



## ***Alcohol and Other Drugs (AOD) in the Workplace - SANDAS Position Paper No.5***

This position paper aims to raise awareness in employers, the paid and unpaid Australian workforce on the impact of Alcohol and Other Drugs (AOD). It recommends appropriate training and the use of specialised programs to ensure managers, supervisors, safety committees and workers contribute to a safe work place and safe practices. Workplaces and sites are encouraged to develop a framework to manage and support workers with AOD issues. This may include developing guidelines and policies addressing the dominant workplace culture of accepting AOD use or turning a blind eye. Equal caution should be given to the misuse of prescription drugs. It is paramount to keep in mind that any loss or harm that results from the misuse of alcohol or drugs in the workplace impacts heavily on others, family including children, colleagues and community.

Whilst recognising that workplaces have a responsibility under the Workplace Health and Safety Act 2012, SANDAS advocates that employers provide alternate approaches other than zero tolerance. It is important for all staff to be able to raise issues that can affect their work without fear and if required, be able to access appropriate programs of support to protect their well-being and the investment the employer has made in them.

### *Background:*

According to SA Health - Drug and Alcohol Services South Australia (DASSA), it is estimated that:

- Alcohol is a contributing factor in approximately 6 per cent of work-related fatalities in South Australia, with other drugs accounting for approximately 3 per cent of work-related fatalities
- 3-11 per cent of work-related injuries nationally are alcohol related, with drug-related workplace accidents costing approximately \$1.3 billion each year
- Annually more than 4 per cent of Australians go to work affected by alcohol, and 2 per cent of Australians go to work affected by illicit drugs
- Approximately 6 per cent of Australians report their usual place of alcohol consumption is their workplace<sup>1</sup>

SANDAS considers these statistics to be understated as research shows many people under report AOD use.

Alcohol remains the most widely consumed drug in Australia and causes the greatest harm. Most workplaces are drug free zones but the same cannot be said for alcohol. "Drinks on site" cultures may have changed and be restricted to events such as Christmas breakup, however, people affected by alcohol or a hangover are still present and posing injury and productivity risks. Workplaces are often not skilled in identifying the signs of AOD issues or confident around how to manage or support people.

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<sup>1</sup> Alcohol and Other Drugs in the Workplace <http://www.dassa.sa.gov.au/site/page.cfm?u=153>

The total economic cost of work-related injuries and illnesses in Australia for the 2008–09 financial year is estimated to be \$60.6 billion dollars, representing 4.8 per cent of GDP for the 2008–09 financial year.<sup>2</sup> In addition to direct costs such as worker compensation premiums, indirect costs include lost productivity, loss of current and future earnings, lost potential output, the cost of providing social welfare programs for injured or incapacitated workers, loss of morale, reputation and knowledge retention.

Safe Work Australia published a 5 point scale of workplace injury is as follows.

1. Short absence - less than 5 days off work being a minor work-related injury or illness, after which the worker was able to resume full duties.
2. Long absence – 5 days or more off work and return to work on full duties
3. Partial incapacity – 5 days or more off work and return to work on reduced duties or lower income
4. Full incapacity - permanently incapacitated with no return to work
5. Fatality - a work-related injury or disease, which results in death.<sup>3</sup>

The cost estimates in various studies exclude costs that cannot be specifically related to injury or illness such as damage to property and loss of company image and reputation from incidents related to AOD misuse. Also these do not include litigation and legal costs and payouts related to inappropriate workplace behaviour such as sexual harassment or physical violence and bullying under the influence.

Research shows that a drop in alcohol intake from the average 9.8 litres per adult per year to 6.4 litres can result in economic and health gains in workplace productivity, the home, and social and emotional wellbeing.

- Potential cost savings of \$789 million in the health sector,
- \$427 million in workforce productivity
- \$21 million in home-based productivity
- 98,000 (35 per cent) less cases of disease
- 380 (38 per cent) less deaths related to long term high risk levels of alcohol consumption and
- 21,000 (34 per cent) less healthy years of life lost as a result of this risk factor.
- Five million fewer working days lost and a drop of 54,000 lost days of household duties would be possible.<sup>4</sup>

However, it is not the heavy drinkers or people dependent on alcohol who are mostly responsible for the wide base of cost impacts. It was found that light or light-to-moderate drinkers cause the most problems with more than half of all alcohol-related problems in the workplace caused by light

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<sup>2</sup> <http://www.safeworkaustralia.gov.au/sites/swa/statistics/cost-injury-illness/pages/cost-injury-illness>

<sup>3</sup> The Cost of work related injury and illness , for Australian Employers workers and the community 2008/09. Safework Australia 2012

<sup>4</sup> Economic and health savings to be made if Australian adults cut their alcohol consumption by five standard drinks a week: 18 May 2012. Deakin University Australia

drinkers, and 87 per cent by light-to-moderate drinkers. Experience shows that people often do not understand the effects of even a small amount of alcohol due to the individual variations in alcohol sensitivity and metabolism or lack of knowledge about what a standard alcoholic drink is. The largest drain on productivity comes from hangovers.

Studies in other countries show similar estimates for the annual cost of alcohol ingestion: Australia, \$3.8 billion; New Zealand, \$331 million; and the United States, \$148 billion.<sup>5</sup>

The stigma of alcohol dependence in the workplace can lead to significant disadvantage for the worker and ultimately the workplace. Research shows that alcohol dependant people are considered to be more responsible for their condition than someone with a mental health condition. They provoke more social rejection and more negative emotions. They are often seen by colleagues to present dangers and threats similar to those perceptions of people living with schizophrenia.<sup>6</sup> This leads to tensions on worksites and threatens team unity and productivity.

Dependency/Addiction/Compulsions are complex disorders which are considered to be health conditions. The International Classification of Diseases registered dependency/alcoholism as a disease under both psychiatric and medical sections. According to the disease model, the onset and development of addictions are influenced through genetic predisposition and environmental factors, rather than merely a matter of choice. SANDAS endorses the proposition that drug dependencies, including alcoholism, are diseases and that their treatment is a legitimate part of medicine.

It has also been found 60 per cent of people with problematic alcohol consumption do not seek help due to the stigma of alcohol dependence. Epidemiologic surveys have shown people with problematic alcohol consumption who perceived an alcohol misuse stigma were less likely to seek treatment than those who did not and this was more so among men, racial and ethnic minorities, and participants with lower income and education.<sup>7</sup> If workers are not able to address their AOD issues the potential for prolonged and worsening absence rates and poor performance increases, leading to more complex risk scenarios and costly resolutions.

Workers who remain without help and support can continue to further drive down productivity as well as suffer emotional pain. They remove themselves or are forced to leave the labour market due to their condition. For the last decade there has been growing evidence that shows with preventative workplace programs, economic productivity and broader social gains can be made.<sup>8</sup>

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<sup>5</sup> Hangovers - A Pain in the Workplace : Businesses Pay in Decreased Productivity. By [Buddy T](#), About.com Guide. Updated March 18, 2012. About.com Health's Disease and Condition content is reviewed by the [Medical Review Board](#)

<sup>6</sup> Schomerus, G et al. 2010. The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies, 2010 [Oxford Journals,Medicine ,Alcohol and Alcoholism,Volume 46, Issue 2](#), Pp. 105-112

<sup>7</sup> Authors and year uncited. 'Alcoholic' Stigma Keeps Many Problem Drinkers From Seeking Treatment. A December issue of the [American Journal of Epidemiology](#)

<sup>8</sup> Richmond, R et al. 2000. Evaluation of a Workplace Brief Intervention for Excessive Alcohol Consumption: The Workscreen Project. [Preventive Medicine Volume 30, Issue 1](#), January 2000, Pages 51–63

In the face of such evidence there still exists an inclination to punish substance misuse. For transformation to occur there must be social and policy change. The workplace can be a significant contributor to that change.

A growing practice in employment across all sectors is to expand the use of Employee Assistance Programs (EAPs) to include issues of AOD misuse where they impact on performance and fitness for work. Such programs recognise that an investment in addressing the problems limits the loss of investment in an employee and associated production capacity, more so than removing the employee permanently.

### ***South Australian programs and the NGO Sector:***

The Healthy Workers Healthy Futures initiative is an SA Health strategy funded by the Australian Government under the National Partnership Agreement on Preventive Health. The initiative aims to encourage SA workers to address chronic disease risk factors of smoking, nutrition, alcohol and physical activity.

In 2012 the South Australian government launched the Healthy Living Program (HLP) with attention to the work place. The general themes and directions of HLP include

- Good health equals good business
- Creating a healthier workplace
- Healthy workers healthy futures program and toolkit
- Responsible drinking and how to help employees and how to get started and build support program in the workplace and pointing to helpful resources.

The Healthy Workers Healthy Future initiative has appointed Healthy Workers Advisers across industry sectors to support organisations in the non-government health and community services sector, and industry to improve the health and productivity of their staff. SANDAS encourages people to look at this program and to promote its use.

South Australia already has award winning Industry Drug & Alcohol Programs and Policy. SANDAS does not endorse any particular program or policy as each one is developed in consideration of the sector or industry's particular conditions.

The Website has many examples of how to develop AOD workplace policies. Google "workplace drug and alcohol policies and programs" or follow these links to examine some of those initiatives.

*Government alcohol and other drugs management policies and procedures*

<http://www.fsc.gov.au/sites/fsc/resources/az/pages/alcoholotherdrugsmanagementpolicies>

*Foundation House - The Construction Industry Drug & Alcohol Foundation Treatment Centre*

[http://foundationhouse.net.au/wordpress/?page\\_id=16](http://foundationhouse.net.au/wordpress/?page_id=16)

*Policy Talk - Workplace alcohol and other drug programs - July 2013*

<http://www.adf.org.au/policy-advocacy>

It should be remembered that not all AOD impacts relate to machinery or manual risks. Working with financial systems and procedures or customer contact while under the influence can also result in major losses of productivity or income. Workers may also be impaired from sleep deprivation, hang over, post effects of prescribed medication, stress and not necessarily active intoxication.

Workplaces are encouraged to develop resources and implement policies that provide and support:

- Safety
- Harm reduction
- Taking responsibility
- Education
- Changing attitudes
- Referral for treatment

The workplace AOD misuse profile of blue collar industries is of particular concern to the NGO sector. Many AOD programs are funded by government and located in areas of higher social disadvantage, where construction, manufacturing and other VET based jobs provide the main employment options for many longer term unemployed people, or people with comorbid profiles needing or being forced into to work as part of Social Security policy to reduce dependence on Newstart and the Disability Support Pension.

The movement in and out of work type, and the frequency of change is higher as well. People entering these employment opportunities may then have a greater risk of dependence and relapse.

SANDAS supports the view that AOD is only one form of impairment in the workplace that can lead to risks. As such, it is suggested workplaces would develop more inclusive Fitness for Work responses which address factors such as heat/noise stress, illness, exposure to chemicals and general fatigue as well as acute emotional states.

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*While efforts have been made to incorporate and represent the views of all our member organisations, the position presented in this paper are those solely of SANDAS.*