

AMPHORA Expert meeting and WHO meeting of National Counterparts
for Alcohol Policy in the WHO European Region

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Alcohol and the workplace

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Scope of the presentation

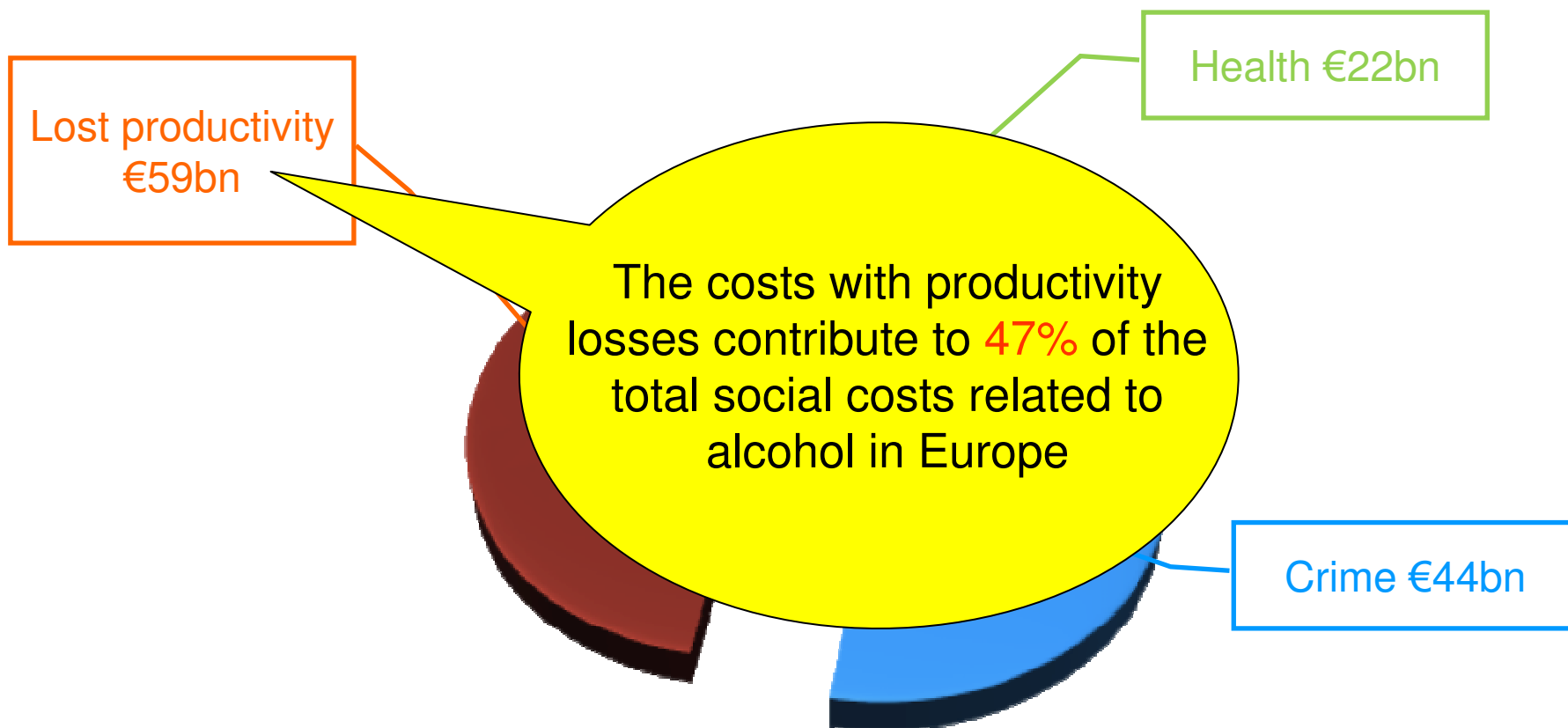
Based on papers identified for a review of the impact of alcohol on the workplace

This presentation reports a few key findings under the following three headings:

1. Alcohol's impact on productivity
2. What can be done at the workplace?
3. What can be done more broadly to reduce the negative impact of alcohol on the workplace?

1. Alcohol's impact on productivity
2. What can be done at the work place?
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Direct social costs of alcohol to Europe (2003) €125bn



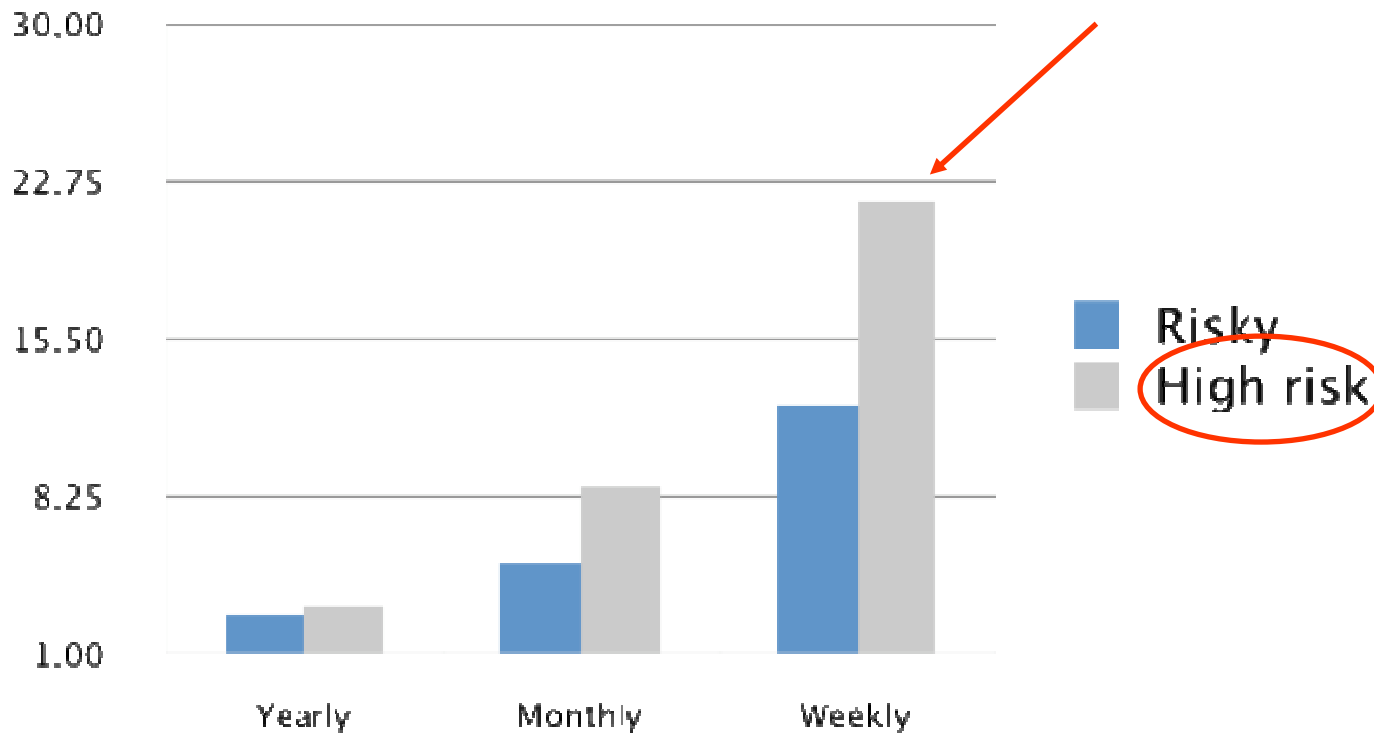
| | Cost (€ billion) | Minimum (€ billion) | Maximum (€ billion) |
|---|------------------------|------------------------|------------------------|
| Tangible costs – direct | | | |
| Healthcare | 17 | 11 | 28 ^A |
| Treatment & prevention ^C | 5 | 1 | 18 |
| Crime – police, courts, prisons | 15 | 13 | 24 ^B |
| Crime – defensive and insurance ^D | 12 | 7 | 17 ^B |
| Crime – property damage | 6 | 3 | 16 ^B |
| Traffic accidents – damage | 10 | 6 | 16 |
| SUBTOTAL | 66 | 40 | 118¹ |
| Tangible costs – productivity losses | | | |
| Absenteeism ^C | 9 | 9 | 19 |
| Unemployment ^C | 14 | 6 | 23 |
| Premature mortality | 36 | 24 | 60 |
| SUBTOTAL | 59 | 39 | 102 |
| TOTAL TANGIBLE COSTS | 125 | 79 | 220¹ |
| Intangible costs | | | |
| Psychosocial & behavioural effects ^D | 68 | 37 | 68 |
| Crime – victims' suffering ^D | 12 ^F | 9 ^F | 52 ^{B, F} |
| Loss of healthy life ^E | 258 ^F | 145 ^F | 712 ^F |
| TOTAL INTANGIBLE COSTS^F | 270^G | 154^G | 764^G |

(Anderson & Baumberg, 2006)

Absenteeism

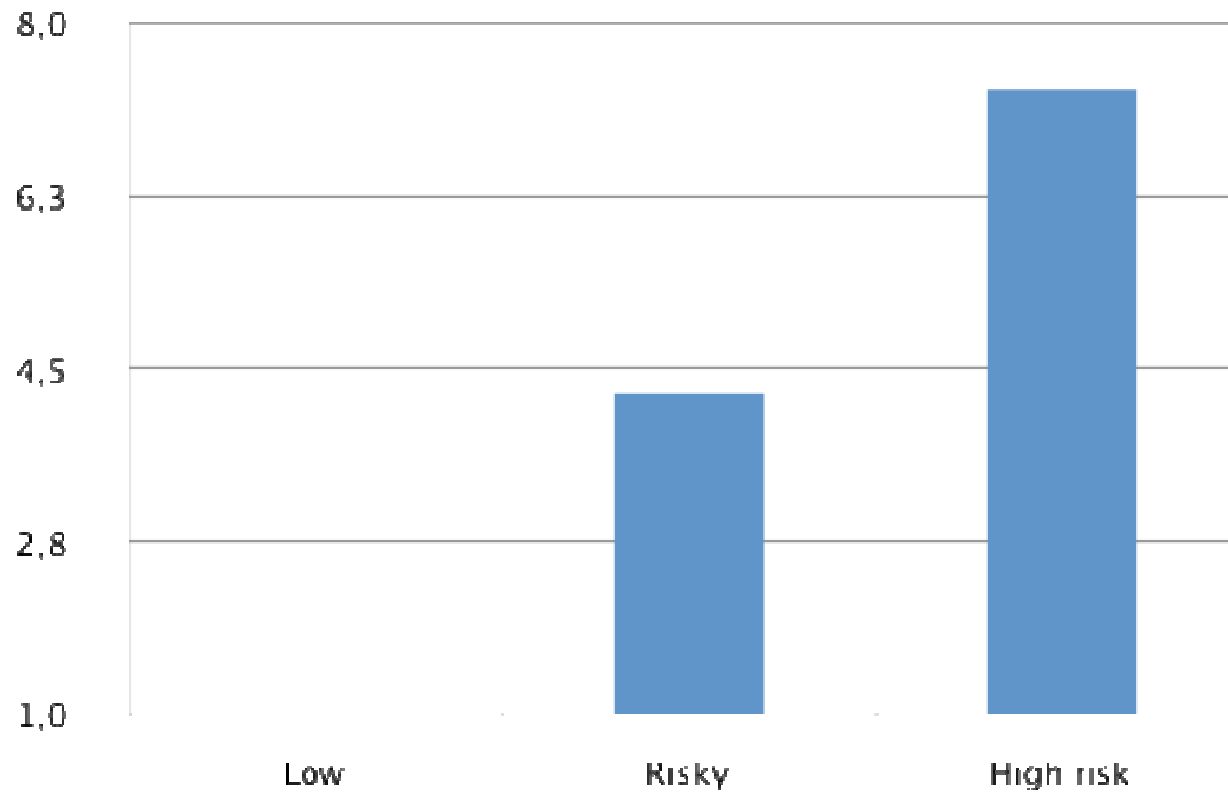
In an Australian study - the higher the consumption, the higher was the absenteeism related to alcohol.

Adjusted ORs for absenteeism in previous 3 months by drinking category (**short term** risk levels)



Roche et al 2008

Adjusted ORs for absenteeism in previous 3 months by drinking category (**long term** risk levels)



Roche et al 2008

- A Swedish study found that a 1-litre increase in total consumption was associated with a 13% increase in sickness absence among men ($P < 0.05$). The relationship was not statistically significant for women (Norström 2006).
- Finland (Johansson et al 2008), alcohol consumption measured by drinks per week was positively associated with the number of sickness absence days for both men and women.

Unemployment

- Some findings show that heavy drinkers usually have a higher unemployment rate than other people
- Limited number of studies have tried to estimate the role of alcohol in unemployment
- Lack of any plausible causal mechanism

A higher rate of unemployment among those with alcohol use disorders is not likely to be solely due to a causal effect of alcohol;

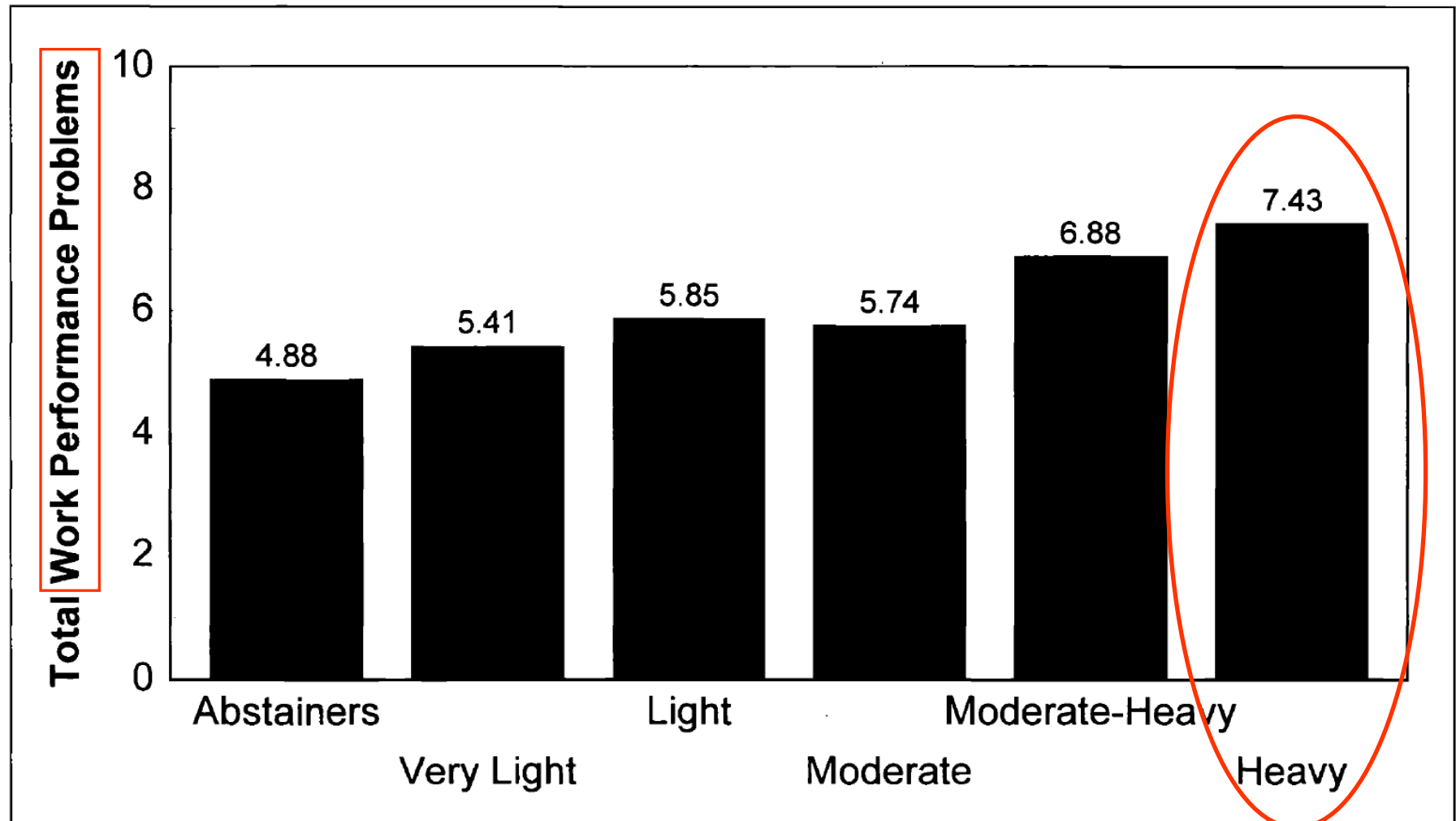
Those with alcohol-related disorders may have other characteristics that also likely have an effect on unemployment (e.g. low education)

Premature mortality

- The highest levels of alcohol-related mortality → those who work in the drinks industry (Romero et al 2007; Baker 2008; Moore et al 2009)
- England → risk is 2x higher among bar staff, seafarers, and publicans

Presenteeism

Alcohol = risk factor for presenteeism, largely in a dose response manner.



Presenteeism

- About **20** to **25%** of all accidents at work involve intoxicated people injuring themselves and other victims, including co-workers (Leggat & Smith 2009).
- On the other hand...
adverse work environment increases the risk of alcohol use disorders
 - safety, number of hours worked, high demand but low reward, and job dissatisfaction can be part of the relationship between alcohol and productivity

1. Alcohol's impact on productivity
- 2. What can be done at the workplace?**
3. What can be done more broadly to reduce the negative impact of alcohol on the workplace?

What can be done at the workplace?

10 studies comprised three broad types of interventions:

- Psychosocial skills training
- Brief intervention, including feedback of results of self-reported drinking, life-style factors and general health checks
- Alcohol education delivered via an internet website

9/10 studies showed some positive outcome (caveats regarding methodology, and self-report measures)

What can be done at the workplace?

- Cochrane systematic review assessed the effect of alcohol and drug mandatory screening of occupational drivers (Cashman et al 2009)
- Even though workplace alcohol and drug testing is a common intervention
 - costly and controversial
 - evidence of immediate effect only

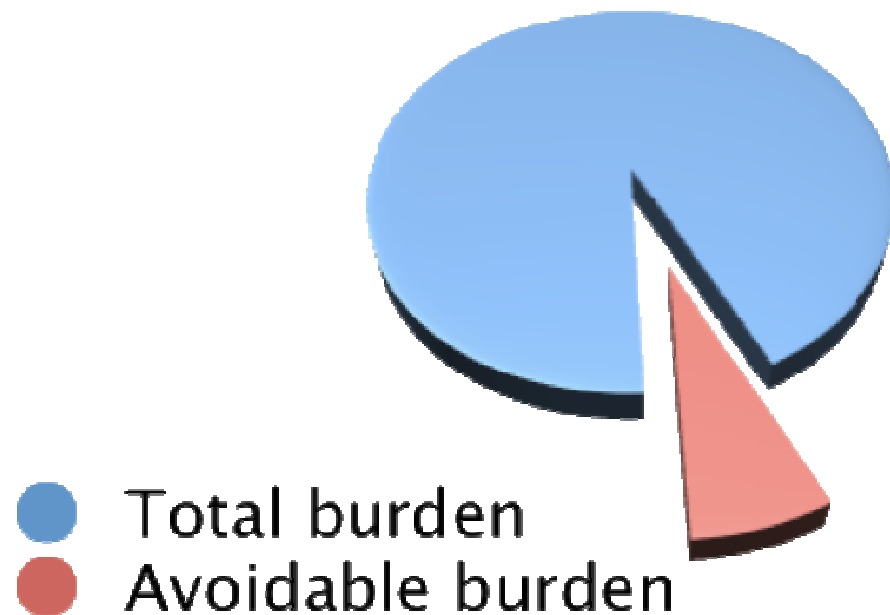
Interventions that focus on health promotion and on different lifestyles rather than on the disease, increase participation / improve drinking risk (Sieck & Heirich 2010).

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Alcohol population-based policies

Canadian study - effectiveness of interventions designed to reduce or alleviate the effects of alcohol use disorders

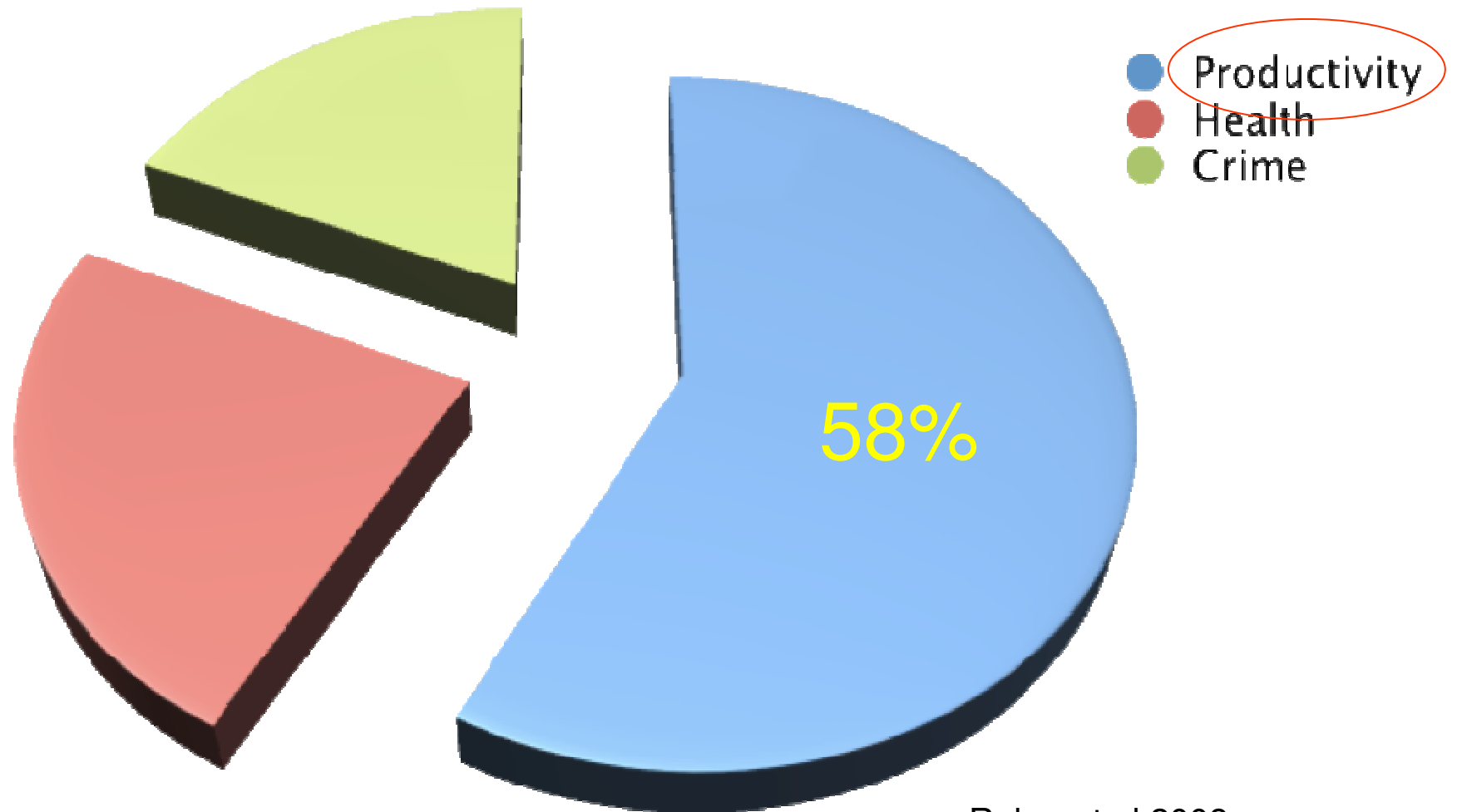
Aimed to determine the maximum reduction in the alcohol burden that could be achieved by a group of interventions.



Interventions

1. Taxation increases

- Lowering BAC limit from 0.8g/L to 0.5g/L
- Zero BAC for all drivers under the age of 21
- Increasing the minimum legal drinking age from 19 to 21 years
- Safer Bars intervention
- Brief interventions



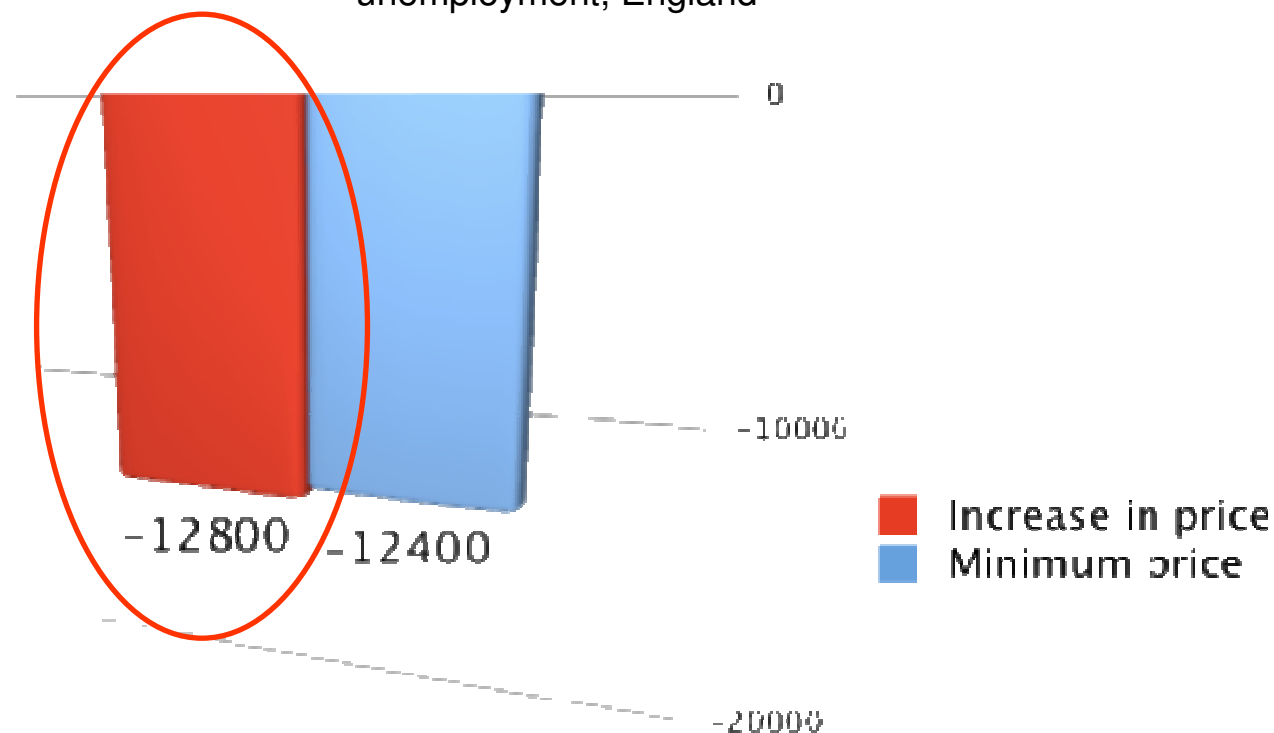
Rehm et al 2008

It was estimated that a combination of these interventions would result in cost savings of about **\$CAN1bn** per year, with the greatest saving achieved by lowering productivity losses

Alcohol population-based policies

A 10% price increase of alcoholic beverages was estimated to reduce workplace harms by 12,800 fewer unemployed people and more than 300,000 fewer sick days over a 10-year period

Impact of 10% increase in price and minimum price (€0.06/g alcohol) on annual unemployment, England



Conclusions

Alcohol impacts productivity, largely in a dose response manner

Reducing the negative impact of harmful and hazardous alcohol consumption on the workplace is possible

- **Workplace interventions** - contributes to reduce alcohol-related harm, and should be implemented because of the health gain in the individual level

On the other hand

- **Alcohol population-based policies** - potential of largely and substantially reduce alcohol-related harm, productivity lost, sickness absence and the social costs of alcohol

