

# Alcohol and the Workplace



## Key points:

It has been estimated that the effects of alcohol cost Australian industry in excess of \$3.2 billion per year.

An employer has a duty, as far as practical, to provide and maintain a working environment in which employees are not exposed to hazards.

Alcohol can affect a person's ability to work safely.

Employees have a duty to work safely and to not adversely affect or endanger the safety or health of others.

## *Effect of Alcohol on Performance*

Alcohol (ethyl alcohol) is one of the most widely used drugs. It is a potent depressant which slows down the body by acting on the central nervous system, affecting both physical and mental functioning.<sup>1</sup>

Excessive drinking can cause cognitive impairment, which can affect judgement, memory and reaction time. Alcohol-related brain damage can affect short-term memory and reduce the ability to engage in abstract thinking or learn new information.<sup>2</sup>

Alcohol consumption will impact upon the ability of an individual to complete a task. If the task is simple and done routinely, the effect of alcohol may be slight. However, if the task requires problem-solving skills, or is complex, the effect of alcohol on a person's thought processes and motor skills is greater.<sup>3</sup> This can lead to injury in the workplace, particularly when using dangerous equipment.

Research indicates that long after blood alcohol levels have dropped to zero, driving ability may be reduced by approximately 20 per cent (for example, on the day following acute intoxication).<sup>3</sup> This has been supported by studies on pilots who have shown impairment on flight-related tasks for up to 24 hours after the consumption of five or more standard drinks of alcohol.<sup>4</sup>

The time it takes to remove alcohol from the body can also impinge on work performance. An individual can drink a large quantity of alcohol in the evening and still have alcohol present in his or her body the next day.<sup>3</sup> As a guide, one standard drink will raise the blood alcohol concentration (BAC) of an average-sized healthy woman by approximately 0.03 per cent and that of an average-sized healthy man by 0.02 per cent.<sup>4</sup> However, the effects of alcohol can be influenced by a range of factors such as the amount of food eaten, and the gender, health, body size and weight of the drinker.

An intoxicated individual may feel able to perform routine tasks safely. However, if anything out of the ordinary occurs, such as a critical safety issue, it is likely that his or her response will be impaired.<sup>3</sup>

Excessive alcohol consumption over a short period of time can lead to hangovers. A hangover usually occurs several hours after drinking has stopped and all the alcohol has been removed from the body. Symptoms can include headache, dehydration, tremor, dizziness, nausea and vomiting.<sup>5</sup> Hangovers can also lead to inattention at work or absenteeism.<sup>2</sup>

## Cost

Industry incurs costs from the effects of alcohol due to reduced productivity, higher rates of employee absenteeism, sick leave, injury, accidents and fatalities, hangover, reduced work performance, health care costs, increased claims for workers compensation and low efficiency.<sup>5,13</sup>

It is hard to accurately assess the cost of alcohol in the workplace, however, one attempt in 1992 estimated that the effects of alcohol in the workplace cost Australian industry about \$3.2 billion per year.<sup>6</sup> Absenteeism is even harder to quantify and is not included in this estimation. However, a survey of Australian Telecom employees found that alcohol-related absenteeism for the 1991/92 financial year cost the business \$5.5 million, approximately \$69 per employee.<sup>7</sup> Extrapolated to the entire Australian workforce, this suggests a cost to industry of approximately \$5 billion per year.<sup>7</sup>



## The Law

*The Western Australian Occupational, Safety and Health Act 1984* outlines the legal requirements (duty of care) of both employers and employees. This Act requires employers to take all practical measures to ensure employees are not subject to hazards. The consumption of alcohol may present a hazard at the workplace. It is the responsibility of the employer to ensure that a person does not work while affected by alcohol. Employees must also ensure that they do not present a risk to the safety and health of others through the use of alcohol.<sup>8</sup>

An employer has a statutory as well as an ethical duty to all employees to provide, as far as practical, a safe and healthy workplace.<sup>9</sup> *The Mine Safety and Inspection Regulations 1995* state that a person (whether or not an employee) must not be in or on any mine while adversely affected by alcohol and/or other drugs.<sup>10</sup>

If an employer subsidises or provides alcohol at the workplace or allows an employee to consume alcohol during the working day, then the company is failing to protect employees from potential hazards. This is particularly important in jobs requiring specialist skills or where there are dangers from handling chemicals.<sup>9</sup>

Employers risk prosecution and penalties if an employee, client or member of the public is injured by actions of another employee who is intoxicated while at work.<sup>2</sup>

Employers have a duty to ensure that work does not harm employees, visitors, clients or customers. On an international level, civil law suits have also been brought against employers for injury caused by employees who were intoxicated at work-sponsored functions.<sup>9</sup>

## Effect of Alcohol in the Workplace

Each year in Australia more than 500 Australians die from occupational injury and disease. There are also over 170,000 work-related injuries that require more than five days off work.<sup>5</sup>

The National Health and Medical Research Council indicates that consuming more than six standard drinks per day for men and more than four standard drinks per day for women is harmful to health. Low-risk drinking is recommended to be no more than four standard drinks per day for men and no more than two standard drinks per day for women.<sup>11</sup> A standard drink contains approximately 10 grams of pure alcohol, which is equivalent to a small glass of wine (100 mL) a shot of spirits (30 mL) or a middy of beer (285 mL).<sup>12</sup>

Studies show that between 8 per cent and 22 per cent of employees drink at hazardous or harmful levels, and in any one year, alcohol-related problems are experienced by up to 27 per cent of the working population.<sup>5</sup>

Alcohol and driving studies which show the impairment of fine motor skills and concentration demonstrate that there is a clear relationship between intoxication and an increased risk of accidents while operating complex machinery.<sup>3</sup>

Accidents caused by alcohol intoxication at work peak in the first two hours of the afternoon shift and from 10 p.m. to midnight in the evening shift.<sup>5</sup> This is consistent with employees consuming alcohol over lunch or before an evening shift.

## Occupation

Based on mortality rates from alcohol-related cirrhosis of the liver, people working in the hospitality industry, doctors, journalists and people whose jobs involve travelling away from home experience more alcohol-related illness than other occupational groups.<sup>9</sup>

Many studies have shown an association between problem drinking and particular aspects of the work environment. For example, employees were more likely to be problem drinkers if they were blue-collar, manual or low-skilled workers; had poor opportunities for promotion; and had high levels of absenteeism and accidents.<sup>3</sup>

Excessive alcohol consumption has also been related to disappointment with a career, low job satisfaction or monotonous work, heavy smoking, the use of benzodiazepines, stress, burnout and general dissatisfaction.<sup>3</sup>



## Location

Consumption rates of alcohol vary across the State. High consumption rates have been linked to high rates of alcohol-related harm and this in turn can be reflected in the workplace.

The average alcohol consumption in Western Australia in 1992/93 was estimated to be approximately 11 litres of pure alcohol per person per year.<sup>13</sup> However, in some regions of Western Australia the rates have been found to be significantly higher. For example, in the Goldfields, Pilbara and Kimberley regions the annual per capita consumption was found to be between 17 and 20 litres.

A study in one mining town in the north-west of Western Australia indicated that almost half (44%) of Dampier males reported weekly consumption levels that fell into the hazardous to harmful categories, compared to 19 per cent of males in Western Australia as a whole.<sup>14</sup>

## Age

Research indicates that young workers between 18 and 29 years old are more likely to drink in the workplace and feel supported by fellow employees in doing so.<sup>15</sup>

Young people make up a significant proportion of alcohol-related harm statistics. The highest hospitalisation rates for all alcohol-caused injuries are in the 15 to 29-year-old age group.<sup>16</sup>

## Other Factors

Workplace culture or norms also affect the level of alcohol consumption. Examples include the availability of subsidised alcohol, alcohol made freely available in boardrooms or easily paid for on expense accounts, peer pressure (participating in the Australian system of 'shouts'), and the stress of overwork and meeting deadlines.<sup>3</sup>

## *Alcohol and Other Drug Policies*

As most Australians are employees at some time in their lives, the workplace provides an ideal venue for implementing strategies to reduce the consequences of excessive alcohol use.<sup>3</sup>

There is no single strategy that is likely to be effective in reducing alcohol-related harm in the workplace.<sup>3,4</sup> However, comprehensive alcohol policies have the potential to reduce alcohol-related incidents, accidents and absenteeism, and increase productivity and workplace morale, providing a safe and healthy work environment.

Comprehensive alcohol workplace policies need to include the aim of the policy, what is expected of the employer and employees, regulations, information about employee assistance programs available and disciplinary procedures for all situations in which alcohol may be a factor. In particular, policies should include rehabilitation and educational components covering issues such as the duty of care to provide a safe working environment, pre-employment screening, protection of privacy, legal rights and obligations, providing employee support and training, management training, health education and promotion strategies, and industrial relations.<sup>9,12,16</sup>

The policy should apply to everyone who comes into the workplace. All new people at the workplace should be provided with a copy of the policy.



## References

1. Julien R. A primer of drug action. 7th ed. New York: WH Freeman and Company; 1995.
2. Blaze-Temple D, Jones S, Keenan S, Yates D. Workwell: alcohol and other drugs in the workplace prevention project. Perth: Curtin University of Technology; 1993.
3. The Chamber of Minerals and Energy. Alcohol and drugs in the workplace – issues, trends and practices. Perth: Chamber of Minerals and Energy of Western Australia; 1996.
4. Breakspeare R, Starmer G. The art of sensible drinking. Sydney: Ellslyd Press; 1986.
5. National Health and Medical Research Council. Workplace injury and alcohol. Canberra: Health Advancement Standing Committee, NH&MRC (Draft Paper); 1997.
6. Collins D, Lapsley H. The social costs of drug abuse in Australia in 1988 and 1992. Monograph 30. Canberra: Commonwealth Department of Community Services and Health; 1996.
7. Hocking B, Grain H, Gordon I. Cost to industry of illnesses related to alcohol and smoking. *Med J Aust* 1994; 161: 407-12.
8. Western Australian Government. Occupational Safety and Health Act 1984. Perth: Government of Western Australia; 1996.
9. Dolan S. Alcohol and drugs at the workplace. Calculating the costs. Queensland Alcohol and Drug Foundation; 1995.
10. Western Australian Government. Mine Safety and Inspection Regulations 1995. Perth: Government of Western Australia; 1995.
11. National Health and Medical Research Council. Is there a safe level of alcohol consumption for men and women? Canberra: AGPS; 1992.
12. Blaze-Temple D. Drug testing in the Australian workplace: an overview of the issues. *Drug Alcohol Rev* 1992; 11: 59-73.
13. Daly A, Philp A. Alcohol consumption in Western Australia, July 1991 to June 1993. Perth: State Health Purchasing Authority, Health Department of Western Australia; 1995.
14. Knowles S, Binns C, Blaze-Temple D. A pilot study of lifestyle and drug use in a north-west town. Perth: National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology; 1988.
15. Delaney W, Ames G. Work team attitudes, drinking norms, and workplace drinking. *Journal of Drug Issues* 1995; 25(pt2): 275-90.
16. Unwin E, Codde J, Swensen G, Saunders P. Alcohol-caused deaths and hospitalisation in Western Australia, by health services. Perth: Health Information Centre, Health Department of Western Australia; 1997.

