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Alcohol abuse in the workplace: developing a workable plan of action

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ABSTRACT

Businesses readily acknowledge that employees who use illegal drugs pose a significant risk to the company and its employees. Alcohol use on the job creates an even greater risk yet companies often do not deal with the use or abuse of alcohol in the same manner as the use of illegal drugs. The danger in the use of alcohol is not limited to those diagnosed as alcoholics. A threat is present when an employee consumes two or three beers at lunch and then returns to work. These individuals do the most to create a hazardous situation. The abuse of alcohol is not a minor business problem. Almost 6 million working Americans bring their alcohol problems to the workplace. Needless to say, it can be quite costly to businesses. It affects both white collar and blue collar employees of both sexes. Most businesses have developed approaches for dealing with this dilemma. Given the scope of this problem, it is important to clearly understand just how businesses deal with alcohol use on the job. What are the most effective approaches? Is it possible that the nature of the workplace itself may actually escalate this problem? Can the attitudes of supervisors contribute to this problem? Thus, this paper will examine the environment of the workplace to determine its affect on alcohol use on the job. It will then review and evaluate existing approaches used by businesses to deal with alcohol use and abuse in the workplace. This will be followed by some recommendations for the development of a workable program to combat alcohol abuse in the workplace.

INTRODUCTION

The use of alcohol in the workplace creates a dangerous situation for all employees. This relationship has been well documented (e.g., Grundberg, Movic, Anderson – Connolly and Greenberg, 1999; Mangione et al., 1999; Lehman and Simpson, 1992). Employers in this country have been reluctant to establish and enforce restrictive policies against drinking in the workplace (Ames et al., 1992). This is true despite research which demonstrates the links between alcohol consumption and absenteeism, lowered work productivity and employee morale as well as rising health care costs (Ames et al., 1992). Perhaps this is because the consumption of alcohol by individuals over the age of 21 is legal in the United States.

Problem drinking can be dealt with in the workplace. Research indicates that many of the adults vulnerable to alcohol problems are employed (Roman and Blum, 2002). A 1997 national survey found that approximately 7.6 percent of full time employed individuals drink 5 or more drinks per occasion (Zhang, et al., 1999). In addition, United States workplace problem drinking programs could have an impact on preventing this problem worldwide since, "western styles of workplace organization employment and relationships have spread to influence global practices, setting the stage for the diffusion of workplace interventions and for addressing emerging economies' increasing alcohol problems." (Roman and Blum, 2002:49).

HOW THE WORKPLACE MAY CONTRIBUTE TO EMPLOYEE DRINKING PROBLEMS

Research suggests that the very nature of the workplace may play a part in the development and continued existence of employee drinking. Researchers have identified four models of risk factors found in the workplace that may contribute to problem drinking. These factors include the culture model, the stress model, the alienation model, and the social control model. They are defined as follows:

The culture model suggests that workers in a particular work environment develop norms or shared expectations about appropriate drinking, and that workplace cultures condoning heavy drinking seem to promote problem drinking. The stress model suggests that workers drink to cope with stressful working conditions, such as conflict about responsibilities and task overload. The alienation model suggests that workers drink to cope with feelings of powerlessness and meaninglessness at work. The social control model suggests that workers drink because their workplace behavior is not sufficiently regulated by supervisors or peers. The Smithers Institute study is the first to simultaneously investigate the impact of all these risk factors on workers' drinking behavior and to evaluate their relative importance (Cornell University, 1999:5).

This research found a direct relationship between workers' perception of acceptable lunchtime alcohol consumption and the presence of drinking problems. "Specifically, every additional drink perceived as acceptable to consume at lunch

increases the probability of problem drinking by almost 50%.” (Cornell University, 1999: 5). Thus, if the norm is felt to be half a drink at lunch, those who think the norm should be two drinks were twice as likely to be problem drinkers. Furthermore, the workplace culture and its influence on drinking was significantly related to male problem drinking and not female problem drinking.

The use of alcohol to escape from the stress experienced at work was determined to be the strongest indicator of problem drinking (Cornell University, 1999:6). “Workers who use alcohol to mentally and emotionally escape from work are three times as likely to be problem drinkers than those who drink for other reasons. For female escapist drinkers the risk of being a problem drinker is even larger (by almost one-third) than for male escapist drinkers.” (Cornell University, 1999:6-7).

In workplaces where employees tend to cover up or hide the drinking problems of fellow employees, problem drinking increases. In situations where employees hide the drinking behavior of other employees at least once a month, the probability of problem drinking increases 35%. In situations where cover-ups occur every day, the probability is 70% (Cornell University, 1999:6).

There was a significant gender difference in this aspect with regard to the relationship between cover-up and problem drinking. “While co-worker cover-up increases the risk of problem drinking by 50% for men, it almost triples for women.” (Cornell University, 1999:6). It is interesting to note that the research tells us that problem drinking is not confined to a particular level of management or within a specific social class. All employees are equally at risk (Goff, 1994).

IDENTIFYING EMPLOYEE DRINKING PROBLEMS

One of the dilemmas that employers face is that alcohol consumption is legal for adults. This makes it difficult for employers to develop programs or strategies to discourage alcohol use. Employers cannot control the behavior of their employees when their employees are not at work. Employers, however, want employees to perform their duties effectively and safely. Employers rely on the following events to suggest a drinking problem among employees:

1. The linkage of a drinking pattern with job performance problems, such as a pattern of poor-quality work, poor quantity of work, attendance problems, or problems related to interaction with clients or customers.
2. Employees’ decisions that their drinking behaviors are causing problems for themselves and they desire assistance, leading to a self-referral to a source of assistance in the workplace.
3. In some settings, a coworker’s identification of an apparent alcohol problem is used to refer an employee for workplace-based assistance. This is the primary approach used in Member Assistance Programs, which have developed in some labor union settings (Roman and Blum, 1996:49).

EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Programs deal with a plethora of personal problems and have emerged as the best resource to deal with alcohol problems. The overall goal of these programs is to, “prevent loss of employment and to assure that employed people continue their careers and productivity without interruption.” (Roman and Blum, 2002:50). Employee Assistance Programs began in the 1970’s. They emerged from industrial alcoholism programs of the 1930’s (Trice and Schonbrunn, 1981; Steele, 1989). Originally, alcohol problems were their main focus. These programs were mostly staffed by recovering alcoholics who urged employees with drinking problems to attend AA meetings. They also expected supervisors to diagnose drinking problems. Most supervisors were neither qualified to do so nor did they want to do so. The nature of these early programs alienated both employers and employees. Over the years these programs were modified to be more user friendly and less invasive. Current EAPs teach supervisors how to deal with problems affecting job performance. Supervisors may refer employees demonstrating poor performance to an EAP for diagnosis and treatment (Roman and Blum, 1985, 1988).

Employee Assistance Programs provide services at no cost to employees. The operation is financed by the employer. As originally conceived, Employee Assistance Programs were internal programs. Today, many are operated by private vendors. The external vendor provides a greater sense of privacy for the employee and they allow the employer to provide more extensive and specialized services.

Employees with drinking problems find their way to Employee Assistance Programs either through self-referrals, informal referrals or formal referrals. It is reported that most referrals are self-referrals. It has also been reported that these employees may have been encouraged by others to seek help from the Employee Assistance Program (Roman and Blum, 2002). Research has determined that the decision to seek help was prompted by the following:

- (1) A professionally competent source of assistance was available for a range of personal difficulties, including alcohol problems;
- (2) service was provided by the employer; and
- (3) employees could use the service with assurance of confidentiality and without penalty to any aspect of their job status (Roman and Blum, 2002:51).

The vast majority of referrals are informal. This includes self-referrals as well. The distinct advantage of this approach for employees is that there is no official record of the referral. Formal referrals require a much more structured approach. The supervisor confronts the employee and presents evidence of performance problems and indicates that if corrective action is not pursued, disciplinary actions will be taken. The supervisor offers to refer the case to the Employee Assistance Program. If the employee agrees, the Employee Assistance Program coordinator arranges for an assessment of the problem. The assessment results in advice on problem solution. This usually involves counseling or treatment. The decision to engage in the solution is made by the employee. It is not

mandated by the employer. The employee must cover costs that the company's health plan does not (Roman and Blum, 2006:51).

THE SUPERVISOR'S ROLE

As previously noted, the supervisor plays a crucial role in the identification and subsequent treatment of employees with alcohol problems. Supervisors use job performance to identify employees with alcohol problems. According to Sonnenstuhl (1992) this is an appropriate standard to use.

This standard avoids turning supervisors into diagnosticians; rather, it directs them to do the work for which they are best equipped; monitoring the employee's performance and taking corrective actions to improve it (e.g., clarification of work standards, skills training, discipline). The supervisor's observance of the job performance standard avoids entrapping them in the employees' problems—which is likely to occur when supervisors accuse employees with developing alcohol problems of being unable to control their drinking and employees deny that they have a drinking problem. By focusing on the employees' job performance supervisors also emphasize that the real issues are job performance and its improvement (Sonnenstuhl, 1992:2).

The job performance standard is an effective tool for dealing with problem drinkers because, "supervisors who are trained to use the job performance standard have been found to be more willing to confront troubled employees and refer them for help than are supervisors who are taught to spot the symptoms of an alcohol problem." (Sonnenstuhl, 1992:2).

There is another crucial aspect of the supervisor's role and that is constructive confrontation. Supervisors present employees with evidence of poor work and then encourage them to seek help in order to improve their situation. Specifically, the employees are urged to use the services of Employee Assistance Programs. There are precise steps involved in constructive confrontation.

Supervisors initially discuss performance problems informally with employees, encouraging them to seek help for personal problems. If employee performance does not improve after several informal discussions, supervisors implement standard disciplinary procedures: verbal warnings, written notices, suspension, and ultimately, termination. At each step, employees are urged to seek help from the program. This gradual buildup of sanctions, combined with offers of help, is designed to break the psychodynamic of denial, which characterizes alcoholism and other personal problems involving stigma, and thereby to increase the likelihood that employees will do something constructive about their programs. Within the original framework of EAP's employees were free to accept or reject help from the program at each step of the disciplinary process. Today, some programs make it mandatory that employees attend

the program.

When supervisors used a mixture of constructive and confrontative topics, problem drinkers and other troubled employees were more likely to accept help from the EAP and to improve their job performances. This was especially true for early and frequent constructive confrontations. When supervisors simply took highly punitive actions (e.g., threatening suspension or termination), employees were likely to reject help from the program and to show little or no improvement in job performances. Constructive confrontation alone led to improvements in job performances; however, the greatest gains, particularly among the problem drinkers, occurred when they accepted treatment as well (Sonnenstuhl, 1992: 2-4).

Employee Assistance Programs can be very helpful in dealing with employee drinking problems. Research by Roman and Blum (2002) concluded that the way to maximize the use of such programs is to increase supervisory training in dealing with issues related to problem drinking. The researchers also noted that the effectiveness of the training weakened over time suggesting the need for continued training.

RECOMMENDATIONS FOR DEALING WITH WORKPLACE DRINKING PROBLEMS

There are no simple solutions to dealing with alcohol problems on the job. There are; however, a number of suggestions offered by researchers in the field for dealing with this problem. The researchers at George Washington University Medical Center have proposed specific steps for employers and employees that are worthy of consideration. They include the following:

Steps for employers to consider:

Make follow-ups with EAPs a top priority for employees who receive brief interventions or alcohol treatment a top priority for EAP's.

Establish absenteeism control programs that routinely monitor employee attendance, counsel employees with minor attendance problems and refer employees with major attendance problems to the EAP.

Refer workers with frequent emergency room visits or alcohol-related illnesses to the EAP.

Empower EAPs by using disciplinary and personnel review systems to monitor employee job performance and structure these systems in ways that facilitate EAP interaction with them.

View EAPs within the context of a broad human resources plan to ensure greater coordination and communication among personnel, human resources, benefits and EAP staff.

Actively promote EAP services in management training and employee orientation, including:

training supervisors in constructive confrontation as the preferred means of addressing job performance problems in their earliest stages; and assuring self-referred employees that accessing EAP services for help with an alcohol problem will be confidential and will not result in any job repercussions.

Contract with external EAPs to provide on-site services to ensure a degree of familiarity with specific workplace environments.

Investigate how small businesses can establish consortia to provide EAP services by tapping into unique business and human resources of local communities.

Steps for employee assistance professionals (including psychologists and social workers who contract to provide EAP services) to consider:

Seek training and continuing education in alcohol and other drug addictions.

Learn the difference between problem drinking and alcoholism and learn how motivational interviewing can be used to conduct brief interventions, particularly for self-referred employees who are assessed with the former condition.

Educate employers that EAP programs must be staffed by professionals with addiction training and offer adequate services to identify and assess alcohol problems.

Advocate that employers provide health insurance coverage for treating alcoholism and other drug addiction equal to that for other medical conditions.

Serve as advocates for alcohol-dependent employees with managed care organizations (MCOs) and treatment providers by:

- Knowing and understanding benefit limitations;
- Explaining the rationale for recommended treatment;
- Becoming knowledgeable about local resources and all relevant employer-sponsored MCO network providers and making recommendations about the use of local providers independent of specific cases; and investigating MCO appeal and denial policies (George Washington University Medical Center, 2003:13-15).

There are other steps that can be taken to address the problem of alcohol abuse on the job. Supervisors should be alerted to the signs of alcohol problems so they can refer such employees to EAPs. Supervisors should be reminded that their job is not to diagnose

problems but to inform the EAP of a decline in employee performance. In making their assessment, supervisors should consider attendance issues, performance problems, work relationships, and behavior at work. Supervisors should be made aware of the specific signs associated with each category.

The National Institute on Alcohol Abuse and Alcoholism (2000) describes several factors that have been found to contribute to employee drinking. They include:

1. A workplace acceptance of drinking.
2. A workplace where employees feel alienated.
3. The availability of alcohol at the workplace.
4. The lack of adequate work supervision.
5. The lack of and/or reluctance to enforce alcohol policies.

The development of programs to deal with these contributing factors would reduce the incidence of employee drinking.

A survey conducted by the Robert Wood Johnson Foundation determined that many workers do not understand the meaning of “under the influence” as it pertains to alcohol consumption. Many assumed that performance is only impaired by employees who appear obviously intoxicated while on the job. It was determined that even small amounts of alcohol consumption may negatively affect performance and morale (Robert Wood Johnson Foundation, 1999). Thus, it is important to revise alcohol policies and ensure that all employees understand the definition of “under the influence.”

Excessive alcohol consumption is associated with many health problems. Employees should be informed of the health consequences of excessive alcohol consumption.

Consideration must also be given to those employees who have taken steps to overcome their alcohol problems. They should be supported in their recovery efforts. It has been suggested that employers can assist employees who are in recovery by:

Providing flexible hours for employees, which allows people in recovery to attend treatment-related meetings, support groups and counseling sessions.

Respecting employee confidentiality. Employers may not know who among their workforce is in recovery., but if they do, they must recognize and appreciate the delicate balance between wanting to help and respecting an employee’s need and desire for privacy.

Offering affordable health insurance benefits that provide comprehensive coverage for alcohol problems, including screening, treatment and aftercare.

Ensuring that company EAPs provide education, screening, and follow-up services for worker alcohol problems (George Washington University Medical Center, 2006:2).

CONCLUSIONS

There is significant research to support the fact that alcohol abuse is a serious problem in the workplace that affects productivity. It is also a problem that is often initiated or made worse by conditions in the workplace. Alcohol use and abuse in the workplace is a difficult issue to address in part because most supervisors are not qualified to diagnose the problem and also because troubled employees cannot be forced into treatment. In some workplaces, irresponsible actions of problem employees can put the rest of the employees in danger. The danger that alcohol abuse on the job creates makes it essential that businesses deal with this problem and develop programs to assist employees through company Employee Assistance Programs since it is clear that EAPs have the accessibility and professional expertise to deal with this problem.

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