

National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDANCE – Workplace policy and management practices to improve the health of employees

**Consultation on the Draft Scope from
18th June – 16th July 2013
Comments on the Draft Scope to be submitted
no later than 5pm on Tuesday 16th July 2013**

Stakeholder Comments

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ALL COMMENTS ARE GENERAL

Institute of Alcohol Studies response to NICE Workplace consultation

IAS welcomes the Institute's initiative in regard to the health of employees. However, we are disappointed to note that whilst the Draft Scope refers to smoking cessation programmes, it makes no reference to alcohol.

This omission is puzzling given that alcohol is now recognised as one of the principal causes of ill-health in the UK, being linked to at least sixty diseases, and is ranked by the WHO as the third leading cause of death and disability in the developed worldⁱ.

Indeed, morbidity and mortality from liver cirrhosis with alcohol as the single main cause, have risen eight-fold in the UK since the 1970'sⁱⁱ, with further increases expected, while the other main killer diseases such as cancer and heart disease are declining. If present trends continue, the UK could have the highest mortality from liver disease in the European Union within the next few years.

Additionally, alcohol affects mental as well as physical health in a variety of ways, and there is the specific problem of alcohol dependence.

Moreover, ill-health associated with alcohol, both physical and mental, tends to be concentrated in people of working age, and alcohol impairment has direct effects on workplace productivity and safety. It is known that employment, especially in some particular industries, is quite strongly linked to higher levels of alcohol consumption and health harm. For example, the greater participation of women in the labour market is recognised to be one of the causes of higher levels of alcohol consumption and harm in women.

The 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 inactiveⁱⁱⁱ. Survey data also show that in recent years, an increasing proportion of working people have been drinking above recommended guidelines.

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This has had harmful implications for the health and social behaviour of employees and employers; an Impact Assessment paper on minimum unit pricing of alcohol calculated lost productivity due to alcohol in the UK at about £7.3bn per year^{iv}.

For these reasons, employers have a strong incentive to wish to tackle alcohol-related harm in the workforce.

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^v:

- 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.

IAS therefore recommends that the draft scoping document include a section on alcohol in the workplace with guidance for employers on policies and management practices to address alcohol within a package of measures to improve the health of employees.

ⁱ http://www.who.int/substance_abuse/facts/alcohol/en/

ⁱⁱ Clare Verril, Stewart Smith and Nick Sheron, Are the opportunities to prevent alcohol related liver deaths in the UK in primary or secondary care? A retrospective clinical review and prospective interview study, in *Substance Abuse Treatment, Prevention and Policy* 2006, accessed at: <http://www.substanceabusepolicy.com/content/1/1/16> on 26/06/2013

ⁱⁱⁱ Dunstan, Steven, 'Chapter 2: Drinking' in [General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey](#), Office for National Statistics, p. 16

^{iv} John Woodhouse and Philip Ward (March 2013), 'A minimum price for alcohol?', House of Commons Library, p. 11, from Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol' [accessed 12 February 2013], p. 5

^v Aviva (May 2008), ['UK employees admit that regular drinking affects their jobs'](#)