

Trades Union Congress



alcohol and work

# a potent cocktail

**The TUC response to the Cabinet Office/Department of Health  
consultation document on a National Alcohol Harm Reduction  
Strategy**

The TUC welcomes this initiative on alcohol harm reduction. Alcohol misuse is a problem which appears to be growing. It has the potential to rob people not only of their health, but their jobs, self-respect and family and friends. Assisting people who may have become dependent on alcohol is not just good for society but also good for business. The TUC and trade unions are keen to ensure that effective policies on alcohol are pursued at the workplace. This is very much a workplace issue.

The Trades Union Congress represents people at work in Great Britain, and this response has been developed in consultation with the 69 trade unions which between them have nearly 6.7 million members.

# where's the workplace?

The TUC appreciates that this CD is a scoping exercise and that the SU/DoH are asking what should be part of the strategy. But the TUC believes that the workplace should be a key element in any strategy and we are disappointed that this significant element was not reflected in the initial thoughts of SU/DoH.

Looking at substance misuse across the whole population, most workforces, will contain a proportion of individuals with an alcohol problem. In one study conducted by the Confederation of British Industry (*Managing Absence – in Sickness and in Health*), drink and drug related problems were one of the commonest causes of sickness absence.

Another study in 1996 by the Reward Group for the Chartered Institute of Personnel Development (CIPD) found that an increasing number of businesses are reporting cases of substance misuse by their employees. A more recent study, published in *Personnel Today* in August 2000, by Alcohol Concern and Drugscope, reported that 60% of employers reported problems due to alcohol misuse and 27% reported problems due to drug misuse.

As the CD points out studies of the whole population show that consumption of alcohol among women is rising and men are drinking the same levels they have for the past few years, despite national initiatives to reduce consumption. Employers are likely to face more and more incidences of problem alcohol use.

Despite this and the fact that the majority of personnel directors believe alcohol to be a problem at the workplace, the CIPD study shows that a large number of organisations (43%) do not have a drug and/or alcohol policy in place, and the vast majority (84%) do not run awareness programmes for staff. Where they have introduced policies, the focus is often on screening rather than a broader approach.

# work can drive people to drink

Work plays a major part in people's lives, and it plays a major part in the way people develop drinking problems. Here are just a few of the most common ways that work leads to drink.

## **Stress**

People do not turn to drink in isolation from the rest of the world or their relationship with it. The TUC's biennial survey of trade union-appointed workplace safety reps regularly demonstrates that stress is the major issue at the workplace by a considerable margin over other issues. The main causes of stress reported by the trade union safety reps are: workloads, cuts in staff, change, long hours, shift work and bullying and harassment. In this type of working environment employees may turn to alcohol to find relief from the pressures of a stressful workplace

## **Workplace culture**

Work and the workplace are often at the centre of a person's social life. It may be the culture of the workplace which encourages the use and perhaps the misuse of alcohol. Lunchtime and, more often, after-work drinking can be central to office or factory social life. Such activity can often bring a cohesion to the workplace and the way in which people inter-react with each other at work. But it can also promote over-consumption of alcohol. Alcohol may also be at the centre of the business culture at boardroom level where alcohol is seen as part of the interplay with customers and clients.

## **Availability**

Access to alcohol, through work, is also an important element. Availability is self evident in the licensed trades such as pubs, clubs and other leisure facilities. Alcoholism and ill health brought on by excessive or regular alcohol consumption is widespread amongst publicans and is the major issue dealt with by the unions who represent workers in that sector. But there are many other workplaces where

alcohol is freely available, such as workplaces with social clubs, which provide the opportunity to access cheap alcohol as well cementing workplace friendships. In many areas, particularly outside metropolitan districts, such clubs can be the social centre for many in the community.

### **Long hours and working away from home**

Long hours can also be a reason for people using and misusing alcohol on a regular basis. This may be particularly prevalent where there are periods of downtime and staff bridge the gap between shifts or tasks by going to the pub. Those that travel away from home regularly may also be at risk as the only place to spend their spare time, rather than sitting in a hotel room, may be in a bar or a club. This will apply to airline workers and long distance drivers, as well as sales reps and the like, for although companies may have policies and a testing regime with regard to alcohol and drugs, they provide nothing for staff who are left far away from home with little to do except drink.

# effects of alcohol on work

The problems of alcohol and safety critical staff, such as train drivers, road-gang look-outs or airline pilots are well-known. Not only are there implications for their own safety but also that of others.

Alcohol may also be the cause or contributing factor to accidents at work. The role of alcohol as a factor in accidents is unclear. The Health and Safety Executive has reported in the past that alcohol was involved or contributed to 23 to 25 per cent of accidents but there is little hard evidence for such assertions, and some caution is needed with such figures because alcohol is an easy explanation for what may be a complex mixture of causes.

Alcohol is certainly known to be a major reason for workplace absence. The advice network charity Alcohol Concern suggests that up to 14.8 million working days are lost each year as a consequence of drinking, constituting between 3% and 5% of all absences. Long-term sickness absence, unemployment and premature death due to alcohol are also estimated to cost some £2.3 billion (this figure does not take into account the costs of short term sickness absence, reduced productivity and the costs of replacing skilled employees). But these are all estimates. What we do know is that there is a strong correlation between alcohol and work absence.

Excessive drinking at the weekend may lead to an inordinate size hangover and a Monday 'sicky'. But people who take occasional days off sick are not necessarily 'problem drinkers' – and conversely, people with an alcohol dependency problem are often very good at hiding it, including from themselves, so their attendance record may be unblemished for long periods of time. What we do not know is what the effect on the workplace is from those that drink regularly or are alcoholic, are at work and lead what appears to be an otherwise stable lifestyle. There is a research gap on the chronic effects of long term alcohol consumption and work.

# interventions at work

One thing we do know is that the majority of people who have a drinking problem are in work, so work can be a key location for combating the harm that alcohol can cause. There are a number of initiatives that are or could be used by employers.

*Screening* – including pre-employment screening of applicants or screening workforce health and lifestyles in order to assess levels of consumption of alcohol.

*Testing* – including regular testing as part of a health surveillance process or independent tests on a random basis. Testing is also done on a ‘for cause’ basis, for example when an employee is tested following an incident to see if the person could be under the influence of drugs or alcohol.

However, there are serious concerns about screening and testing as neither keeps alcohol or drugs out of the workplace and testing cannot tell whether alcohol was actually the *cause* of the incident. And there are human rights and privacy issues involved in both. Except as part of a holistic policy, the TUC is opposed to screening and testing, and especially to random testing which is very rarely fair or effective.

*The Buddy System* – this is a method the use of which is growing in the United States and which is beginning to find favour here. In the US testing is being found ineffective and expensive. This alternative depends on creating a culture in the workplace where staff are enabled and encouraged to come forward about their own or a colleagues drink problem. The individual concerned, their family, friends and work colleagues are all involved in the treatment programme. The effect of the programme appears to be far more effective and longer lasting than other interventions in developing a responsible approach to alcohol in the workplace.

*Occupational Health Provision* - in the Health and Safety Commission's *Securing Health Together* strategy, the Government acknowledges the central role that occupational health services must play in achieving an improvement in the health, safety and welfare of working people and established a ten year plan with hard targets for reducing work-related ill-health. The role of occupational health services is crucial to improvement in dealing with alcohol as a workplace issue. Alcohol is not an isolated issue in the workplace but has to fit into the employer's system for managing health, safety and welfare, and provision of an occupational health service is key to that.

*Employee assistance programmes (EAPs)* – EAPs are sometimes seen as a sticking plaster approach to issues but they can be a valuable tool in alerting employers to problems at the workplace and assist them in developing strategies to deal with them. They need to be independent, meet quality standards and have some privacy-protecting feedback mechanism.

*Health promotion* – the workplace provides an ideal location for disseminating information and providing training in health promotion including a better understanding of alcohol and its effects on an individual's health and those around them.

### **Holistic policy**

All these above elements can be integrated and there needs to be a policy setting out a coordinated holistic approach to the issue which could include the services or advice of the safety adviser, occupational health provider, welfare officer, outside agencies as well as management and employees. Such policies and any approaches within them, including the selection of outside expertise, should be negotiated with trade unions, not least so that the workforce has confidence in them.



# what is needed

Because the Government is engaged at the moment in scoping this issue, the TUC is not making detailed recommendations or proposals at this stage. This section sets out some of the main areas where we think work could usefully be done, and the stakeholders could make a positive contribution. These are our priorities for action, and they could obviously be supplemented by other initiatives.

## **Research**

The consultation document shows that we know very little about the relationship between work and alcohol. Clearly, more research is one of the main priorities in this field.

There are three key areas which need to be investigated:

- What is the extent of the problem? Many of the statistics quoted in this area (including those in this response) are of a partial nature and are open to question. There needs to be extensive and comprehensive research into the extent of the misuse of alcohol by those in work and its effect on and cost to industry.
- The efficacy of solutions – what is the full range of interventions available to the workplace, how have they been used and how effective have they been?
- The role of work as causation – there has not been a comprehensive study into how and in what ways work can have detrimental effects on the drinking habits of employees.

## **Key players**

The TUC believes that there are three key players in the area of alcohol and the workplace – government, employers and trade unions. The TUC is calling on these players to undertake four key actions which we would like to see encompassed in the National Alcohol Harm Reduction Strategy. They are:

## **Government**

- Provide and spread the use of occupational health services bearing in mind the needs of small and medium sized enterprises.

- Take action against stress in the workplace, including regulatory action, guidance and enforcement to remove some of the main causes of work-related drinking.
- Offer financial incentives for employers who take action to acknowledge that employers are providing a service to assist in what is also a wider social issue. This could be in the form of tax credits for those employers who provide an employee assistance programme or an occupational health service.
- Fund research of the type indicated above.

### **Employers**

- Adopt a holistic policy on alcohol in the workplace in partnership with unions.
- Provide an assistance programme and/or an occupational health service.
- Introduce a rehabilitation programme to assist members of staff back into the workforce or help them to remain as an effective contributor.
- Adopt an approach to managing alcohol at work based on the HSE's guide to tackling any workplace risk – that is, measure, assess, remove the cause and treat and assist the person.

### **Unions**

- Negotiate a policy etc with the employer and consult with their members on the issue of alcohol at work.
- Train and provide information to trade union reps on how to deal with alcohol and work.
- Raise awareness of the issue with their members.
- Provide representation for members facing disciplinary hearings in relation to misuse of alcohol at work and to act as advocates for those in rehabilitation.

The TUC does advocate an holistic approach to this issue and does recommend that employers seek assistance, amongst others, from EAP providers. However, the nature and quality of such providers can vary enormously. There is no formal way in which such providers can be accredited or for employers and unions to know they are getting the best service possible. Similar comments can also be made about consultants offering advice on alcohol or in combating stress at work. It is essential that a national accreditation system or quality mark is established so that employers and unions can be satisfied about the quality of the advice which they are receiving.

# conclusion

The TUC believes that unions, employers and government should work together in partnership to promote health and safety at work, including addressing issues such as alcohol. The TUC has a long track record of working with the Confederation of British Industry, the Health and Safety Commission, Government and voluntary organisations on alcohol and work.

A partnership approach to dealing with alcohol and alcohol misuse at work is the only approach which will ensure the confidence of both employers and employees and therefore provide a firm foundation for success.

For further information contact Tom Mellish on 020 7467 1323 or at [tmellish@tuc.org.uk](mailto:tmellish@tuc.org.uk)