

Forskning - kunnskap - handling - for et bedre arbeidsliv

Alcohol, drugs and prevention in the workplace: Determinants of addictive behaviours and the action on these determinants – perspectives based on a resent literature-review

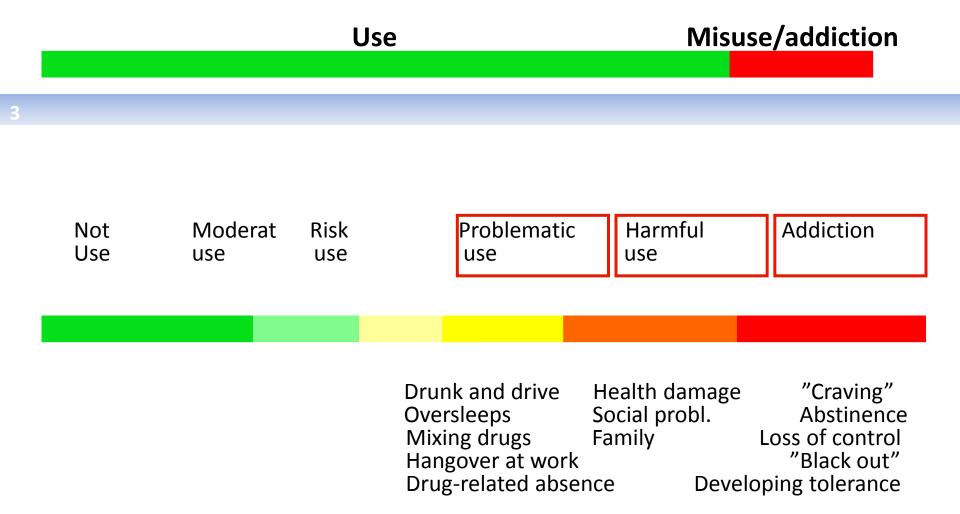
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What is a determinant?

- 2
- The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. (WHO)
- Factors that can reduce or harm health (risk factors)
- Factors that can promote good health (protective factors)
 - (Norwegian law on publich health)
- Several possible levels:
 - Individual
 - Close environment/group of collegues
 - Work environment/Organisation
 - Localization (Availability city or countryside?)



What is problematic/addictive behaviour?



Some findings - short sum up

- The workplace complex organization
- Alcohol and work:
 - Between 5-15% of employees have a risky alcohol consumption
 - Different definitions applied
 - Availability and use varies between industries and between companies in the same industry
 - Difference between different types of positions in the same business: those who travel and represent more prone
- Other drugs and work:
 - USA: 14% used last year, 3% in the Workplace
 - Norway: last 48 hours: 5.1% drugs, 1.7% illicit drugs
 - Unevenly distributed in the workplace: most risk where low association with work organization, high mobility, low visibility, low management, lack of policy.



Some consequences

- Consequences are more clear when problem / problematic use occurs
 - Demanding when the problem occurs in a workplace.
 - At the same time support for prevention paradox.
- Correlation between substance use and
 - Absence (Norway 6.2% absent last year due to alcohol use)
 - Accidents (USA: 5-10% of serious accidents, but inconsistent. Norway: 97% of businesses think it has not happened, 3% do not know)
 - Performance / quality of work performed (Norway: the day after: 29% diminished capacity, 18% made less, 25% less attentive)
- Experiences from practice:
 - Loss of good company reputation, conflicts, work environment challenges
- Alcohol:
 - Also positive sides (better relationships, positive work and life attitudes)



Promising strategies

- Work environment strategy suggested by Ames and Bennett (2011) adresses 4 groups of determinants:
 - 1. Work environment factors (stress, alienation, low job satisfaction)
 - 2. Social control (the organization as a rational system)
 - 3. Social and cultural norms (the organization as a natural system)
 - 4. Availability of alcohol/drugs (physical, social)



1: Working environment: Stress

- Frone (2008): correlation between stress and use of alcohol/drugs when analysed by fases of the day.
- Wang et al. (2010): demands from job on family life leads to increased consumption
- Bacharach et al. (2008): traumatic happenings among firemen (USA).
- Schluter et al. (2008): correlation between long working hours and harmful consum among nurses and midwives in New Zealand and Australia



Does alcohol-use lead to workabsence?

- Several studies confirms findings for older studies that there is a connection between use of alcohol and work-absence.
- The connection most obvious when high-risk og problematic alcohol use is present among the employees:
 - Norstrøm og Moan (2009): Clear correlation between consumption and absence when seen on an aggretated level.
 - Hensing et al. (2010): Connection between alcohol problem and absence, not between high consumption and absence.
 - Bacharach et al. (2010): rate of absence not so much related to amount consumed, but more to the way it had been consumed. Adressing relational aspects at the workplace – drinking culture – level of binging.
 - Skogen m fl (2012): correlation between problematic drinking and disability pension (not because of high consuption).



2. Social control

- Alcohol- og drug policy present?
- Working alone or in close collaboration to collegues?
- Management/leaders present?
- Much traveling?



3. Social and cultural norms

- The individuals perception of drinking norms among collegues affects the drinking patterns
 - Ames et al. 2000, Bacharach et al. 2007.
- Nesvåg (2005): Individual alcohol use is directly affected by the interaction of employees:
 - Regulation and disiplin "good taste and correct style"
 - Sosiality and equalilty: show other sides of oneself and challenge
 - Harm from use of alcohol not only a result of a single persons risk use, but from all kind of work-related alcohol use because all use of alcohol represents a risk if the use results in behaviour that does not fit in with the norms present in the actual situation.
- Minority workers and alcohol use: Ida Kahlbom (2012)



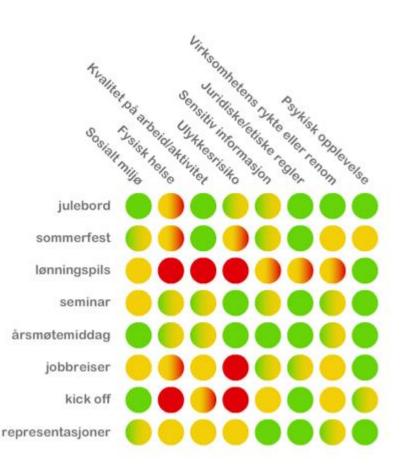
Social dialogue – what can it be?

- 11
- Verbalizing the drinking culture
 - A tool for awareness training and increased knowledge about the drinking culture at the workplace.
- 3 stages:
 - Map drinking situations among employees
 - Assess the use of alcohol in those situations.
 - Formulate an alcohol and drug policy based on the discussions



Positive and negative sides to drinking culture in your company

- Assess each drinking situation according to whether it contributes to:
 - Community and cohesion among employees
 - Inclusion or exclusion?
 - How it affects company reputation
 - Loss of sensitive information?
 - Quality of work
 - Security
 - Accidents
 - Health



12

4. Availability

A changing working life

Liberal attitudes towards use of drugs and alcohol

- Increased availability
 - Internationalisation encreased traveling
 - Mix of work and leisure
 - More work-related alcohol use
 - More flexibility
- Increased intensity, demands on the individual, effectivization



What works in alcohol and drug prevention?

- Regulative measures
 Price and availability
- Brief interventions
- The most popular measures are the most ineffektive.
 - Information, training and education



Alcohol- and drugprevention in worklife

- Several approaches:
 - Universal approach
 - Selective approach
 - Indicative approach
- Later years more focus on:
 - Programs combining several approaches and where alcohol and drugs is just one out of several topics related to health and lifestyle.
 - Digital programs (e.g. Balance)
 - The combination of measures directed towards problem use and more universel approaches aiming to establish healty alcohol habits.
 - The combination of prevention and testing.



Promising interventions

- Webb et al. (2009) :
 - Brief-interventions
 - Interventions as a part of health and lifestyle focus
 - Team awareness training (Bennett et al. 2004)
 - Peer referrall (Miller et al. 2007)
- Ames og Bennett (2011):
 - First change individual risk factors, then drinking habits.
 - The combination of training and brief interventions.
 - Systematic prevention interventions conducted in cooperation with the staff and combining individual and organizational change
- Hermansson et al. (2010):
 - Alcoholscreening followed by brief-intervention



To sum up

- The Workplace a complex organization
- Systematic prevention interventions conducted in cooperation with the staff and combining individual and organizational change
- Action needed towards several factors/determinants:
 - Work environment factors (stress, prevent alienation, increase satisfaction)
 - Social control (policy, visibility, community)
 - Social and cultural norms (customs, rituals)
 - Availability (physical and social)



Thank you!

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