



Reducing alcohol-related harm in the workplace

An evidence review: summary report

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Creating Healthy Workplaces evidence review series

VicHealth commissioned five international evidence reviews to build a body of evidence and knowledge about effective workplace health interventions. Both full and summary reports are available for each of the five evidence reviews:

- Preventing race-based discrimination and supporting cultural diversity in the workplace
- Preventing violence against women in the workplace
- Reducing alcohol-related harm in the workplace
- Reducing prolonged sitting in the workplace
- Reducing stress in the workplace

www.vichealth.vic.gov.au/workplace

Cover photo

Increased access to alcohol is associated with increased consumption and related harm.

The hospitality industry is one industry where increased access to alcohol may occur through direct exposure. Photo: Taras Mohamed

Reducing alcohol-related harm in the workplace

An evidence review: summary report

VicHealth is playing a leading role in building the Australian knowledge base on effective workplace health interventions with our *Creating Healthy Workplaces* evidence review series. We hope that this report, and the series as a whole, becomes a focus for new conversations about workplaces and the critical role they play in the health of society.

> Jerril Rechter, CEO, VicHealth

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Foreword

Workplaces are important settings for health action and improvement. VicHealth has identified five areas where workplaces can begin to make advances, not only in improving the health of employees and preventing future problems, but also in enhancing productivity and reducing absenteeism and staff turnover. These five areas – race-based discrimination and cultural diversity, violence against women, alcohol-related harm, prolonged sitting and stress – are the subjects of VicHealth’s *Creating Healthy Workplaces* evidence review series.

This report deals with alcohol-related harm in the workplace and is a summary of the full evidence review, *Reducing alcohol-related harm in the workplace (An evidence review: full report)*, available at www.vichealth.vic.gov.au/workplace.

The findings show that harmful alcohol use is a significant preventable health issue. Despite the strong evidence documenting the health, social and economic consequences for the individual drinker, their families, organisations and society, the literature on workplace interventions to reduce alcohol-related harm is largely descriptive with methodological limitations. The report does provide some guidance about promising practice; interventions that have the greatest impact on reducing alcohol-related harm in the workplace are tailored, multifaceted and developed in consultation and with support of key stakeholders. Effective responses to alcohol-related harm in the workplace are based on the recognition that there is no single reason for risky alcohol use, no single alcohol problem and no single effective response.

Most working-age Australians spend around one-third of their waking lives at work and there are real opportunities to influence people’s health in this setting. Although work has many recognised health benefits, some individuals may experience poorer health because of poor working conditions. The health problems of individual staff reverberate throughout the workplace, affecting co-workers, managers and businesses as a whole – not to mention families and communities.

VicHealth is thrilled to be playing a leading role in building the Australian knowledge base on effective workplace health interventions with our *Creating Healthy Workplaces* evidence review series. We invite you to read and consider the findings summarised in this report. We hope that this report, and the *Creating Healthy Workplaces* series as a whole, becomes a focus for new conversations about workplaces and the critical role they play in the health of society. While this report is not a definitive review, it introduces some key issues that require consideration when designing effective workplace health programs.

And finally, we hope that individual workplaces and employers are inspired to put practical interventions in place to reduce alcohol-related harm. Around the world, successful enterprises have found that implementing measures that enhance the physical and mental health of employees results in benefits far greater than the costs.



A handwritten signature in black ink that reads "Jerril Rechter". The signature is fluid and cursive.

Jerril Rechter
Chief Executive Officer
VicHealth

Executive summary

The evidence review, *Reducing alcohol-related harm in the workplace (An evidence review: full report)*, found that harmful alcohol use is a significant preventable health issue.

For the purposes of this report, work-related alcohol use incorporates alcohol-related harm that has an impact on the workplace (e.g. increased accident risk or reduced workplace productivity due to intoxication or hangover effects) resulting from drinking at work or outside of work, and drinking that is informed or influenced by workplace factors. Alcohol-related harm refers to both the short-term and long-term negative consequences of alcohol use.

Alcohol use is widespread in many countries, including Australia. Approximately 90 per cent of the Australian workforce consumes alcohol. The majority of drinking takes place after the completion of a working day, or on days off, although sometimes it does occur during the working day. High risk/harmful alcohol use outside work, as well as at work, can have adverse impacts on the workplace.

High risk alcohol use results in major health, social and economic consequences for the individual drinker, their families, organisations and society. It contributes significantly to injury, disease, disability and death, accounting for 3.2 per cent of the total burden of disease and injury in Australia; 4.9 per cent in males and 1.6 per cent in females. Alcohol is a major contributor to non-communicable disease, especially among young people, and is related to the causes of more than 60 different medical conditions.

The cost to the Australian community from alcohol-related harm is estimated to be at least \$15.3 billion per year. On top of this, it is estimated that the harm to others caused by Australian drinkers costs the community \$20 billion a year.

High risk alcohol use is associated with a range of adverse impacts on organisations. The impacts include workplace accidents and injuries, workplace fatalities, reduced productivity, poor work relations, and increased absenteeism (an employee's time away from work due to illness) and presenteeism (decreased on-the-job performance due to the presence of health conditions). The economic benefits for workplaces in reducing alcohol-related harm are considerable; lost productivity in the workplace attributable to alcohol costs \$3.5 billion annually. Other benefits include a safer working environment with decreased accidents, injuries and fatalities, and compliance with occupational health and safety and related legislation.

Individual, community and workplace factors all influence high risk alcohol use. Population groups that are most at risk include men; young people aged 14–29 years; those in lower skilled and manual occupations; and those employed in the agriculture, retail, hospitality, manufacturing, construction and financial services industries. Increased availability of or access to alcohol – in the community and at work – is a critical factor, and is associated with high risk alcohol use.

Research clearly shows that the harms associated with alcohol use can be reduced. In order to effectively reduce alcohol-related harm, workplace interventions should:

- account for the complexity of the issue
- be evidence-informed
- be multifaceted with strategies that address individual staff and organisational factors
- prioritise high risk occupations and workplaces
- develop clear goals through consultation
- engage all stakeholders
- assess the risk, including a review of how alcohol is made available
- be tailored to the individual workplace and culture.

1. Introduction

The workplace has been identified as a priority setting for health action and improvement in VicHealth's *Strategy and Business Plan 2009–2013*. Late in 2009 VicHealth established a new program, **Creating Healthy Workplaces**, to enhance and sustain workplace health promotion research, policy and practice in Victoria by building the evidence base on effective workplace health interventions.

VicHealth's *Creating Healthy Workplaces* program focuses on five factors that influence health:

- race-based discrimination and cultural diversity
- violence against women
- alcohol-related harm
- prolonged sitting
- stress.

In recognition of the limited research currently available to guide the design and delivery of interventions, VicHealth commissioned five international reviews to build the evidence base on effective workplace health interventions in relation to these five determinants of health.

This report is a summary of the full evidence review, *Reducing alcohol-related harm in the workplace (An evidence review: full report)*, available at www.vichealth.vic.gov.au/workplace. The key objective of the evidence review was to identify workplace interventions that reduce alcohol-related harm.

The review focused on interventions that target change at the organisational and systems levels. An organisational and systems approach involves a whole of workplace focus that includes all stakeholders and brings about change in the workplace culture and infrastructure as well as policy, procedures and practices.

Organisational and systems levels interventions represent an effective and sustainable approach to creating supportive and healthy workplace environments. They target and seek to change the influences on, or root causes, of ill health within the workplace (e.g. the working conditions and culture). Organisational and systems-focused interventions result in benefits to both the workplace and individual employees. In contrast, individually focused interventions can be effective at the individual level but don't always have favourable impacts at the broader organisational level. VicHealth's focus on interventions that target change at the organisational and systems levels will build upon and complement existing workplace health practices and evidence, which largely focus on effecting change at the individual employee level.

The workplace as a health promotion environment

Workplaces are an important environment for health action and improvement. VicHealth identifies the workplace as a priority setting in its *Strategy and Business Plan 2009–2013* because:

- Employment and working conditions are important social determinants of health. There is strong evidence linking fair, safe and secure employment arrangements with good health. Conversely, poor job security and conditions are associated with poor health.
- Workplaces play a critical role in the health of society. The workplace directly influences the physical, mental, economic and social wellbeing of employees, and in turn the health of their families, communities and society. Effective workplace health promotion can therefore result in a multitude of beneficial outcomes across all levels.
- The workplace provides an ideal setting and infrastructure to support the promotion of health to a large audience. Approximately two-thirds of working-age Australians are in paid work – many spending up to a third of every day at work.

In 2010, a research team from the National Drug Research Institute was commissioned to conduct the evidence review and identify:

- the impacts (health, social and economic) of alcohol-related harm
- the benefits to the workplace of reducing alcohol-related harm
- population groups that are most at risk
- workplace interventions that reduce alcohol-related harm, including:
 - the major components of effective interventions
 - principles, frameworks and models to guide the design and delivery of interventions
 - tools and resources to support implementation
 - case studies.

This report is a summary of the full evidence review, *Reducing alcohol-related harm in the workplace (An evidence review: full report)*, available at www.vichealth.vic.gov.au/workplace

This report contains some additional impact data that is not included in the full report. In-text references accompany this information. For all other references, see the full report.

2. Alcohol-related harm: definitions and prevalence

Work-related alcohol use incorporates drinking that has an impact on the workplace, and drinking that is informed or influenced by workplace factors.

Work-related alcohol use can be defined both narrowly and broadly. In narrow terms, it refers to alcohol consumption that takes place during working hours. More broadly and for the purposes of this summary report, it incorporates alcohol-related harm that has an impact on the workplace (e.g. increased accident risk or reduced workplace productivity due to intoxication or hangover effects) resulting from drinking at work or outside of work, and drinking that is informed or influenced by workplace factors.

Alcohol use is described in various ways, including:

- frequency of use (e.g. daily, weekly)
- amount, level or volume of alcohol consumed (e.g. standard drinks, per capita consumption)
- patterns of drinking (e.g. intoxication, regular use, dependence)
- in relation to time (e.g. short-term, long-term)
- in relation to the level of associated risk (e.g. low risk, risky, high risk) or harm.

Alcohol-related harm refers to both the short-term and long-term negative consequences of alcohol use.

A range of strategies can be used to respond to alcohol-related harm in the community and at work. The Australian National Drug Strategy involves a comprehensive focus on supply reduction or control, demand reduction and harm reduction strategies. In the workplace this might involve, for example,

banning or instigating strong controls on the availability of alcohol (supply control), health promotion strategies and reduction of workplace risk factors (demand reduction) and strategies to ensure employees are not adversely affected by another's alcohol use, or ensuring staff who attend a workplace function, where alcohol is available, get home safely (harm reduction).

Alcohol use is widespread in many countries, including Australia, and varies by age, sex and occupation/industry. Excluding caffeine, alcohol is the most widely used drug across the Victorian population with around half (47.3 per cent) of the population aged 14+ years drinking at least once a week (AIHW 2008*). While the majority of the Victorian population consume alcohol at low risk levels, a considerable proportion do not. Almost one in 10 (9.1 per cent) aged 14+ years consume alcohol at levels considered harmful in the long term (29+ standard drinks for males and 15+ standard drinks for females) and more than a third (33.9 per cent) consume alcohol at levels considered harmful in the short term (7+ standard drinks for males and 5+ standard drinks for females) (AIHW 2008*). This pattern of occasional heavy drinking is sometimes referred to as 'binge drinking'.

90 per cent of the Australian workforce consumes alcohol.

Approximately 90 per cent of the Australian workforce consumes alcohol. The majority of drinking takes place after the completion of a working day, or on days off, with comparatively little being consumed before or during work hours. However, in a recent Australian survey 8.7 per cent reported drinking alcohol at work and 5.6 per cent reported attending work under the influence of alcohol. The actual prevalence may well be higher due to under-reporting by survey respondents.

3. The impacts of alcohol-related harm

Harmful alcohol use is a significant preventable health issue. In Australia it results in major health, social and economic consequences for the individual drinker, their families, organisations and society. The harms related to alcohol use result from both short-term and long-term use.

Impacts on the health of individuals

High risk alcohol use contributes significantly to injury, disease, disability and death. It accounts for 3.2 per cent of the total burden of disease and injury in Australia; 4.9 per cent in males and 1.6 per cent in females (Begg et al. 2008). In 2005 there were an estimated 759 alcohol-related deaths in Victoria, representing 2 per cent of all Victorian deaths (Turning Point Alcohol & Drug Centre 2007). Over the 10 years from 1995–1996 to 2004–2005, the number of Victorians hospitalised due to alcohol-caused injury or illness increased by 77 per cent to 23,144, the largest increase in alcohol-attributable hospitalisations in Australia (Pascal et al. 2009; NDRI 2009).

Alcohol use is related to more than 60 different medical conditions; it contributes significantly to injury, disease, disability and death.

The adverse effects of alcohol on the health of individuals are well documented. Alcohol is a major contributor to non-communicable disease, especially among young people, and is related to the causes of more than 60 different medical conditions (AMA 2009), some of which are illustrated in Table 1.

Table 1: Harmful alcohol use health effects (NHMRC 2009)

Short-term effects	<ul style="list-style-type: none"> • Verbal disputes • Motor vehicle injuries • Alcohol poisoning • Injuries from assault and domestic violence • Deliberate self-harm
Long-term effects	<ul style="list-style-type: none"> • Cognitive impairment • Cardiovascular disease • Liver disease • Mental illness • Cancers • Diabetes

Impacts on children, families and communities

The cost to the Australian community from alcohol-related harm is estimated to be at least \$15.3 billion per year. Much of this cost is borne outside the health system and includes road accidents (over \$2 billion), crime (\$1.6 billion) and lost productivity in the home (\$1.5 billion) (Collins & Lapsley 2008).

Alcohol poses particularly serious risks for young people. Heavy drinking at a young age can adversely affect brain development and is linked to alcohol-related problems later in life. On average, one in four hospitalisations of young people aged 15–24 years occurs because of alcohol (NHMRC 2009).

There are also enormous social costs, many of which are borne by someone other than the drinker. Recent research found that three-quarters of Australians have been negatively affected by somebody else's drinking, and almost 70,000 Australians are reported victims of alcohol-related assaults every year, including 24,000 victims of domestic violence. It is estimated that the harm to others caused by Australian drinkers costs the community \$20 billion a year, on top of the estimated \$15.3 billion described above (Laslett et al. 2010).

Impacts on organisations

High risk/harmful alcohol use is associated with a range of adverse impacts on organisations. The impacts include workplace accidents and injuries, workplace fatalities, reduced productivity, poor work relations, and increased absenteeism (an employee's time away from work due to illness) and presenteeism (decreased on-the-job performance due to the presence of health conditions).

Workplace safety is put at risk from staff who are intoxicated or experiencing an alcohol-induced hangover who operate sub-optimally (i.e. impaired coordination, slow reaction times and poor judgement). This can result in workplace accidents, injuries and fatalities. In Australia, between 3 per cent and 11 per cent of all non-fatal workplace injuries may be attributable to high risk alcohol use.

Harmful alcohol use can result in a loss of workplace productivity because of absenteeism, poor decision making and increased morbidity and mortality.

Consuming alcohol in the workplace impacts negatively on co-workers, who experience increased levels of physical and verbal abuse and may have to work extra hours due to their intoxicated co-worker operating sub-optimally.

Harmful alcohol use reduces workplace productivity, safety and work relations, and increases absenteeism and presenteeism.

Alcohol-attributable morbidity and mortality can affect the size of the available workforce, staff turnover and early retirement. Additionally, high risk alcohol use can produce long-term economic burdens in the form of compensation and employer liabilities.

At the broader societal level, diminished workplace productivity and attrition in the workforce attributable to alcohol can have a multiplying effect outside the workplace in terms of increasing the costs of consumer items, services and tax revenue.

4. The benefits of reducing alcohol-related harm

Lost productivity in the workplace attributable to alcohol costs \$3.5 billion annually.

Alcohol contributes to significant health, social and economic costs in the workplace. The range of impacts suggests that economic, safety and health gains can be achieved by preventing and reducing alcohol-related harm in the workplace, providing a compelling argument for action. Specific benefits for workplaces in reducing alcohol-related harm include:

- a safer working environment with decreased accidents, injuries and fatalities
- compliance with occupational health and safety and related legislation, such as specific legislation around mine safety
- increased staff performance and productivity
- reduced absenteeism
- reduced presenteeism
- decreased staff turnover and early retirement
- reduced operating, reputational and indirect costs
- improved work relations and staff morale
- improved health and wellbeing of employees.

Economic benefits of reducing alcohol-related harm

The economic benefits of reducing alcohol-related harm are considerable. Australian research estimates some of the economic costs of alcohol use and related harm to Australian workplaces, which include the following:

- Lost productivity in the workplace attributable to alcohol costs \$3.5 billion annually.
- Alcohol-related absenteeism costs between \$437 million and \$1.2 billion annually – a considerable proportion of these costs are attributable to low-risk drinkers and people who 'infrequently drink heavily' and are not restricted to the small number of chronic drinkers.
- Employee illnesses attributed to alcohol and other drug use costs \$2 billion annually.
- Additional hours worked as a consequence of having a heavy-drinking colleague costs \$453 million annually.

5. Population groups most at risk

Individual, community and workplace factors all influence alcohol use and related harm. These include individual characteristics (e.g. resilience and vulnerability), the availability of alcohol, the pattern and context of alcohol use (in the community and at work), and the workplace culture, structures and environment. Population groups that are most at risk include:

- men
- young people aged 14 to 29 years
- those in lower skilled and manual occupations
- those employed in the agriculture, retail, hospitality, manufacturing, construction and financial services industries.

Workplace factors that can increase high risk alcohol use include:

- availability of or access to alcohol (physical and social)
- organisational culture (i.e. attitudes, norms, practices and expectations)
- structures and controls (i.e. supervision, rules and regulations)
- environment and working conditions (i.e. shift work, long hours, high mobility, isolated working patterns, poor occupational health and safety practices, lack of access to services, low-level supervision, low visibility of work and employee, low-level of work control, level of alienation, high job risk)
- low group cohesion and work conflict
- work stress
- discrimination, bullying and harassment.

Increased availability of or access to alcohol – in the community and at work – is associated with increased high risk alcohol use.

Access to alcohol is a critical influence. There is consistent Australian and international evidence that increased availability of or access to alcohol – in the community and at work – is associated with increased risk. Increased access to alcohol may occur through increased availability in the community; direct exposure (e.g. working in the hospitality industry); price subsidy (e.g. by allowing access through expense accounts or providing subsidised or free alcohol as part of working conditions); and poor structural and cultural controls (e.g. heavy alcohol use in the workplace allowed, work cultures revolve around drinking as team building, solidarity or celebration).

6. Best practice: workplace interventions

Review method

The authors conducted an evidence review to identify workplace interventions that reduce alcohol-related harm, including:

- the major components of effective interventions
- principles, frameworks and models to guide the design and delivery of interventions
- tools and resources to support implementation
- case studies.

The review focused on interventions that had a whole-of-organisation and systems approach.

The review included a search and critical analysis of published and unpublished Australian and international literature. The review found that the literature on workplace interventions to reduce alcohol-related harm is largely descriptive with methodological limitations. Overall, it provides some guidance about promising practice but limited substantiating evidence.

This summary report presents the intervention strategies identified in the review and the state of evidence regarding their effectiveness, along with key features of effective interventions.

Visit www.vichealth.vic.gov.au/workplace for a copy of the full evidence review: *Reducing alcohol-related harm in the workplace (An evidence review: full report)*.

Intervention strategies

The review examined seven different types of interventions and strategies to reduce alcohol-related harm. These are presented in Table 2 along with a brief descriptor and statement of the evidence regarding their effectiveness.

Table 2: Intervention strategies

Intervention	Description	State of evidence regarding effectiveness
Policies	A workplace policy position that defines a course of action to prevent, reduce or respond to alcohol-related harm in the workplace. Often influenced by relevant legislation and regulation.	The majority of literature is descriptive; some promising work is underway with emerging guidance for best practice but currently this is not substantiated by strong evidence. There is strong evidence that weak structures and controls and easily available alcohol increase risk and harm.
Health promotion programs	Programs that aim to improve and promote the health and wellbeing of the workforce using education aimed at behaviour change, risk or harm reduction, and changes to the workplace environment.	A small body of evidence on the impact of health promotion programs has been reported although despite much promising work and some clear guidance, quality evidence is limited. Research suggests that brief interventions that focus on alcohol-related harm can effectively modify behaviour and attitudes associated with alcohol use.
Counselling and Employee Assistance Programs (EAPs)	EAPs are the most commonly used strategy in Australia and overseas; they primarily involve the assessment and identification of employees with alcohol-related problems and their referral to treatment. Other options include providing/enhancing access to internal and external clinical and counselling services.	The majority of literature is descriptive with some reports of positive subjective perceptions among employees; however, these programs have seldom been evaluated in carefully controlled studies and little is known about their effectiveness (i.e. impact on work performance or drinking). A large proportion of EAP referrals are self-referrals which suggests that enhancing access to a range of treatment options may be appropriate.
Alcohol testing	Testing for alcohol levels using a breath analysis. This includes pre-employment testing, random testing of employees and testing after occupational incidents.	Despite alcohol testing directly assessing the level of intoxication for which there is a strong body of evidence regarding likely impairment, there is a lack of quality evidence on the effectiveness of alcohol testing in reducing harm at work. This is not to say it is not effective, simply there is a lack of evidence. There is, however, strong evidence about the impact of alcohol testing on road safety.
Web-based interventions	The use of web-based technologies to intervene in alcohol-related harm, e.g. web-based stress management programs.	A new and promising area. Web-based brief interventions are acceptable, have good penetration into target groups and have a small but significant impact on health outcomes (i.e. drinking behaviour and alcohol-related health problems). The potential for application across workplaces is unclear.
Other interventions	A range of strategies were examined including: chaplains as caregivers, drug educators, general management practices, supervisor workshops, self-control and fact sheets.	The majority of literature is descriptive; many of the reports have critical weaknesses.
Kits	Print and electronic information kits and resources developed to assist workplaces to develop effective responses.	Typically kits are not evaluated although there is some evidence showing that some kits have had varying levels of acceptance and success in promoting and implementing alcohol-related policies in the workplace.

Key features of best practice interventions

Research clearly shows that the harms associated with alcohol use can be reduced. The following features of best practice interventions are based on the growing body of evidence and knowledge of workplace interventions to reduce alcohol-related harm and the authors' knowledge and expertise. It is important to stress that effective interventions are not about identifying a few severely dependent individuals. An effective approach will address the broad range of risks across the whole workforce.

Account for the complexity of the issue

Effective responses to alcohol-related harm in the workplace are based on the recognition that there is no single reason for risky alcohol use, no single alcohol problem and no single effective response. Many individual, community and workplace factors influence high risk alcohol use, including individual characteristics (e.g. resilience and vulnerability), the availability of alcohol, the pattern and context of alcohol use (in the community and at work), and the workplace culture, structures and environment. Each organisation and site will need a response tailored to their unique needs.

Be evidence-informed

Use research to guide and inform the development of alcohol-related harm reduction workplace interventions. Monitor and evaluate the interventions to help build a quality evidence base; evaluation should include the impact of the intervention on employee knowledge, attitudes, consumption and problems, along with measures of interest to employers such as safety, productivity, absenteeism and cost-benefit analyses.

Be multifaceted with strategies that address the individual staff and organisational factors

Interventions should be multifaceted, with multiple and mutually reinforcing strategies addressing both the individual staff and the organisation. Organisational strategies should focus on the workplace factors that increase or decrease risky alcohol use. These include physical and social factors affecting access to alcohol, organisational culture, structures and controls, and the workplace environment and working conditions. Developing and maintaining a strong occupational safety and health culture, and a work culture that does not support hazardous alcohol use or being affected by alcohol at work (both in relation to intoxication and hangover effects) is important.

Prioritise high risk occupations and workplaces

Effective approaches prioritise interventions in high risk occupations and workplaces with high risk population groups, for example, occupations and workplaces where alcohol is readily available (e.g. hospitality industry).

Develop clear goals through consultation

The goal or goals of the workplace intervention must be clearly articulated. The goals may relate to a narrow or broad definition of alcohol use and related harm. The goals may variously involve reducing: drinking at work, risky drinking in the community that has relevance for the workplace, alcohol-related harm at work resulting from drinking at work or outside of work, or workplace factors (e.g. access to alcohol, cultures that support heavy drinking). While such goals are interrelated, an effective approach may require both an overarching approach to address all of them and a distinct approach for each goal. The literature does not lead to a clear consensus about the goals and aims of interventions. Diverse perspectives will often influence the acceptability and prioritisation of different goals; therefore, a critical element of developing interventions is the involvement of key stakeholders in negotiating and agreeing upon the goals.

There is no single reason for risky alcohol use, no single alcohol problem and no single effective response.

Engage all staff

Interventions are likely to have a more enduring impact if the development process is consultative and engages all staff.

Assess the risk

Treat alcohol like any other safety and health issue. Carefully diagnose the risk and design a specific response. That is, assess the risk and contributing factors at each work site and use available information and data to inform the development, implementation and evaluation of interventions. Risk assessments should include a review of how alcohol is made available, if at all, at work.

Tailor the intervention to the individual workplace and culture

As each workplace, and indeed work site, is unique, a customised approach to reducing alcohol-related harm is required. Different strategies are required to respond to different workplaces and their individual characteristics.

Consider including the following components:

- workplace policy that includes clear rules and regulations and clear, consistently applied and graduated consequences of breaches; the policy should be developed and refreshed through regular consultation with key stakeholders, consistent with identified needs and clearly and regularly communicated to all staff
- alcohol availability reviewed and strategies developed to either prohibit drinking or ensure low-risk alcohol use
- health promotion programs
- staff education and training that is incorporated into an overall safety and health strategy or program (such as incorporating it into a cardiovascular health program rather than having an isolated alcohol focus) and that explains the rationale for policy and interventions to ensure staff are supportive; this may include information kits and resources
- quality and visible supervision (in general, not specific to alcohol)
- access to services and assistance (e.g. external counselling, medical service, employee assistance program)
- a system of voluntary and formal referral for those whose work performance is impaired
- electronic (telephone and web-based) brief interventions that have been shown to be effective in other settings
- if alcohol testing is adopted, it should be consistent with quality practice (e.g. ensuring quality and regularly calibrated equipment is used) and adopted as part of a broader response to reducing harmful alcohol use (e.g. education, referral to support).

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Victorian Health Promotion Foundation
PO Box 154 Carlton South 3053 Australia
T. +61 3 9667 1333 F. +61 3 9667 1375
vichealth@vichealth.vic.gov.au
www.vichealth.vic.gov.au

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