological and medical problems for an employee, including dependence, which may be associated with drinking or being intoxicated during working hours, and presents in the continued deterioration of skills and increasing interpersonal difficulties. Where there is clear evidence of alcohol affecting an employee’s behaviour or performance in the workplace (e.g. recklessly comes to work having been drinking), dismissal is likely and will be held to be fair at an Employment Tribunal, especially where the work in question is particularly sensitive, such as where there may be a risk to others.

Successive studies over the past 20 years have identified key predictors for problematic drinking in the workplace (see Figure 2).

Figure 2: Indicators of problematic alcohol use

<table>
<thead>
<tr>
<th>Individual predictors</th>
<th>Work environment predictors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young and male</td>
<td>Long working hours and</td>
</tr>
<tr>
<td>Single, separated or divorced</td>
<td>some types of shift work</td>
</tr>
<tr>
<td>Low educational and skill level</td>
<td>High risk of injury at work</td>
</tr>
<tr>
<td>More than usual stress</td>
<td>High physical demands</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Monotonous work</td>
</tr>
<tr>
<td>Depression</td>
<td>Tight deadlines</td>
</tr>
<tr>
<td></td>
<td>Job insecurity</td>
</tr>
<tr>
<td></td>
<td>Poor supervision</td>
</tr>
</tbody>
</table>


Alcohol Concern identified a further predictor which is most likely to occur in an organisational culture which 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.

Problem drinking in this context may prevent an employee from recognising that s/he has an alcohol problem and seeking help to deal with her/his drinking.

1 Alcohol Concern Wales (November 2008), 'Alcohol and the workplace'
2 Midford, Richard, Welander, Fredrik, and Allsop, Steve (December 2009), Chapter 4.5. Preventing Alcohol and Other Drug Problems in the Workplace, in Stockwell, Tim, Gruenewald Paul. J., Tombourou,
John W., and Loxley, Wendy (eds), 'Preventing harmful substance use: the evidence base for policy and practice', Australia, John Wiley and Sons, pp. 191–205
3 Health and Safety Executive (HSE) (1996), 'Don’t mix it: A guide for employers on alcohol at work', p. 1
5 Modell and Mountz (1990), 'The problem of alcohol use by pilots', New England Journal of Medicine
6 PruHealth (November 2006), '200,000 HUNGOVER WORKERS ON ANY GIVEN DAY'
7 Your Rights, 'Drug Taking and Drinking', Liberty
8 Alcohol Concern Wales, 'Alcohol and the workplace'
In the UK, there is no direct legal requirement for employing organisations to implement alcohol policies per se. 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.¹

The Transport and Works Act 1992 introduced the 80mg% legal limit for operational staff at British Rail. The Railways and Transport Safety Act 2003 now establishes the framework for the limits and offences that can be committed by people working in the field of aviation, transport and shipping.² Driving while under the influence – whether for work or leisure purposes – is covered by the 1988 Road Traffic Act, which stipulates a legal blood-alcohol limit of 80mg% while behind the wheel of a motorised vehicle (for more information on drink-driving limits, please visit the Drink driving section of the Alcohol Knowledge Centre). In some industries such as rail and maritime, alcohol testing is already mandatory and necessary as a regulatory requirement. For the majority however, there is no right to mandatory alcohol testing.³

In 1996, the ILO developed and published a code of practice, titled Management of alcohol and drug-related issues in the workplace in 1996. Its objective was to 'promote the prevention, reduction and management of problems related to alcohol and other drugs in the workplace'.⁴

In 2003, the Labour Government Strategy Unit made an assessment of alcohol as an issue for the workplace during the preparation of the National Alcohol Harm Reduction Strategy, in which it was established that alcohol misuse leads to loss of productivity for the country and loss of employment opportunities for the individual, and that although there was a clear framework on health and safety, less emphasis was placed on general awareness. The Strategy Unit concluded that drinking reduces the productivity of the UK economy in a number of ways, including:

- 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).

However, Section 2 of the 1974 Health & Safety Act, and the Management of Health and Safety at Work Regulations 1999 remain the most relevant pieces of UK legislation as regards the issue of alcohol misuse at work.⁵ The Health and Safety Executive (HSE) website contains a guide for employers on how to develop an alcohol strategy for the workplace. It highlights the legal obligation for employers, under the Health and Safety at Work Act 1974, to ensure the health, safety and welfare of their employees:

> **If you knowingly allow an employee under the influence of excess alcohol to continue working and this places the employee or others at risk, you could be prosecuted. Similarly, your employees are also required to take reasonable care of themselves and others who could be affected by what they do.**⁶

This guide includes a model alcohol policy framework that employers can use as a template (see Figure 3).

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¹ Under the Transport and Works Act 1992, certain rail, tram and other guided transport system workers must not be unfit through drink while working on the system. The operator of such a system must exercise all due diligence to avoid those workers being unfit.
Figure 3: A model workplace alcohol policy

A model workplace alcohol policy would cover the following areas.

**Aims**

Why have a policy?
Who does the policy apply to?
(Note: best practice would be for the policy to apply equally to all grades of staff and types of work.)

**Responsibility**

Who is responsible for implementing the policy?
(Note: all managers and supervisors will be responsible in some way but it will be more effective if a senior employee is named as having overall responsibility.)

**The rules**

How does the company expect employees to behave to ensure that their alcohol consumption does not have a detrimental effect on their work?

**Special circumstances**

Do the rules apply in all situations or are there exceptions?

**Confidentiality**

A statement assuring employees that any alcohol problem will be treated in strict confidence.

**Help**

A description of the support available to employees who have problems because of their drinking.

**Information**

A commitment to providing employees with general information about the effects of drinking alcohol on health and safety.

**Disciplinary action**

The circumstances in which disciplinary action will be taken.

Source: Health and Safety Executive, 'Don’t Mix It'

Today, employers are also obliged to look for signs of alcohol dependent behaviour in their staff, for although an employee found drunk on duty is at risk of being dismissed for gross misconduct, employment protection law is sensitive to the underlying problems of alcohol dependence. Employers are therefore required to treat dependence as a form of sickness, thereby giving an employee the opportunity to overcome the problem. Ultimately, an alcohol problem ought to be regarded as primarily a health issue rather than an immediate cause for discipline. This approach is supported by the Advisory, Conciliation and Arbitration Service (ACAS), the ILO, and the Employment Appeals Tribunal.7

1 HSE, 'Alcohol misuse: Current legal base & any legal developments'
2 Legislation.gov.uk, 'Railways and Transport Safety Act 2003'
3 Landau, Philip (April 2013), 'Spectre of workplace alcohol tests hang over employees', The Guardian
4 ILO, 'Management of alcohol- and drug-related issues in the workplace', p. 3
5 HSE, 'Alcohol misuse: Current legal base & any legal developments'
6 Health and Safety Executive (1996), 'Don't mix it: A guide for employers on alcohol at work', p. 4
Policies in practice

Many organisations now operate workplace alcohol policies designed to ensure that employees are sober during working hours and to identify and help employees with a drink problem. They are most commonly found among large firms and those which are safety-sensitive, such as transport. Examples of employers with workplace alcohol policies include Ford Motor Company, the Royal Bank of Scotland, Marks & Spencers and Manchester City Council.

Unions

In recent years, unions have actively pursued organisations to incorporate measures that address alcohol misuse into their workplace policies. In its submission to the National Alcohol Harm Reduction Strategy (February 2003), the Trades Union Congress (TUC) called for further development of workplace alcohol policies. The report, titled *Drink and work – a potent cocktail*, stated that people were drinking more than ever before, but that few employers had alcohol policies in place to tackle the problems arising from problem drinking. It referred to an Alcohol Concern survey which showed that 3 in 5 employers (60%) were experiencing problems as a result of staff drinking. A separate Chartered Institute of Personnel Development survey also 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.

Unions are also concerned that an increasing number of employers are turning to companies that offered screening and random testing as a means of dealing with alcohol misuse in the workplace. This is exemplified by local government workers’ union Unison’s qualified support of the decision of Calderdale Council in West Yorkshire to introduce drug and alcohol testing for its employees in 2013. Unison was reported to have expressed concerns over certain conditions regarding the welfare of its members. Such potential grievances form the basis of a number of ethical concerns regarding the privacy and individual human rights of workers.

The TUC argued that such instances of employer behaviour were representative of a serious lack of understanding about the effects of alcohol on the workplace environment, and that the government ought to fund more research into this growing problem. Its report concluded that a partnership approach between unions, employers and government would be the best way to address the issue, and suggested the following ways in which all 3 parties might do so:

1. 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
2. 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
3. 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.

Helplines for professionals

In recent years, there has been some concern about the provision of support for professionals who have drink problems. At a British Medical Association (BMA) annual conference, for example, it was 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 website lists organisations providing services specifically for
those in the medical professions who are struggling to cope with alcohol dependence and addiction.\textsuperscript{4} The organisation also issued new guidance on alcohol misuse in the workplace in early 2014.\textsuperscript{5}

A newspaper article published in 2011 brought to national attention the calls of healthcare experts for urgent action to tackle the "significant challenge" of rising levels of alcoholism and substance abuse among professionals including doctors, dentists and lawyers.\textsuperscript{6} Research suggests 15% to 24% of lawyers will suffer from alcoholism during their careers, while the BMA estimates that 1 in 15 healthcare professionals will develop an addiction problem, and that doctors are 3 times more likely to develop cirrhosis of the liver than the general population.

Some experts have also noted a rise in medical tourism, due to the work hard, play hard culture exported abroad by UK professionals who travel abroad for business. Alastair Mordey, the programme director of the Cabin, a substance abuse clinic in Chiang Mai, Thailand, said that rehabilitation centres in the country were seeing a lot of professionals coming in, particularly from London, and that in Britain “there is a silent mass of professionals who are functioning... but they are in workplaces where you really wouldn't want them to be”.\textsuperscript{7}

\textbf{Policy solutions}

In response to the Coalition Government's Alcohol Strategy, the Alcohol Health Alliance (AHA) recommends a series of initiatives that could help to reduce alcohol-related harm, including policies promoting alcohol-free workplaces, a managerial style that reduces job stress and increases job rewards, and optional workplace interventions that are available on request, such as psychosocial skills training, brief advice and alcohol information programmes.

The AHA also suggests that the Coalition Government should support local communities and employers in developing effective alcohol policies and initiatives, with an appropriate level of central coordination. The utilisation of existing resources, such as the HSE workplace policy guide for employers, could be a cost effective means of disseminating information, with new resources for action on alcohol developed where necessary.

Guidance on evidence-based policies to reduce alcohol harm should be produced and mechanisms for local areas to share examples of best practice should be established. Evaluation will play a key role in determining success of future programmes, therefore sufficient budget should be allocated to ensure that evaluation can be built in to the design of all new initiatives.

Given that the NHS is the nation's largest employer, the AHA recommends that it should lead by example and implement an organisation-wide workplace alcohol policy, which is evaluated on an annual basis. A report by Drink Wise North West in 2010 showed that 19% of NHS staff were 'at risk' drinkers, reporting behaviour such as binge drinking on a weekly basis.\textsuperscript{8} The Boorman interim report in 2009 reported that approximately 20% NHS staff drank more than 10 units a week and those drinkers were 10% to 15% more likely to report being stressed and going into work feeling unwell more frequently than other staff.\textsuperscript{9}

In addition to a national NHS alcohol workplace policy, the AHA believes that uniform alcohol workplace policies should be in place with rigorous evaluation metrics for staff working in industries at higher than average risk of alcohol-related deaths, such as bar, pub and entertainment employees, in order to protect these sections of the workforce and lower rates of alcohol harm.

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