

# Responding to Alcohol and Other Drug Issues in the Workplace

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There is a range of strategies that workplaces can utilise as responses to alcohol and other drug issues in the workplace. The suitability of any strategy depends on the needs and resources of individual workplaces, and responses that incorporate a range of strategies are likely to be more effective than those that involve a single, stand-alone strategy.

The most common strategies utilised in Australian workplaces are listed in Table 1 with a brief summary of their strengths and limitations.

Table 1. Strengths and limitations of workplace strategies for responding to alcohol- and other drug-related issues

Strategy	Strengths	Limitations
1. Policy	Necessary basis for any response	Not an intervention strategy per se Needs to incorporate other strategies
2. Education & training	Necessary for response dissemination and implementation	Some workplaces may not have resources required to develop and deliver programs
3. Counselling/treatment	Necessary as a 'treatment' strategy	Can be difficult for individual workplaces to access individual service providers Focus on individual 'problem' workers
4. Employee assistance programs (EAP)	Provides ready access to treatment/counselling services	Focus on individual 'problem' workers
5. Testing	Relatively easy to implement	Focus on illicit drugs Focus on individual 'problem' workers Can have unexpected negative outcomes
6. Health promotion	Focus on a range of health issues	Alcohol and other drugs not the main issue
7. Brief interventions	Relatively easy to implement	Needs to be part of additional strategy (e.g. health promotion, education program)

## 1. Alcohol and other drug policy

The development and implementation of a formal alcohol and other drug policy is the most important and most common response utilised by Australian workplaces. Such policies are the fundamental building block upon which responses to alcohol- and other drug-related harm in the workplace are based.

Alcohol and other drug policies provide a formal process for response implementation and provide a guide for the roles and responsibilities of all employees in relation to the response. While there is no definitive evidence regarding the effectiveness of workplace policies in reducing alcohol or other drug use or alcohol- or other drug-related harm

in the workplace, it is generally accepted that workplace policies play an important role in determining employees' attitudes and behaviours concerning alcohol use.

The most effective policies are those that:

- contain a clear statement on how to deal with alcohol and other drug problems,
- clearly articulate the objectives of the policy and clearly outline the processes for achieving these objectives,
- outline processes and personnel involved in implementing the policy, and
- acknowledge the physical and industrial environment of the workplace.<sup>1</sup>

## 2. Education and Training

Education and training are an important part of any workplace response to alcohol and other drug issues in the workplace. In most cases, the success of any response is dependent on changing attitudes and behaviours relating to alcohol and other drug use. To change existing attitudes and behaviours, an education strategy is necessary.

Education strategies enhance the acceptance and effectiveness of the response as they make employees aware of the response, how it operates, and raises awareness of the health and safety implications of alcohol and other drug use.

In addition, the effectiveness of any workplace response to alcohol and other drug issues is highly dependent on the attitudes and actions of supervisors, employee representatives, and other key staff who are responsible for the implementation and management of the policy. Key staff need training in order to gain the skills and knowledge required to identify and deal with workplace alcohol and other drug issues.

Research evidence indicates that workplace education and training programs can be effective in influencing employees alcohol- and other drug-related behaviours.<sup>2,3</sup> In addition, workplace education and training can raise awareness of alcohol- and other drug-related harm in the workplace, and be an effective dissemination strategy for other interventions.<sup>1</sup>

## 3. Access to counselling and treatment

Counselling and treatment services are an important consideration in any response to alcohol- and other drug-related harm in the workplace as they facilitate the treatment and rehabilitation of employees with alcohol- and/or drug-related problems.

There is a variety of counselling/treatment options that employers can utilise. Depending on their needs and resources, some employers may choose to utilise the services of an employee assistance program (see #4). Alternatively, employers may choose to advise employees about the availability of community based non-profit services or private services (such as private hospitals or private practitioners). Access to these services should not be restricted to mandatory referral as part of the workplace alcohol and other drug policy. Employees should also be able to voluntarily access these services as required.

Regardless of what counselling/treatment options employers utilise, it is important to ensure that confidentiality is guaranteed and that a variety of treatment/counselling options are available. There is substantial evidence for the effectiveness of treatment and counselling services.<sup>4</sup>

## 4. Employee Assistance Programs (EAPs)

Employee assistance programs (EAPs) have a relatively long history and are the most common intervention strategy utilised by Australian workplaces.<sup>4</sup> The main purpose of an EAP is to provide assessment and short-term counselling to employees who have voluntarily accessed the EAP or to employees referred to the EAP via the workplace policy. During counselling, employees who have severe alcohol or other drug problems are referred on to a specialist treatment agency that best suits their needs.

The services provided by an EAP depend on the needs and resources of individual workplaces. Services can range from minimal assessment and referral to fully integrated services that include:

- employee awareness and education
- supervisor training
- assessment and referral
- diagnosis and treatment
- monitoring and follow-up.

In addition, some EAP providers can also offer advice on policy development and assistance with other strategies such as health promotion and drug testing. In general, an EAP is a valuable addition to the workplace alcohol and other drug policy as it provides a method of secondary and tertiary prevention by enabling the treatment and rehabilitation of employees with alcohol- or other drug-related problems and provides employers with access to expertise in workplace alcohol and other drug issues.

Reviews of research concerning the effectiveness of EAPs<sup>1,5</sup> provide some evidence of their success in rehabilitating workers with substantial alcohol and other drug problems. However, to-date there is less evidence of their effectiveness in identifying and treating employees with moderate alcohol or other drug problems.<sup>1</sup>

## 5. Testing

In the past few years there has been growing interest in drug testing as a strategy for dealing with alcohol and other drug issues in Australian workplaces.

There is a range of testing programs workplaces can utilise, including:

- pre-employment screening
- random testing
- testing for cause following an accident or 'near miss' incident.

Similarly, there is a range of test 'types' that workplaces can utilise including breath testing, hair testing, urinalysis, and saliva, or oral fluid testing. The core function of testing programs is to identify employees whose drug consumption is likely to pose a risk to safety or productivity.

Despite growing interest in drug testing it remains at best a limited strategy for responding to alcohol and other drug issues in the workplace for several reasons.

- First, the target of many testing programs in the workplace is illicit drug use. However, as alcohol is the most commonly used drug in Australia<sup>6</sup>, much of the drug-related risk in the workplace is likely to be associated with alcohol use.
- Second, many of the drug tests available to employers are limited in their ability to detect impairment or intoxication. In general, a positive drug test merely indicates that an individual has been exposed to a drug at some time in the past. In some cases, this exposure may have occurred several days, or even weeks, prior to the test. While breath testing is a more reliable method of detecting alcohol impairment, it is also limited in that it cannot detect other alcohol-related problems (e.g. hangover effects) that are also likely to impact on workplace safety and productivity.
- Third, testing can be expensive. To be an effective deterrent to drug use, testing needs to be on-going and conducted on a random basis. This can mean substantial financial costs due to the number tests required to be conducted and additional costs associated with subsequent poor employee morale. Random testing targets non-drug using employees as well as drug using employees. Employees may perceive this to be unfair and an invasion of privacy. As a result, staff morale and productivity may suffer.
- Finally, research concerning the effectiveness of workplace testing in deterring alcohol or drug use concludes that overall, the scientific evidence is weak.<sup>7,8,9</sup>

## 6. Health promotion

Health promotion programs are a relatively recent strategy for responding to alcohol and other drug issues in the workplace. In general, health promotion programs do not specifically focus on alcohol or other drugs. Rather, they focus on improving the overall health of employees.

The basic premise of health promotion programs is that healthy life styles are incompatible with heavy alcohol consumption and/or risky drug use. As such, incorporating alcohol and other drug issues within the context of health concerns in general, may be an effective method of motivating behaviour change about alcohol and other drug use.

The effectiveness of workplace health promotion programs is optimised when employees can achieve a sense of control over their own health. To achieve this, attention needs to be paid to the interdependent nature of health practices such as alcohol and other drug consumption and other health practices including exercise, diet, and stress management.<sup>10</sup> Recent research has indicated that workplace health promotion programs can be effective in changing alcohol- and other drug-related attitudes and behaviour if they include a focus on alcohol- and other drug-related harm.<sup>11,12</sup>

## 7. Brief interventions

Brief interventions include a range of strategies that can assist employees to modify their alcohol or other drug use. In general, most individuals do not require long and expensive counselling or treatment. Brief interventions can be particularly efficient and cost effective for individuals with non-dependent (but risky) patterns of consumption, or those with low levels of dependence and harm. Examples of brief interventions include:

- the provision of information concerning low risk levels of alcohol use and the ways in which various drugs and combinations of drugs can affect an individual's health and work performance
- conducting brief assessments of an employee's alcohol or other drug use and providing feedback about how this use may be contributing to harm
- providing alcohol- and other drug-related self-help booklets.

Brief interventions in the workplace can be most effective if incorporated into broader primary prevention interventions such as health promotion programs.<sup>11,12</sup>

## Summary

A number of different intervention strategies have been utilised by Australian workplaces to respond to alcohol and other drug-related harm. However, due to a lack of research in this area, there is no strong empirical evidence that any single workplace strategy is effective. Despite this, there is a substantial body of evidence indicating prevention and counselling/treatment responses in other settings are effective in preventing alcohol problems and reducing harm for the individual and the wider community.<sup>4</sup>

Thus, there is good reason to believe strategies such as brief interventions, education and training, health promotion, and policy development that have been effective in the wider community, could be adapted and effectively applied in the workplace. However, these intervention strategies should acknowledge the differing needs, resources, and environments of individual workplaces. It is unlikely that any single intervention strategy will be appropriate for all workplaces.

Effective workplace responses need to adopt a comprehensive and integrated approach by incorporating aspects of policy, treatment, and prevention. Policy provides the foundation for the strategy, and treatment is necessary to provide a process for responding to impaired workers, or workers with alcohol or other drug problems. Prevention, however, needs to go beyond individual workers to address systemic change by focusing on the physical and cultural workplace factors that may promote problematic alcohol and other drug use.

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