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Alcohol Consumption and Workplace Health (Alcohol in the Workplace | Part II)

DIAGEO

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Focusing on a workplace issue that can seriously impair employee health and productivity yet is neglected by employers, this two-part series on alcohol in the workplace is designed to help employees who might be experiencing difficulties from engaging in harmful and potentially hazardous drinking. Alcohol misuse by workers and their family members creates risks and costs to companies, but it can be addressed through well-tested and easily implemented programs.

The Costs and Benefits of Addressing Hazardous Drinking

For most people who drink, alcohol is a source of pleasure, but it becomes a problem when people drink in ways that are hazardous to themselves or others. Problematic drinking has costs to employers and individuals, which were described in the first part of this series: (<http://www.ihpm.org/workplace-centers/behavioral-health>). These costs include increased absenteeism, productivity loss at work from “presenteeism”, increased risk of on-and-off-the-job injury, increased use of health care services, and psychological stress on families.

While alcohol problems that are left unaddressed are costly to employers and families, the good news is that when these problems are addressed, not only do costs go down but workers in recovery are as capable as their peers who do not have alcohol problems. New research by NORC at the University of Chicago¹ finds that with treatment, not only do workers recover, but they also show evidence of being better employees. The new research findings show these effects:

- **Absenteeism:** Workers in recovery who report receiving substance use treatment in the past and who have not had a substance use disorder within the last twelve months, miss fewer days of work, and take a day less in unscheduled leave for injury or illness, than their peers;
- **Turnover:** Employees in recovery are much more likely to stay with their employers than workers with untreated substance use disorders.

- **Health care use:** There are no differences in hospital, emergency department, or outpatient service use between workers in recovery and their peers;
- **Mental health:** Workers in recovery are indistinguishable from their peers: both groups report low rates of depression, anxiety and serious psychological distress – about half the rates of employees with an alcohol use disorder – and more than 15,000 EAP clients followed up 6 months after receiving services reported significant improvements in concentration (less presenteeism), engagement in their work and life satisfaction;
- **Smoking:** Workers in recovery are less likely to have had even one cigarette in the previous 30 days than their peers (19% vs. 23%), and less likely to be

To help employers understand how excessive alcohol consumption among their work force impacts their bottom line, researchers at NORC, the National Safety Council and Shatterproof developed an online tool – (<https://www.shatterproof.org/real-cost-substance-use-employers>) – to calculate the financial costs of untreated alcohol problems compared with the costs avoided if workers did receive effective treatment. The free, online tool uses data from nearly 200,000 respondents to US epidemiological surveys of substance use, and makes it fast and easy for employers to determine how common harmful or hazardous alcohol consumption affects workers and their families – as well as providing information about effective treatments worldwide. Employers only have to enter very basic information about their workforce – industry sector, location and number of employees – and they get an instant report showing how many employees are likely to have an untreated alcohol problem and what it’s costing them in unscheduled leave, turn-over and replacement costs, and health care use. Employers also see the potential costs avoided if their employees receive effective treatment.



AUDIT Consumption Questions (AUDIT-C)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

dependent on nicotine;

- **DUI:** Almost two thirds of workers with an alcohol use disorder report driving while under the influence, compared with 16% of the general work force and only 11% of workers in recovery;
- **Impact on families:** A study by Kaiser Permanente of Northern California tracked health care use and costs of families who had a member with a substance use disorder (primarily alcohol) for two years before and after that member received treatment. Before treatment, families had significantly higher costs and more psychiatric and medical conditions than those in the control group of families that did not have a member with a substance use disorder. After treatment, families of workers in recovery used health care at the same level as control group families. But, if the treated family member was not in recovery, family health care use and costs were high and kept increasing over time.²

Screening & Brief Intervention: The Process

There is a relatively simple method for reducing alcohol-related costs and helping workers address hazardous drinking. This method—called screening and brief intervention or SBI—has reduced problems associated with excessive alcohol consumption in various settings across the globe – including employee assistance programs (EAPs), occupational health clinics, workplace wellness programs, primary care physicians' offices, and even online. For workers with more serious alcohol problems that do not respond to brief interventions, however, medications and counseling are effective. Treatments for alcohol consumption disorders have as good or better outcomes than treatments for diabetes,

hypertension and other common medical illnesses.³

There are two core parts of SBI:

1. Screening – the process of assessing risk

The first step in assessing risk is to ask three simple questions about the quantity and frequency of alcohol consumption. These questions can be asked through health risk appraisals, by employee assistance counselors, in occupational health clinics and wellness programs, through online programs, or as part of visits to a physician or other health care provider – all are equally effective in identifying hazardous alcohol consumption.

Although there are several good screening questionnaires available, the World Health Organization's **Alcohol Use Disorder Identification Test**,⁴ (AUDIT) detects hazardous and harmful use as well as probable alcohol dependence. The first three questions of the AUDIT, called AUDIT-C, ask about quantity and frequency of alcohol consumption. The AUDIT-C generally takes less than one minute to complete and can be used by itself or as part of a larger set of screening questions, as well as being a tool for tracking change.

2. Brief Intervention – A behavior change strategy focused on helping workers reduce or stop unhealthy drinking

If during the screening unhealthy alcohol consumption is found, a brief discussion follows. This intervention offers feedback, in a non-judgmental way, on how the individual's drinking compares with that of others. The feedback also offers the opportunity to provide simple advice, explore the pros and cons of drinking, and ask if the individual is willing to change their behavior. Brief interventions can take as little as 30 seconds or as long as 30 minutes or more. They can help many, but certainly not all, to make changes; some will not be ready

to change, or may need specialized addiction treatment.

SBI is simple, brief, and effective and takes less than 10 minutes to complete. An analysis of more than 360 controlled clinical trials of treatments for alcohol use disorders found that screening and brief intervention was the most effective treatment method of more than 40 methods that were studied.⁵ At its simplest, brief intervention is counseling to “cut back” on hazardous drinking;⁶ there usually are five elements of a brief alcohol intervention:

1. Bring attention to a patient’s elevated levels of drinking
2. Recommend limiting use or abstaining
3. Inform about the effects of alcohol
4. Explore and help/support in choosing a drinking goal
5. Follow up

If it appears that the individual has a more serious problem with alcohol, more in-depth counseling may be needed and referrals can be made. Such counseling may take longer, and could involve the use of medications to reduce craving and cut hazardous use. Regardless, the first step is the same—you have to ask: everything else flows from asking about quantity and frequency of alcohol consumption.

SBI: Effective in Work Settings

A growing body of research shows that the beneficial effects of SBI extend to workplace programs, reducing presenteeism while improving productivity and worker health.⁷ Much of the innovation in workplace alcohol SBI programs comes from Australia, the US, UK and Scandinavia; new such programs, however, are emerging in Russia, Central and South America, Japan, China and India. Most programs report that about half of workers screened for hazardous consumption, and counseled to cut back, do reduce their drinking. Workers who receive brief counseling are more likely to reduce hazardous consumption than drinkers who are not screened, or who are assessed but not counseled.⁸ Brief counseling also can motivate high-risk drinkers to seek more intensive help;⁹ following are some examples.

SBI in Occupational Health and Wellness

Many companies are adding questions about alcohol consumption to their routine health risk assessments, and counseling alcohol risk reduction within broader health promotion programming. A lifestyle and physical activi-

ty program for civil servants in Northern Ireland¹⁰ found that, six months after brief counseling that included information about hazardous alcohol consumption, half of participants reported modifying and reducing their hazardous alcohol consumption. Occupational health programs in the UK, Japan, Australia and Sweden found similar effects.¹¹ A wellness program in the US for young restaurant workers, which taught stress coping skills and challenged social climate factors that might encourage hazardous drinking, reduced heavy drinking and workplace alcohol problems.¹²



DRINKiQ CURRICULA and E-LEARNING

DRINKiQ Curricula and E-Learning constitute an interactive workplace educational program developed by Diageo, which can be used as part of occupational health and wellness programming or in any setting to raise awareness about the effects of alcohol, and encourage responsible decisions about drinking or not drinking. The face-to-face sessions cater to a smaller group of about 30 and are a facilitated conversation about alcohol and its effects. They explore the effects of alcohol on the body, including how it is metabolized, consider factors that impact how it is processed, and offer drinking guidelines as well as responsible drinking and hosting tips. They also feature a “pour exercise” so participants can see and experience what a standard drink looks like, and debunk myths about alcohol.

The E-learning – a 30-minute module – explores all the same topics including the pour exercise through games, videos and slides. Both the facilitated conversation and the E-learning have pre-and-post surveys so those administering the tool can track progress and effectiveness against clear learning objectives. These resources are available free of charge. The E-learning course can be found at www.DRINKiQ.com, Diageo’s responsible drinking site, which is currently available in 27 countries



and 12 languages. If you would like more information on the DRINKiQ program or the DRINKiQ E-learning module and how you might use it within your organization, please contact IHPM [questions@ihpm.org] or call +1480.305.2100

SBI in EAPs (Employee Assistance Programs)

In the US and Canada, most large and many mid-size employers offer employee assistance services. Though less common outside North America, EAPs are increasingly offered by large multi-national corporations in the UK, EU, and Far East.¹³ In 2009 an international EAP effort, the BIG (Brief Intervention Group) Initiative supported in part by Diageo, formed to mobilize the EAP industry in the US and Canada to make universal SBI routine practice in the EAP industry.¹⁴

Pilot studies in three large US EAPs found routine screening of clients for hazardous alcohol consumption increased rates of detection from between 3% to 5% of cases to between 18% and 25%.¹⁵ Within four years of its inception the BIG Initiative involved 175 organizations; including all major US and Canadian EAP vendors responsible for the bulk of covered lives. A Colorado state employee EAP that routinely screens clients for hazardous alcohol consumption and offers brief counseling found that, at follow up, employees were more engaged at work and had improved productivity, they also missed fewer days of work, and exhibited less workplace stress.¹⁶

Peer/co-worker programs exist in some unionized industries. These programs generally mirror EAP functions, but operate outside of corporate management. A US railroad workers' program, Operation RedBlock, focused on changing workplace attitudes toward on-the-job alcohol consumption, and training workers to recognize and intervene with co-workers exhibiting drinking

problems. The program reduced on-the-job injuries by one-third, and substantially cut healthcare costs.¹⁷

An international airline pilots' peer assistance program, HIMS, offers pilots who test positive for alcohol or have an alcohol-related infraction substance use treatment, ongoing counseling, and alcohol/drug monitoring for 2 to 5 years. Of the more than 4,000 pilots who have participated in HIMS, lifetime relapse rates are very low – between 10% and 12%.¹⁸ And in the five years after returning to work, pilots who participated in HIMS used significantly less sick time than prior to entering the program.¹⁹

Employers may find the threat of job loss can prompt needed focus on reducing hazardous alcohol consumption.²⁰ Employees who rely on their jobs for income to survive and support their families may suddenly pay attention when those jobs are put at risk. At a large Russian Federation steel mill, managers and the company's EAP used job performance and disciplinary steps to motivate workers with alcohol disorders to break through denial and engage in treatment.²¹ At follow-up, workers treated through the EAP had greatly reduced their hazardous alcohol consumption, were absent from work much less often, and reported much less work-related stress and greater engagement in their work.

Web-Based Interventions

Companies are exploring the effectiveness of interventions delivered via the Internet, which have the advantages of being private, anonymous and accessible at any time. Evaluations of web-based personalized feedback find that drinkers who participated in these online programs reduced the amount and the riskiness of their drinking.²² It is not clear from the research whether hazardous drinkers who spend more time interacting with the web-based SBI programs get more benefit from these programs than those who also receive face-to-face brief counseling.²³ One study of male workers at a manufacturing plant in Japan did find that face-to-face counseling was more effective than email feedback alone in modifying hazardous drinking,²⁴ but more studies of workplace SBI programs are needed to confirm this finding.

Let's Get Started!

Employers have been leaders in promoting screening and treatment for illnesses like diabetes, heart disease, and depression—all of which once were significantly under-diagnosed. Excessive alcohol consumption has

similar impacts, yet it still is generally unrecognized and untreated. Now is not too late to promote workplace SBI in order to reduce excessive drinking in 2017. Employers can improve productivity, reduce health care costs, and identify problems before they lead to tragic

accidents or expensive medical interventions. The first step may be the hardest and the most essential – “employers have to ask”. Everything else flows from asking about quantity and frequency of alcohol consumption.

About the Author: Eric N. Goplerud, PhD, is a clinical psychologist, Vice President and Senior Fellow at NORC at the University of Chicago. Previously, Dr. Goplerud was a research professor in the Department of Health Policy at George Washington Medical Center, and Associate Administrator for Policy and Planning at SAMHSA. For more than twenty years, Eric has led interdisciplinary teams of researchers, trainers, policy makers, and clinicians to fundamentally reshape the clinical, policy, and financial environment to promote integrated substance use and mental health treatment in healthcare. He has conducted large- and small-area survey research, policy analyses, program evaluations, technical assistance programs, and training across a broad array of behavioral health and justice issues. He also has lead several health reform-related projects, including an ASPE evaluation of compliance with the Mental Health Parity and Addiction Equity Act, an ASPE study of integrating substance use services in community health centers, a CMS demonstration program of Medicaid payment for treatment of psychiatric emergencies in Institutions for Mental Disease, a series of surveys of patient-centered medical homes and integrated health and behavioral health services in Federally Qualified Health Centers, a foundation-supported national campaign to integrate substance use screening and treatment into the routine practice of the nation's hospitals, and a DOD and private sector funded project to train military health and behavioral health professionals to screen and treat military personnel with risky alcohol use behaviors. He organized and led the Patient Protection Coalition which advocated modernizing 42 CFR Part 2, the Federal substance use record privacy regulations.



NORC at the University of Chicago is an independent research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions.

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Diageo is listed on both the London Stock Exchange (DGE) and the New York Stock Exchange (DEO) and its products are sold in more than 180 countries around the world. For more information about Diageo, its people, brands, and performance, visit www.diageo.com. Visit Diageo's global responsible drinking resource, www.DRINKIQ.com, for information, initiatives, and ways to share best practice.

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About Institute for Health and Productivity Management (IHPM) and WorkPlace Wellness Alliance (WPWA) | Advancing Health and Performance Globally | IHPM WPWA is a non-profit enterprise devoted to establishing the value of employee health as a global business asset. The core principle at the center of all of the Institute's work is that health, well-being, and productivity are global issues impacting the success of companies and nations. IHPM provides data analyses, measurement tools, and HPM services and consultation to its members and clients in the United States, Latin America, Europe, Middle East and Asia. The Institute helps employers to identify the cost impact of employee health on business performance, choose the best programs to reduce this impact by improving health and productivity, and measure the success of their efforts. The Institute is a unique driving force for changing health from a medical cost to a business asset for employers and nations. This unique status was recently acknowledged by the World Economic Forum when it chose IHPM as a partner for its global WorkPlace Wellness Alliance. The WorkPlace Wellness Alliance [WPWA] is a global group of multinational companies focused on transforming workplaces into environments that promote and sustain optimal health, wellbeing and performance.

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