Reducing alcohol-related harm
Final report

CREATING HEALTHY WORKPLACES SERIES
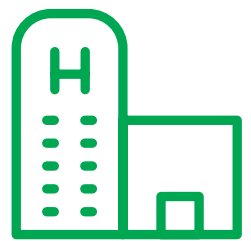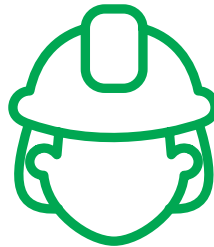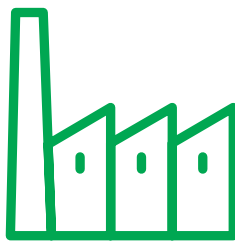
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Goal

Build a body of knowledge about designing and delivering the best workplace interventions for promoting health and preventing chronic disease

Priority Areas

Alcohol-related harm, prolonged sitting, stress, race-based discrimination* and violence against women

Objectives

Identify the current evidence

Test and expand the current evidence

Share evidence with Victorian workplaces

Outcomes

Five reviews of international evidence to identify the best ways to promote workplace health

Five projects to explore the real-life applications and effects of current research in Victorian workplaces

Practical resources to help make Victorian workplaces healthier

For more information and publications on the Creating Healthy Workplaces program, including five evidence reviews and a report on early insights from the projects, see **www.vichealth.vic.gov.au/workplace** and partner agency websites.

* Information on the race-based discrimination project will be available at a later date.

Foreword

> VicHealth is playing a leading role in building Australian knowledge on ways to make our workplaces healthier.

VicHealth's Creating Healthy Workplaces program has built a body of knowledge about how to promote good health and prevent chronic disease in the workplace. The program focused on finding the best ways to tackle alcohol-related harm, prolonged sitting, stress, race-based discrimination and violence against women.

At VicHealth we know that some of the most powerful influences on our mental and physical wellbeing exist in the environments where we live, work, learn, play and build relationships with one another. The workplace is an important place for promoting good health and preventing chronic disease. Many Victorians spend up to one third of their day at work, so workplaces have the potential to reach a substantial proportion of the population who may not otherwise respond to health messages, may not use the primary healthcare system or may not have time to make lasting changes to their behaviour. Healthy working environments can improve productivity, staff morale and enhance the ability of an organisation to attract and retain staff. It can also decrease staff turnover, absenteeism, accidents and injuries, and worker compensation claims. Promoting and protecting health in the workplace, particularly for those who are most vulnerable, is crucial to a fully functioning economy.

VicHealth's workplace program continues to inform and support the promotion of workplace physical and mental wellbeing and the prevention of chronic diseases. Our activity focuses on creating and sharing the outcomes of new research, development of new resources, collaboration with new partners and the design of innovative solutions to emerging workplace trends and problems.

The Reducing Alcohol-Related Harm in the Workplace project (known as Workplace Reduction of Alcohol-Related Harm Project or WRAHP) is one of five projects funded under the Creating Healthy Workplaces program in 2012–15.

Harmful alcohol use has major health, social and economic effects on the individual drinkers, their families, organisations and society. In the workplace, alcohol use reduces workplace productivity, safety and work relations, and increases absenteeism and 'presenteeism' (the number of employees coming to work unwell or with a hangover). This report documents what we learned from the project and sheds some light on effective and acceptable ways to reduce alcohol-related harm. Importantly, it presents templates for alcohol harm reduction policies, tools, resources and training programs that can be applied to different industries and contexts.

This report is Vone in a series of final reports on the projects, in which we share what we have learned about what works when promoting health and wellbeing in the workplace. We hope you find it interesting and relevant to your work.

Jerril Rechter
Chief Executive Officer, VicHealth

Introduction

This report is for employers, policymakers and workplace health practitioners. It aims to share the findings of the Reducing Alcohol-Related Harm project, conducted as part of VicHealth's Creating Healthy Workplaces program.

The Reducing Alcohol-Related Harm project was a comprehensive and tailored intervention designed to build knowledge on how to reduce alcohol-related harm in the workplace. Led by the National Centre for Education and Training on Addiction (NCETA) and LeeJenn Health Consultants, in partnership with VicHealth, the project focused on the manufacturing industry and targeted manufacturing workers, a workforce group shown in previous research to have a high prevalence of risky drinking, and drinking at work. This innovative and rigorously evaluated study focused on promoting a workplace environment and culture that inhibits and discourages risky alcohol use. A whole-of-workplace approach was used to bring about change, as we know that the social, structural and environmental factors of a person's workplace influence their alcohol use, alongside their own individual behaviour and attitudes.

The Reducing Alcohol-Related Harm project is one of few empirical interventions that demonstrate success in reducing drinking to levels closer to those recommended in Australia's Guidelines to Reduce Health Risks from Drinking Alcohol. The project significantly reduced risky drinking and 'presenteeism' (the number of employees coming to work unwell or with a hangover), while improving attitudes to alcohol, employee awareness of the workplace alcohol and drug policy, and access to alcohol-related health and wellbeing services.

Project overview

Table 1: Overview of the Reducing Alcohol-Related Harm project

	Corex	Hilton Manufacturing	Jayco	South East Business Network
Project aims	The project aimed to find out whether a comprehensive intervention, based on Pidd and Roche's cultural model (Figure 1) and tailored to meet the needs and resources of individual workplaces, could reduce alcohol-related harm in the workplace.			
Work sites	Four work sites from three organisations. Two work sites received the intervention and two were comparison groups.			
Target group	All consenting employees in participating work sites.			
Project phase	**Plan**			
	• Develop study design • Recruit participating workplaces • Analyse gaps between current practice and ideal conditions			
	Implement strategies			
	• Alcohol and drug policy package • Policy awareness program • Supervisor and manager training • Referral pathway • Employee health, safety and wellbeing awareness program			

Corex	Hilton Manufacturing	Jayco	South East Business Network

Project phase

Evaluate

The project was evaluated by collecting and comparing intervention and control groups' data before and after the project, on outcomes relating to alcohol-related harm. The three-year project included three assessment time points:

- baseline (T1)
- 12 months after baseline (T2)
- 24 months after baseline (T3).

Additional data was collected from employees at the two intervention work sites. This included assessment of training participants' perceived levels of understanding and confidence to deal with alcohol-related issues, and feedback on the project and its implementation.

Evaluation indicators

Project outcome data
Demographics:

- job role
- age
- gender
- ethnicity

Signs of alcohol-related harm for the individual:

- alcohol consumption patterns
- attitudes to alcohol use at work
- alcohol and health awareness

Signs of workplace alcohol-related harm:

- alcohol-related behaviours at work
- extent of co-worker alcohol-related problems at work

Workplace policy:

- workplace alcohol policy awareness and support
- employee assistance awareness

Training outcome data
- Understanding of how alcohol and drug use can be a workplace risk
- Understanding of how workplace conditions can affect risk
- Confidence in recognising and dealing with alcohol-related risk in the workplace
- Understanding of the workplace policy content and procedures
- Confidence in applying the workplace alcohol policy
- Confidence in raising alcohol and drug issues with employees
- Confidence in assisting employees to seek help

Implementation and process data
- Perception of alcohol use in the workplace
- Awareness of current policy
- Delivery of alcohol policy training and consultation
- Delivery of toolbox topics
- Usefulness of the project
- Implementation issues
- Good things about the project
- Less good things about the project
- General comments and recommendations

Key findings

Using NCETA's previously developed workplace cultural model of change and workplace resources, the intervention aimed to reduce alcohol-related harm.

The post-evaluation survey found a significant reduction in risky drinking (-11%) and coming to work with a hangover (-10%). It also found significant decreases in the proportion of employees unaware of alcohol policy and procedures (-21%) and of employee assistance policy and procedures (-37%).

Qualitative evaluation data found five key themes that supported the success of the project and contributed to workplace cultural change concerning alcohol use:

- understanding alcohol and drug issues in a broader health context
- promoting the value of the program
- responsiveness to immediate need
- raising awareness of resources in the local area
- incorporating the program into day-to-day work practice.

VicHealth's Creating Healthy Workplaces program was undertaken in partnership with Victoria's foremost researchers, business and industry, to promote health and prevent illness.

Project partners

VicHealth worked with three industry partners in the manufacturing industry who implemented the Reducing Alcohol-Related Harm project in their workplaces. The South East Business Network helped the project team with workplace recruitment, while research and evaluation partners designed and evaluated the interventions.

Table 2: Reducing Alcohol-Related Harm

Industry partners	
Corex Pty Ltd	**Hilton Manufacturing Pty Ltd**
www.corex.net.au Plastics manufacturing	**www.hiltonmanufacturing.com.au** Precision metal manufacturing
A single Victorian work site with a workforce that varies from 80 to 110 employees (80 full-time employees and up to 30 casuals).	A single Victorian work site with a workforce that varies from 150 to 200 employees (150 full-time employees and up to 50 casuals), plus a single Queensland work site with up to 40 employees.
Jayco Australia	**South East Business Network, City of Greater Dandenong (workplace recruitment)**
www.jayco.com.au Recreation vehicle manufacturing	**www.greaterdandenong.com**
A single Victorian work site with more than 1000 employees (only one department of 100 employees took part in the project). All three organisations were family-run manufacturing businesses. The three Victorian sites were located in the City of Greater Dandenong in south-east Melbourne, and the Queensland site was located in Wacol, an outer western suburb of Brisbane. All work sites were characterised by shift work and a large number of semi-skilled and labourer roles, casual employees and contractors.	**Sandra George** Manager
Research and evaluation partners	
LeeJenn Health Consultants (lead)	**National Centre for Education and Training on Addiction (NCETA)**
www.leejenn.com.au	**http://nceta.flinders.edu.au**
Associate Professor Nicole Lee Director **Linda Jenner** Director **Jacqui Cameron** Senior Consultant	**Professor Ann Roche** Director **Dr Ken Pidd** Deputy Director

Alcohol-related harm

Most Victorians drink alcohol responsibly, often while enjoying recreational time with friends and family. However, drinking has a collective cost that is borne by all us. Because it contributes to injury, accidents, violence and more than 200 physical and mental illnesses, alcohol is one of the top 10 avoidable causes of disease and death in Victoria.

Alcohol costs our health and justice systems, workplaces, families and individual Victorians about $4.3 billion every year.

Work-related alcohol use can be either drinking that affects the workplace, or drinking that is informed or influenced by workplace factors. High-risk alcohol use brings a range of problems to workplaces, including accidents and injuries, fatalities, reduced productivity, poor work relations, and increased absenteeism (an employee's time away from work due to illness), and presenteeism (an employee coming to work while ill or suffering from a hangover), which decreases on-the-job performance.

Because so many Victorians drink and we have a culture that encourages drinking, the harms arising from alcohol are spread very widely across the community. This means that, while the potential for benefit is particularly great among chronic and regular binge drinkers, we all stand to gain from an improved alcohol culture in Victoria and an overall decline in drinking.

EVIDENCE REVIEW

The evidence review *Reducing alcohol-related harm in the workplace* is available at: www.vichealth.vic.gov.au/search/creating-healthy-workplaces-publications

90 per cent of the Victorian workforce consumes alcohol, which costs our health and justice systems, workplaces, families and individual Victorians about $4.3 billion every year (VicHealth 2012).

90%
consume
alcohol

Reducing Alcohol-Related Harm project

Planning

Develop study design

The Reducing Alcohol-Related Harm project was based on Pidd and Roche's Changing Workplace Cultures Model (Figure 1). This proposes that working conditions and employee beliefs and behaviours interact to influence workplace cultures of alcohol use. This workplace culture not only has a direct influence on employees' drinking patterns, but can also mediate the influence of the workplace environment on drinking patterns.

Figure 1: A cultural model of work-related alcohol use (Pidd and Roche 2008)

- Work conditions
- Targets and deadlines
- Over/under work
- Excessive hours
- Shift work

- Availability
- Lack of policy
- Lack of supervision
- Lack of positive feedback

Physical environment

Workplace controls

Workplace customs

External factors

- Peer influence
- Social networks
- Safety culture
- Supervisor/manager response

- Workers beliefs and behaviours
- Family/friends beliefs and expectations
- Community social and cultural norms

The study design (Figure 2) involved four work sites: two received the intervention and two were comparison groups. The three-year project included three assessment time points: baseline (T1), 12 months after baseline (T2) and 24 months after baseline (T3). Ethics approval was obtained from Anglicare Victoria's Research Ethics Committee.

Figure 2: Study design
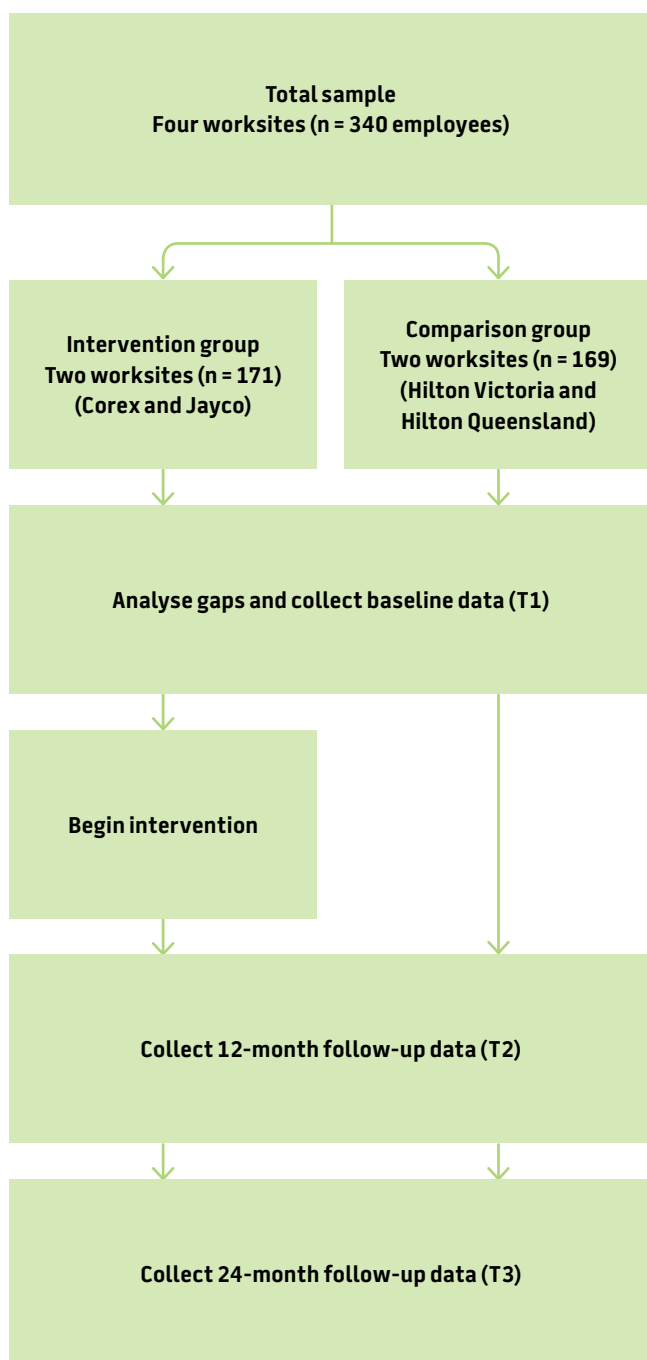
Recruit participating workplaces

The project targeted the manufacturing industry because this industry is a high-risk and high-prevalence group for alcohol use and related problems.

Manufacturing businesses were recruited through South East Business Network (SEBN), a manufacturing industry network group in Dandenong funded by the local council (City of Greater Dandenong). Dandenong is a Victorian manufacturing industry centre with many small-to-medium sized manufacturing companies. SEBN provides services and support to these companies.

To recruit workplaces for the project, SEBN contacted manufacturing companies that were part of their network. Companies that were interested in developing policies and procedures for reducing workplace alcohol- and drug-related harm were invited to attend a presentation of the proposed project. Eight manufacturing company representatives attended, of whom five expressed interest in being involved in the project.

To be considered for inclusion, work sites needed to have:

- more than 100 employees
- high prevalence rates of risky drinking (males, young workers, unskilled workers)
- a demonstrated commitment and support for the project
- the ability to work in partnership with a range of organisations
- a readiness and capacity for long-term systemic organisational change
- a commitment to reducing alcohol-related harm among their employees
- an organisational culture that values and practises reflection and learning.

Advice on whether each work site met these criteria was provided by SEBN and, as a result, two companies (Hilton and Corex) were invited to take part. A further expression of interest was received from a third company that met the selection criteria (Jayco).

Analyse gaps between current practice and ideal conditions

A gap analysis was undertaken at each work site to identify workplace factors (social, structural and environmental) associated with alcohol consumption patterns. This analysis involved:

- an assessment of alcohol consumption and patterns of use
- a review of existing policies, procedures and practices
- an audit to identify relevant community resources and services.

Data was collected via site visits and observations, consultation sessions, interviews with key informants, and employee surveys conducted as part of the baseline data collection. The gap analysis compared current practice with ideal conditions. The data was used to develop targeted strategies based on the specific needs of each work site.

Implementing the strategies

The Reducing Alcohol-Related Harm project comprised five main overlapping strategies (Table 3). These strategies were developed based on the current literature on effective workplace interventions and directly informed by the initial gap analysis. Strategies were implemented in the two intervention work sites only.

Table 3: Reducing Alcohol-Related Harm project strategies

Strategies	Description
1. Alcohol and drug policy package	A comprehensive and tailored alcohol policy package was developed for each work site, drawing on data from the gap analysis and input from each work site.
2. Policy awareness program	An employee awareness program was developed and implemented in each work site. This involved delivering brief information sessions designed to raise awareness of the organisation's alcohol and drug policy (Strategy 1) and providing links to community resources and services for employees seeking help (Strategy 4). At both intervention work sites, all full-time employees who attended work on the day the policy awareness sessions were held were required by management to attend. At Jayco, awareness sessions were delivered by Jayco staff and took approximately 15 minutes. The sessions involved the overwhelming majority of Jayco's 1000+ employees. At Corex, the sessions were delivered by the project team and took 30–40 minutes, including a demonstration of a toolbox talk on alcohol (Strategy 5). Eight sessions were conducted involving 69 employees – approximately 86 per cent of the full-time workforce.
3. Supervisor and manager training	A 90-minute training program covering all aspects of the alcohol and drug policy package was developed and delivered to workers, supervisors, team leaders and managers responsible for policy implementation (Strategy 1) and ongoing delivery of the employee health, safety and wellbeing awareness program (Strategy 5). Eight sessions across the two work sites were delivered to a total of 26 managers, supervisors and team leaders.
4. Referral pathway	A comprehensive Local Area Resource Guide was developed for supervisors and managers to use in conjunction with the Referral Assistance Policy (Strategy 1), to enable them to refer workers to local community services. The guide contains contact details for a range of alcohol and drug service providers, including community health and welfare organisations.
5. Employee health, safety and wellbeing awareness program	A complete worker wellbeing package was developed for supervisors and managers to deliver as part of existing practice and toolbox talks in the manufacturing industry. Supervisors and managers received suggestions, demonstrations and coaching sessions during training (Strategy 3) to build their knowledge and confidence to deliver the 15-minute toolbox topics.

Evaluation

The Reducing Alcohol-Related Harm project was evaluated by collecting and comparing intervention and control groups' pre-project and post-project data on outcomes relating to alcohol-related harm. The project evaluation indicators are provided in Table 1. Table 4 below outlines who participated in the evaluation, how often and what measurement tools and methodology were used.

Additional data was collected from employees at the two intervention work sites. This included assessment of training participants' levels of understanding and confidence to deal with alcohol-related issues, and feedback on the project and its implementation.

Table 4: Project evaluation measures

Evaluation outcomes	Project outcome data	Training data	Implementation and process data
Assessment population	Employees in intervention and control work sites	Employees in intervention work sites who participated in the training	Employees in intervention work sites, including frontline employees, team leaders, supervisors and managers
Evaluation tools	Manager survey and worker survey, specifically designed using standardised measures for alcohol and drug workplace interventions (see Table 5)	Specifically designed pre- and post-training survey	Specifically designed open-ended interview schedule Project log
Evaluation method	Survey questionnaire	Survey questionnaire	Key informant interviews conducted face-to-face Site observations
Assessment frequency	Three time points: • baseline (T1) • 12 months after baseline (T2) • 24 months after baseline (T3)	Two time points: • before training • after training	Two time points: • baseline (T1) • 24 months (T3)

Table 5: Project evaluation survey tools

Evaluation survey tools	How it was used
EWA-Q The European Workplace and Alcohol Questionnaire, developed for use in the European Workplace and Alcohol project (www.eurocare.org/eu_projects/ewa)	This 27-item questionnaire includes the AUDIT-C scale. Items from the EWA-Q were used to assess: • levels of knowledge about alcohol and health • attitudes to work-related drinking • alcohol and alcohol hangover-related absenteeism and lateness • the effects of workers' alcohol use on co-workers.
AUDIT-C Alcohol Use Disorder Identification Test	This short, three-item screen can help identify persons who are hazardous drinkers or have active alcohol-use disorders. One item of the test (amount usually consumed) can be linked to the Australian Alcohol Guidelines recommending no more than four standard drinks on any drinking occasion. It was used to measure alcohol consumption patterns.
National Drug Strategy Household Survey (NDSHS) (Drug measure)	Three NDSHS measures of drug use over the past 12 months were included: • non-medical use of painkillers/analgesics • cannabis use • non-medical use of other drugs.
K10 (Mental health measures) Kessler Psychological Distress Scale	This 10-item questionnaire is intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent four-week period. It was used to measure levels of psychological distress as an indicator of mental wellbeing.
Job Diagnostic Survey (JDS)	This 15-item questionnaire measures overall and facet-specific job satisfaction. The five-item general satisfaction scale was used to measure general levels of job satisfaction.
HSE tool Health and Safety Executive (HSE) management standards indicator tool (www.hse.gov.uk/stress/standards/downloads.htm)	This 35-item questionnaire is designed to measure employee wellbeing. Three items from this questionnaire were used to measure employee perceptions of employee involvement in workplace change processes.

Frameworks

The frameworks and guidelines that informed the Reducing Alcohol-Related Harm project are listed in Table 6.

Table 6: Frameworks and guidelines

Framework	How the framework was used
World Health Organization's *Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners* (WHO 2010)	The project followed the principles set out in the World Health Organization's *Healthy workplaces: a model for action*, in particular the principles of successful workplace interventions: • leadership engagement based on core values • involvement of workers and their representatives • gap analysis • learning from others • sustainability and integration.
Changing workplace cultures: An integrated model for the prevention and treatment of alcohol-related problems (Pidd & Roche 2008)	This integrated model outlines how workplace cultures concerning alcohol use are influenced by workplace customs and practices, working conditions, workplace control factors and factors outside the workplace. The model was used to develop and implement a comprehensive intervention with strategies tailored to the specific conditions of individual workplaces.
Australian Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC 2009)	These guidelines recommend no more than four standard drinks per drinking occasion. The use of the AUDIT-C to measure alcohol consumption allowed for this guideline to be linked to an intervention outcome (risky drinking).

Key findings

Project results

Participants

- Four work sites (two intervention, two control), with a total of 340 individuals.
- Employee age ranged from 17 to 67 years (mean age = 37.4 years). Most were male (78.2 per cent) with a large proportion (37.4 per cent) from a non-English speaking background. Over half (53.8 per cent) were employed in semi-skilled or labourer roles.

Baseline data

Baseline data (for both intervention and control groups) confirmed manufacturing workers were at high risk of alcohol-related harm. At baseline (T1):

- 32 per cent of all employees surveyed reported AUDIT-C scores that indicated problem drinking[1]
- 24 per cent usually drink five or more standard drinks
- 24 per cent reported coming to work with a hangover
- 36 per cent were unaware of an alcohol policy at their workplace.

Key informant interviews and site observations found all work sites involved high-stress, fast-paced work, shift work and long work hours. Data confirmed low levels of policy awareness and inconsistency in managers' and supervisors' understanding of how to identify and manage alcohol-related risk in the workplace.

A summary of the project's key findings in the intervention and control work sites across the three assessment points is given in Table 7.

Table 7: Key findings

Alcohol-related harm measures	Intervention work sites*				Control work sites			
	T1	T2	T3	T1–T3	T1	T2	T3	T1–T3
Individual measures								
Alcohol and health awareness score	32.7	32.9	33.6	+0.9	32.2	31.5	34.1	**+1.9**
Alcohol and work attitude score	21.0	21.2	20.8	−0.2	21.1	22.9	20.5	−0.6
AUDIT-C score	4.1	4.7	4.6	+0.5	3.0	4.1	4.0	**+1.0**
Drinking weekly or more often	13.5%	38.2%	33.0%	**+19.5%**	7.7%	24.4%	23.7%	**+16%**
Usually drink five or more standard drinks	30.9%	26.5%	19.5%	**−11.4%**	17.2%	11.8%	13.5%	−3.7%

[1] Problem drinking is defined in AUDIT-C as harmful or hazardous patterns of drinking (including drinking six or more standard drinks) that can lead to alcohol dependence. It differs from NHMRC guidelines for risky drinking (drinking five or more standard drinks).

Alcohol-related harm measures	Intervention work sites*				Control work sites			
	T1	T2	T3	T1–T3	T1	T2	T3	T1–T3
Workplace measures								
1. Came to work with hangover	29.8%	23.4%	19.9%	**−9.9%**	18.9%	15.5%	18.3%	−0.6%
2. Day off due to alcohol use	3.5%	1.9%	3.1%	−0.4%	0.6%	2.2%	1.9%	+1.3%
3. Came to work late due to hangover	5.3%	3.8%	4.7%	−0.6%	9.5%	4.4%	4.8%	−4.7%
4. Covered for a worker due to alcohol use	6.4%	2.5%	4.7%	−1.7%	3.6%	2.2%	1.9%	−1.7%
5. Worked extra hours because of other worker's alcohol use	6.4%	4.4%	4.7%	−1.7%	10.7%	10.0%	4.8%	−5.9%
6. Accident/near miss due to other worker's alcohol	5.8%	1.3%	2.1%	**−3.7%**	3.0%	4.4%	1.0%	−2.0%
Policy measures								
7. Not aware of current policy	39.8%	25.3%	18.8%	**−21.0%**	31.4%	44.4%	30.8%	−0.6%
8. Support for a workplace policy	72.5%	86.7%	84.3%	**+11.8%**	72.8%	64.4%	74.0%	+1.2%
9. Not aware of employee assistance	77.2%	62.1%	39.8%	**−37.4%**	72.4%	76.6%	68.3%	−4.1%

* Table presents mean (standard deviation) or n (%).
Note: Bold font denotes statistically significant difference.

Overall, the Reducing Alcohol-Related Harm project was effective. It reduced risky drinking (as defined by the Australian Alcohol Guidelines) and alcohol-related presenteeism, while improving alcohol-related attitudes, employee awareness of the workplace alcohol policy, and use of alcohol-related health and wellbeing services.

The project resulted in a significant decline in:

- the amount of alcohol usually consumed (Figure 3)
- the percentage of workers who came to work with a hangover (Figure 4)
- the percentage of workers who were unaware of the workplace alcohol policy (Figure 5) or the employee assistance policy (Figure 6).

The only exception was an increase in drinking frequency for both the intervention and control groups. This may reflect seasonal patterns of alcohol consumption, or under-reporting at baseline due to normative underestimation of drinking, especially among employees who, in the early stages of the project, may have been suspicious of the survey purpose and the potential for employer access to data. Regardless of the increase in drinking frequency, the results provide substantial evidence of intervention effectiveness, as heavy drinking (five or more standard drinks) and alcohol-related harms (coming to work with a hangover) reduced significantly during the project.

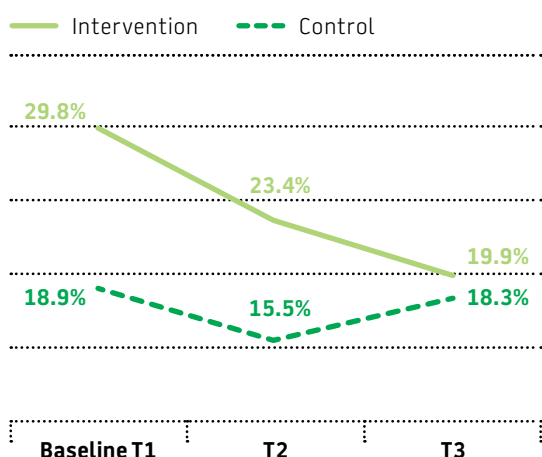**Figure 3: Percentage of workers drinking five or more standard drinks on one occasion**
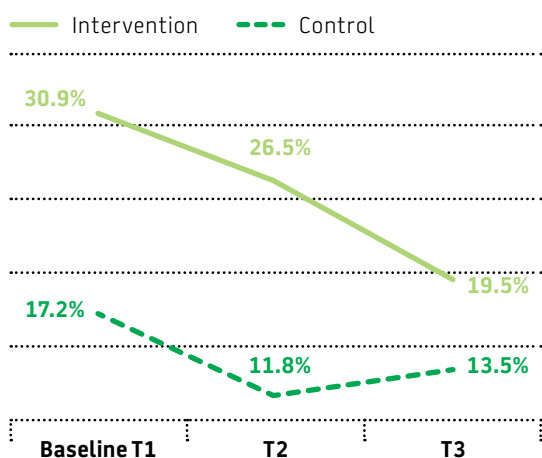
*significant (p= 0.006) decrease from T1 to T3

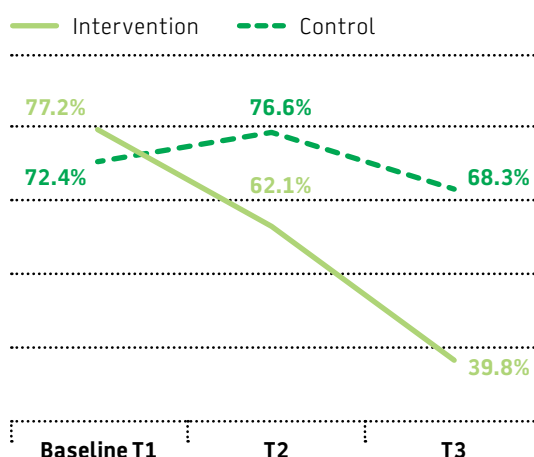**Figure 5: Percentage of workers unaware of the workplace alcohol policy**
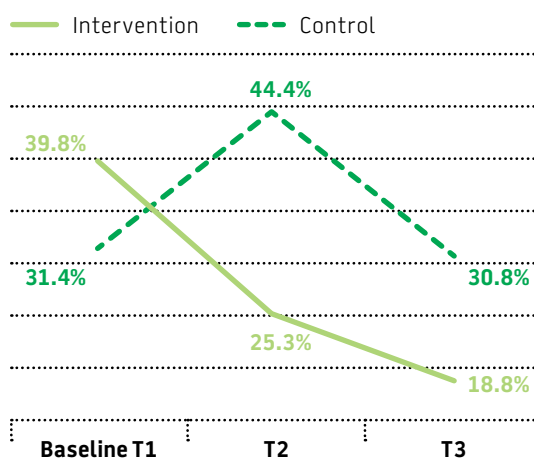
*significant (p<0.001) decrease from T1 to T3

Figure 4: Percentage of workers who came to work with a hangover

*significant (p=0.015) decrease from T1 to T3

Figure 6: Percentage of workers unaware of the employee assistance policy

*significant (p<0.001) decrease from T1 to T3

Training

Data collected before and after training revealed that the supervisor and manager training was effective in raising managers', supervisors' and team leaders' understanding of alcohol-related risk in the workplace, and their understanding of the workplace alcohol and drug policy package content and procedures. The training also improved their confidence in applying the policy and assisting employees to seek help for alcohol and drug problems.

Implementation and process

Interviews with key informants before the intervention (T1) and at post-intervention follow-up (T3) provided evidence of project effectiveness, with reported increases in:

- **policy awareness and understanding of policy implementation procedures:**

  " ____

  Let's not forget that we started off – when you did your survey, nobody knew we had a drug and alcohol policy. So, we've gone to having no awareness whatsoever to having awareness, to then having some good conversations about it, and even as I said, putting it in people's language."

- **awareness of workplace alcohol and drug risk:**

  " ____

  Just realising what our rights and obligations are as both employees, managers and whatever else. It's not until you actually delve into it a little bit deeper that you actually realise what the ramifications can be of people being under the influence or hung-over."

- **understanding of how to respond to risk:**

  " ____

  Yeah, just someone [in my team] was struggling … I gave them that information [local area resource guide] and they followed it up with their doctor as well. And ongoing treatment's happening."

- **understanding of employee referral processes:**

  " ____

  … knowing where to go, having the pieces of paper, and being able to say well you have a problem and here are the contact points for you to go are helpful."

- **levels of workplace communication about alcohol, drug and other worker wellbeing issues:**

  " ____

  Yeah, just to engage everyone. Not just management. Not just team leaders. It's got to go through so that everyone talks about it, and no one is talking about it like this. Everyone's just talking about it like it's normal."

- **levels of trust between supervisors and employees in relation to worker wellbeing issues:**

  " ____

  They don't have to make up a story that they're sick or anything else. They can be honest and it's so much easier to deal with honesty because it proves that not to be honest and something else goes wrong well then you start doubting what they tell you. So that side of it has been positive, very positive."

Successes

Using organisational systems to consolidate and maintain change

To foster a workplace culture that discourages risky drinking, the project used a comprehensive whole-of-workplace approach to bring about change in the manufacturing work sites. The project focused on incorporating strategies into existing workplace processes to maximise uptake, success and sustainability. Integrating the project into the workplaces' existing systems and mechanisms was critical to the successful implementation of the project, and will help to sustain efforts beyond the three-year project timeframe.

Incorporating response strategies into normal day-to-day workplace processes

Toolbox talks were used to raise employee awareness of alcohol (and other wellbeing) risks. The use of toolbox talks to raise awareness of workplace health and safety and production problems are standard practice in manufacturing; extending them to include alcohol and other wellbeing topics allowed the alcohol harm reduction strategy to become part of everyday workplace processes. Supervisor training is also a normal workplace process designed to build supervision and production skills. Supervisors and managers received training in implementing the alcohol and drug policy package, which led to supervisor training in employee wellbeing topics being accepted as normal workplace training.

Policy and procedures

A formal alcohol and drug policy was developed, together with procedural guidelines to support future development and implementation of the policy. The alcohol and drug policy was linked to other organisational policies and procedures on topics such as workplace health and safety, training, discipline and induction of new employees. This ensured that the policy package was reviewed and updated annually.

Staff induction

Administrative processes were updated so that new employees were introduced to the alcohol and drug policy during staff induction.

Communication channels

Existing communication channels were used to disseminate information on the project. These included:

- staff emails
- summary of the policy principles in a poster for display on staff notice boards and in lunch rooms
- summary of the policy principles translated into languages spoken by workers and distributed to employees in a flyer
- information on how to seek help for, or more information about, alcohol and drug (and other wellbeing) problems summarised in a flyer that was displayed on notice boards or distributed in lunchrooms
- use of toolbox talks to raise awareness of alcohol risk and other wellbeing issues.

Feedback from supervisors and other employees indicated that the toolbox talks and the flyers providing help in seeking information were particularly effective.

Workplace health and safety committee and the workplace safety culture

In one work site, the project was a permanent agenda item for the workplace health and safety committee's monthly meetings, in order to 'keep it visible'. Together with the use of toolbox talks, this raised levels of awareness and communication about alcohol, drugs, and other employee wellbeing problems. As a result, such matters were considered part of regular, everyday employee safety and welfare conversation.

These processes also targeted factors identified in the cultural model of work-related alcohol use that underpinned the project:

- The development of a formal policy introduced a workplace control mechanism that can restrict work-related alcohol use.
- Supervisor training also increased levels of workplace controls by building the capacity of supervisors to implement the policy.
- Existing behaviours and beliefs about alcohol use and greater awareness of factors in the physical workplace environment (such as shift work and long hours) that can contribute to harmful use were discussed in toolbox talks.
- The training also tackled workplace customs and practices by improving supervisors' responses to alcohol problems in the workplace. Similarly, including the alcohol and drug policy package in toolbox talks and on the regular agenda of workplace health and safety committees improved the workplace safety culture concerning alcohol risk.

New resources to support alcohol harm reduction in workplaces

A number of templates for alcohol harm reduction policies, tools, resources and training programs were developed. These can be applied to different industries and contexts.

Table 8: Templates and resources

Strategies	Resources developed

1. **Alcohol and drug policy package**	• Alcohol and drug policy:
	   – a poster summary of policy principles for display on factory floor
	   – a summary of the policy translated into eight languages: Albanian, Chinese Simplified, Dari, Khmer, Singhalese, Turkish, Urdu and Vietnamese
	 • Referral assistance policy
	 • Guidelines on the use and management of alcohol at workplace functions
	 • Alcohol policy consultation sessions:
	   – session plan
	   – PowerPoint slides
	   – handouts

2. **Policy awareness program**	• PowerPoint slides • Handout 1: Site gap analysis summary
3. **Supervisor and manager training**	• PowerPoint slides • Handout 1: Policy package • Handout 2: Low-risk drinking • Handout 3: Supervisor checklist
4. **Referral pathway**	• Local Area Resource Guide • Local Area Resource Guide mini (pocket-sized)
5. **Employee health, safety and wellbeing awareness program**	• What are toolbox topics? • Toolbox topic 1: stress • Toolbox topic 2: medicines • Toolbox topic 3: fatigue • Toolbox topic 4: stimulants • Toolbox topic 5: anxiety • Toolbox topic 6: cannabis • Toolbox topic 7: depression • Toolbox topic 8: healthy eating • Toolbox topic 9: alcohol • Toolbox topic 10: smoking • Toolbox topic 11: getting help

Insights

Competing pressures: project versus production

As all of the work sites were involved in manufacturing, there was a constant juggle between the project activities and the need to meet production targets. Thus, any component of the project that affected production was difficult to implement and required a lot of flexibility and adaptation to meet local needs.

One tactic to help the project fit with the demands of production was the use of toolbox talks. These are a way for managers and supervisors to discuss with employees a range of topics, including safety, production, quality, operating procedures, project status, and company or policy updates. They are designed to fit into normal production processes (for example, they might be held at the start of a shift or at shift changeover). In the case of the Reducing Alcohol-Related Harm project, they were used to increase awareness of alcohol-related harm and the relationship between alcohol use and worker wellbeing.

All the work sites experienced some difficulties as a result of taking part in the project. However, some problems were unique to a particular site. The largest workplace-specific difficulty occurred at the site where random alcohol testing was included; positive tests had substantial repercussions on production lines as employees returning positive tests had to stop work immediately. Testing also required lengthy administration times and processing, as explained by this key informant:

> "
>
> I think the testing definitely helps, but it's hard work. [laughter] You got to get it all organised, you got to get all your names ready, you got to go and tell everyone, you got to inform the managers, and we can't tell the managers, or the manufacturer managers, until the day of the testing, because we don't want anything getting out [knowledge of the testing]… we've had a great reduction [in the number of positive alcohol tests], which has been good, but it's all the follow-up in between so you've got counselling for people we have to provide. We've got warning letters, we've got follow-up tests, the secondary tests, secondary warnings, and things like that. That's been one of the things is it's been quite time consuming, but apart from that it was pretty straightforward."

At another site, where production lines operated 24 hours a day, seven days a week, it was more difficult to implement the project strategies. The project team repeated employee awareness and training sessions across the 24-hour roster to accommodate multiple shift patterns and to minimise disruption to production.

General lifestyle program versus targeted alcohol harm reduction

The project demonstrated the importance of meeting the needs of both employers and employees. For example, when first approached to become involved, employers generally regarded alcohol as a 'non-issue'; they were more concerned about drug use and insisted the focus be on drug use. To comply with this, drug use was included in the project. However, after working with industry partners through the first year, the importance of addressing alcohol-related harm became evident.

Similarly, employees were reluctant to discuss alcohol or drug topics. However, when discussed as a wider issue of worker wellbeing, and when the relationship between alcohol use and worker wellbeing was understood, employees were more accepting. Workplaces were also keen to discuss other wellbeing topics, such as mental health and job stress.

Involvement of workers

The involvement of workers was crucial. Workers were involved from the early stages of gap analysis and policy development through to choosing topics for the toolbox talks. This led to a sense of worker ownership of the project; workers regarded the completed alcohol and drug policy package as being developed by them to meet their wellbeing needs.

Toolbox talks on workplace health and safety topics

As well as being useful in raising awareness of alcohol-related harm and the relationship between alcohol use and worker wellbeing, toolbox talks were a good way to encourage workplace communication about these issues. At one work site in particular, employees reported that these talks had resulted in them being comfortable discussing alcohol and other wellbeing issues at work and had raised levels of trust between employees and supervisors when discussing these matters.

"

I think the testing definitely helps, but it's hard work… we've had a great reduction [in the number of positive alcohol tests], which has been good."

The Reducing Alcohol-Related Harm project was an effective and acceptable intervention.

Conclusion

The project reduced risky drinking (as defined by the Australian Alcohol Guidelines) and presenteeism (the number of employees coming to work with a hangover or unwell as a result of alcohol), while improving alcohol-related attitudes, employee awareness of the workplace alcohol policy, and use of alcohol-related health and wellbeing services. It also provided one of few empirical interventions that reduced drinking to levels closer to Australia's Alcohol Guidelines.

The project added to the evidence and understanding of how the workplace environment and culture can discourage risky alcohol use. Importantly, the project took a broad and multi-faceted approach to tackling workplace alcohol issues based on the cultural model developed by Pidd and Roche (2008). Previous endeavours have been based on narrower conceptualisations and, as a result, have often failed to succeed in complex, real-world settings. Without a full appreciation of the wide range of factors that influence behaviours such

as alcohol use, interventions are likely to bring limited benefits. Beyond demonstrating that organisations and individual workers can change significantly in their attitudes to, and use of, alcohol, this project showed the importance of understanding the particular cultural dimensions of each workplace which requires specifically tailored and nuanced responses.

This innovative and rigorously evaluated project accurately documented alcohol consumption patterns and levels of alcohol-related harm at work, and provided us with important new knowledge on effective and acceptable strategies to reduce alcohol-related harm. Importantly, it developed templates for alcohol harm reduction policies, tools, resources and training programs that can be applied to different industries and contexts. It continues VicHealth's pioneering work to reduce alcohol-related harm for all Victorians.

References

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