

A Review of Drug and Alcohol Use in the Workforce in Northern Ireland.

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Introduction

- ▶ The link between employee substance use and concomitant problems in the workplace is multi directional. Research shows that employees in some industries are more likely to become heavy or dependent drinkers (WHO, 2013).
- ▶ Alcohol Change (2019) states that mining and construction, hospitality, arts and entertainment, utilities, and wholesale workers are most vulnerable.
- ▶ However, there are other important risk factors that have been identified as increasing the likelihood of substance-related harm, including shift work, low job security or lack of control and changes or upheaval at work (Alcohol Change, 2019).

Primary Aims & objectives

Primary Aim

- ▶ The research aimed to examine the perceptions of managers from worked based organisations regarding problems associated with drugs and alcohol use in the workplace.

Objectives

- ▶ To ascertain organisation representatives' experiences of employee drug and alcohol use in the workplace,
- ▶ To consider managers' views on the impact of employee drug and alcohol use on productivity and absenteeism,
- ▶ To ascertain views on the impact of substance use on employee mental health,
- ▶ To ascertain employer concerns as regards stigma associated with drug and alcohol use in the work environment,
- ▶ To examine views on the identification and assessment of possible substance use problems and concomitant support from external agencies.



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Mixed Methodological Approach

- ▶ A mixed methodological approach incorporating a detailed cross sectional survey and semi structured interviews ensured a multi-level examination of the range of manager knowledge and perceptions of drug and alcohol issues within the workplace.
- ▶ An online questionnaire enabled (n=39) workforce managers to express their views on a number of issues related to employee drug and alcohol use.
- ▶ In addition, a number of semi structured telephone interviews (n=7) were convened with a sub sample of questionnaire respondents. Semi structured telephone interviews were used to elicit more detailed and rich data and were informed by the key points made within the data gathered from questionnaires.

Sampling Technique

- ▶ We used a database of the 'top 100' companies in Northern Ireland published by a regional organisation and also a separate archive provided by NICVA which comprised n=168 community / voluntary sector organisations.
- ▶ We randomly selected 68 organisations from both databases using a randomised systematic technique (Sarantakos, 2010). After the initial invite to the organisations were administered via email, a number of follow up phone calls enabled the return of (n=39) completed surveys from managers or Human Resource representatives within the respective organisations. Response rate of 57%.
- ▶ The majority of organisations (46%) reported that they had over 200 employees. Whilst we do not have a specific number of employees represented in this survey we can estimate a range of between 8 - 10,000 workers in Northern Ireland from the Private, Public and Community sectors



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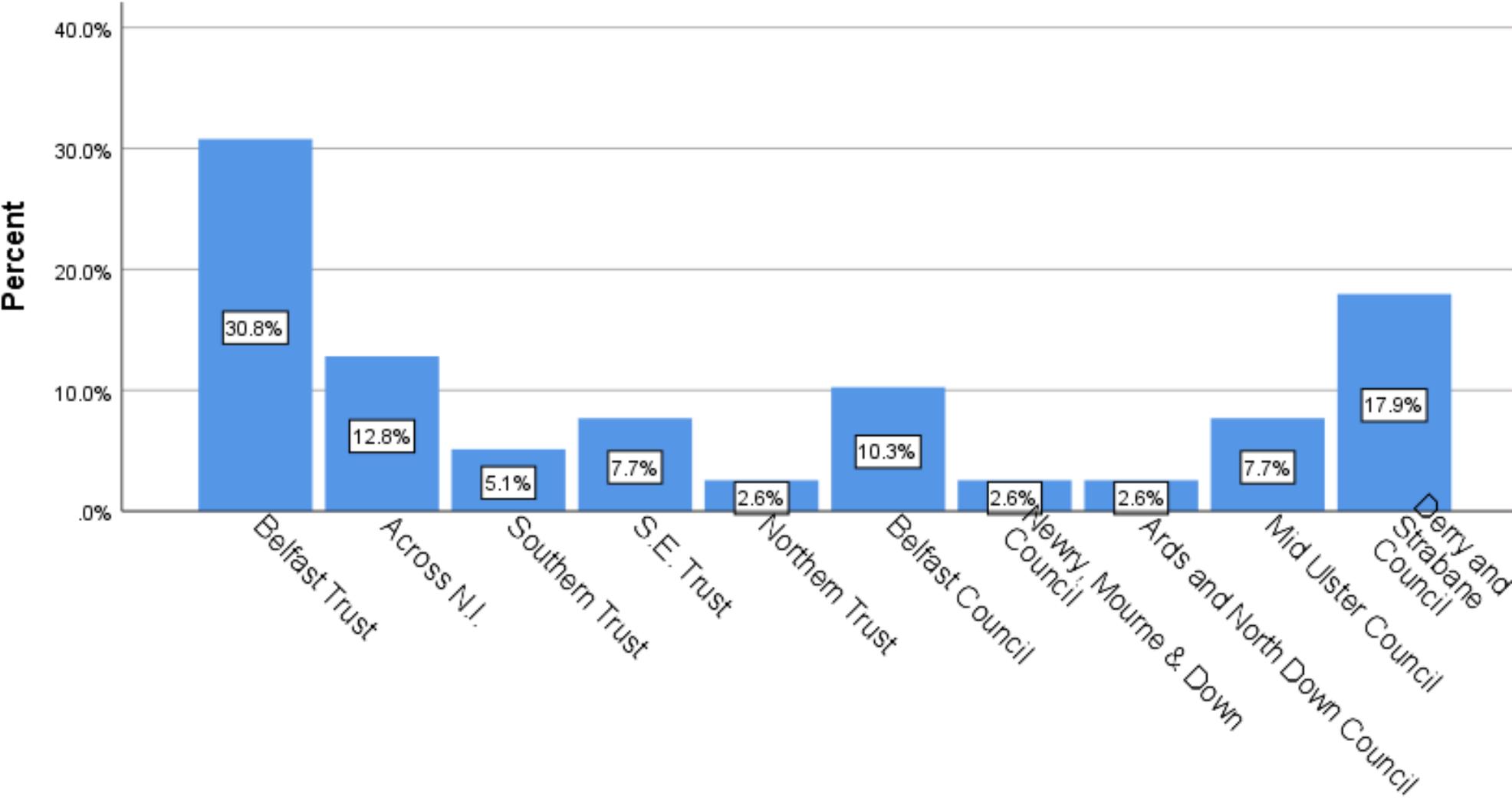
Data Analysis

- ▶ Data from the questionnaires was inputted into a separate SPSS database. The data was presented primarily via the use of graphs and frequency tables.
- ▶ The qualitative interviews were analysed using a sequential process. A coding structure was designed, and the data coded to anticipate emergent themes (Bazeley and Jackson, 2013). Subsequently, the themes and issues addressed in the interviews were linked together under a category system (Burnard, 1991). In analysing the data patterns, differences, themes and sequences were initially identified. Methodological insights from Braun and Clarke (2006) and Burnard (1991) were used during open, focused and theoretical coding.

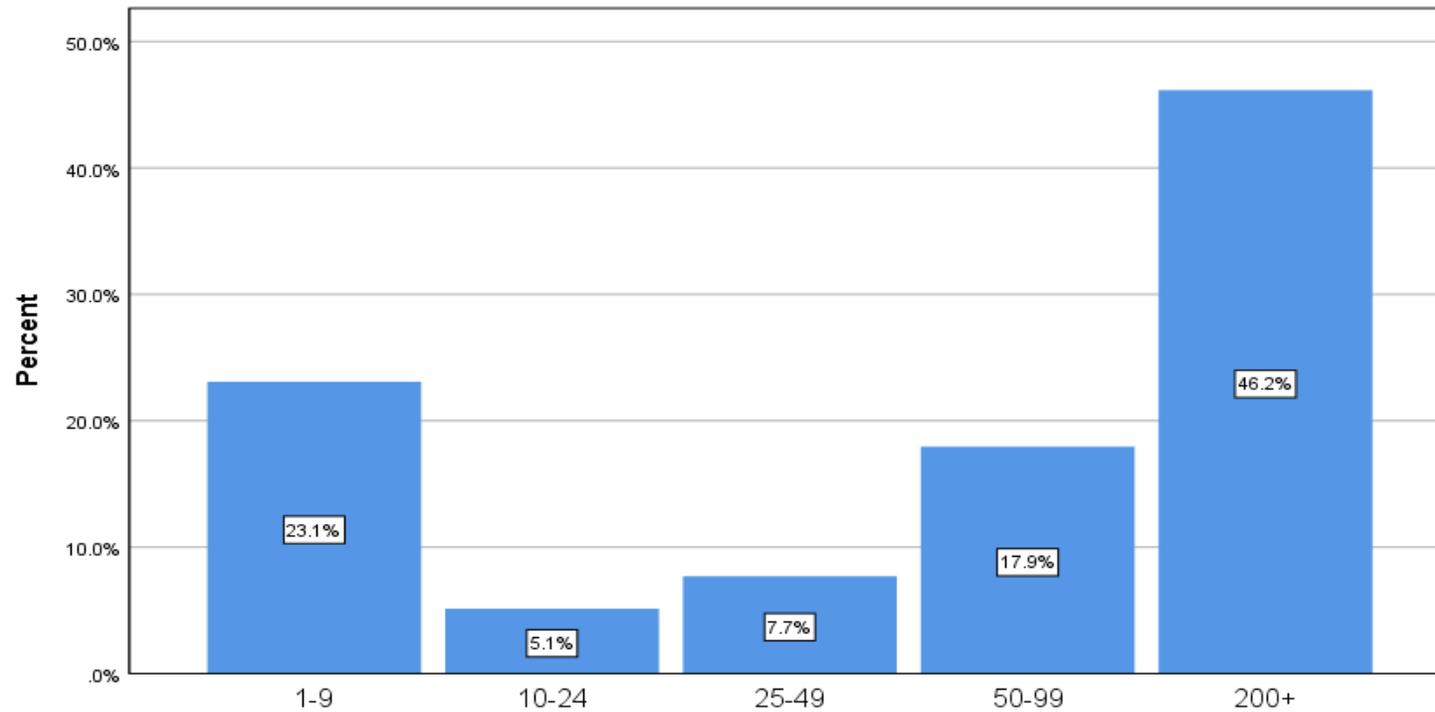
Findings

- ▶ The results from the survey to managers in each of the 39 organisations and the data from subsequent interviews with a sub-sample of managers (n=7) are presented via a number of themes in the following section.
- ▶ These include demographics, understanding and awareness of drug and alcohol use in the workplace, impact of employee drug and alcohol use on productivity and absenteeism, impact on employee mental health, staff and employer concerns as regards stigma and recrimination, and identification and assessment of possible substance use problems and support from external agencies.

Location of Organisation



Numbers of employees in the organisations



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Understanding Polydrug use

	Yes	No	Not sure	Total
Understanding the definition of polydrug use	54% n=21	46% n=18	0% n=0	100% n=39
Aware of drug and alcohol issues in the workplace	46% n=18	44% n=17	10% n=4	100% n=39

Drug and alcohol use and the workplace

- ▶ Forty-four per cent of survey participants reported that they had had observed employees in work who were under the influences of substances, but they did not specify whether these were primarily drugs or alcohol.

“It has been alcohol related for the most part - 1 or 2 staff coming into work still under the influence. Alcohol use.... Not on shift but before which has resulted in staff members being unfit for work. This is a regular occurrence.”

- ▶ The use of drugs (without alcohol) in and out of working hours was highlighted by 28% survey participants and this included cocaine, 'fake' benzodiazepines and cannabis.

“Managers have mentioned their suspicions that some younger staff may be under the influence of drugs early week, i.e. after the weekend. For example, they may appear hyper or overly tired.”

“Men have failed drugs tests often. But the drugs may have been consumed days before; like dope and cocaine.”

Impact on Productivity and Sick Leave

	Yes	No	Not Sure	Total
Employee drug / alcohol use & productivity	44% n=17	46% n=18	10% n=4	100% n=39
Employee drug/ alcohol use & sick leave	56% n=22	26% n=10	18% n=7	100% n=39



Impact on Productivity and Sick Leave

- ▶ Views from the interviewees substantiated those expressed via the survey. The impact of sickness leave on workloads, the effects on colleagues and the displacement of work pressures was mentioned frequently and perceived as a significant issue related to drugs and alcohol use.

“However, the one thing we’re very sure of, it really impacts the workplace, even whenever it’s the family that’s affected all of that affects your ability to function in the workplace. Everything then has an impact on the business.”

“The only issue that it had in my workplace was taking a day off to recuperate from drinking. This has an impact on our clients if they were scheduled to see someone that day & other staff members who would have to cover the absent colleagues work load.”

Impact on Productivity and Sick Leave

- ▶ Trends linked to ‘Monday and Tuesday’ absences were also common as was seasonal alcohol related downturn in productivity.

“...in some cases of casual sickness leave you can detect trends in some team members where they are often off on Monday or off on the day after a big sporting event where the perception would be that alcohol would be taking in celebration.”

“The downturn in productivity is when the employee phones in sick on the Monday or Tuesday, if they do have a hangover or they are coming down off drugs then it would take a bit of time for them to get that productivity back up....Coming into the month of mid-November where we do start to see individuals having small gatherings, or Christmas dinners and people are on a wind down for the Christmas period, we would see productivity dipping a lot.”

Impact on Mental Health

- ▶ There was a general awareness amongst all interviewees of the link between mental health issues and drug and alcohol use. There was also an understanding that the problematic use of substances was often associated with underlying issues in terms of either co morbid mental health conditions or previous traumatic experiences.

- ▶ *“Obviously, there’s always underlying issues, whether it’s depression or something that’s happened in somebody’s life and every time you find someone in these incidents it’s always quite a bit that’s happened to them that’s caused this to happen.”*

“I do see a rise in the amount of absenteeism regarding employees have issues with depression and stress in their personal lives.”

Support from external agencies

- ▶ The greatest proportion of responses highlighted ‘Interventions for staff, for example, counselling therapies’ 28% , ‘training of management’ 26% , ‘training for staff’ 23% and ‘support for family members’ 21% .
- ▶ Support and training for managers on how to deal with workplace related drug and/or alcohol use alongside support for the employee who may be experiencing difficulties was deemed essential.

“Training for managers is needed to identify signs of staff having challenges in this area & how to best support this staff member without fear of them losing their job. Stress management training for all staff is also an issue so training for staff on issues of using alcohol or drugs & other positive strategies they could adopt instead. Links to offer counselling to support staff who would need this would also be helpful.”

“There’s always a role for people to be trained to be aware of the symptoms and behaviour associated with drink and drugs use, previously I’ve had that sort of training, that is useful, otherwise sometimes you fail to put a number of signs together, then actually dealing with it.”

Support ctd.

- ▶ Government intervention was deemed necessary to help support businesses to deal with alcohol and drugs use.
- ▶ *“ it’s quite difficult as to what can be done by Government intervention or other means as to how this is combated or what we would need to assist us with it two fold as well around the awareness around drugs in the wider sector as opposed to just more employers, is support with individuals or that anonymous tipping, being able to go and get help where they may need it if the employers need it.”*

Assessment

- ▶ The interviewees commented on the difficulties associated with identifying the nature and type of substance use, particularly when it occurred outside of working hours.

“Lots of things that leaders in the business can guess but much of that is very difficult to uncover and pinpoint. Possibly with that then people don’t want to talk about it because they’re not actually sure themselves.”

“It would appear particularly complex when it is reported outside of work by another colleague.”

- ▶ Drug use was cited as particularly difficult to identify and required further help to assess how it affected the employee.

“...the problem is with the drugs it’s very difficult to ascertain what that is. What we do see is people maybe smoking cannabis or such like and we see it in their behaviours.”

Staff and Employer concerns re: stigma and recrimination

- ▶ There was a high level of stigma associated with discussing drug and alcohol use for staff and employers. Managers perceived that staff had a fear of talking about the issues and that this was primarily related to concerns over losing their job within the organisation.

“I do believe there are unreported cases as there is a stigma with it & staff may be afraid to lose their job.”

“... people may see there is a problem associated with alcohol or drugs and there is a stigma, and that can be a driver to hide it rather than talk about it.”

- ▶ It was also recognised that drug and alcohol use are perceived as taboo subjects, which may precipitate negative consequences for the worker if discussed in an open fashion.

“Ireland has a tradition of a big drinking culture and if you say to people you’re not drinking people will say I didn’t think you had a problem.. companies may take that perspective and be reluctant to bring it up as a talking pointbetter to say nothing than open a can of worms.”

Staff and Employer concerns re: stigma and recrimination

- ▶ Interviewees also commented on the reluctance to share information about alcohol or drug use in the workplace and the association with fears of recrimination.

“From a confidentiality perspective companies are reluctant to share information, in that the information will be used inadvertently against the company, to say that this company has alcohol and drugs problems.... I’d say it’s just the negative connotations associated with it.”

“There can be a perception there that they don’t want to trip themselves up, given that illegal drugs are illegal.... in my case with a small team it wouldn’t be difficult to identify eople.... there has to be an aspect of trust I’m more than happy to engage for the wider good.”



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Conclusions

- ▶ Almost half (46%) of the organisation managers who participated in the survey were aware of drug and alcohol related issues in the workplace. The same proportion had noted 'reported and unreported' incidents related to drug and alcohol use during the working day over the last two-year period.
- ▶ Forty four percent of survey participants reported that they had had observed employees in work who were under the influence of drugs and / or alcohol. Twenty one percent of the survey cohort referred to consumption of alcohol on the evening prior to work which had an impact on their work duties. T

Conclusions

- ▶ Over half of survey respondents, 56% stated that employee drug and alcohol use was linked to sick leave and 44% reported that substance use had a negative impact on productivity. Respondents also highlighted concerns in relation to absenteeism 46%, poor staff mental health 41%, downturn in productivity of staff, 31% and a decrease in quality of work, 28%.
- ▶ Results from qualitative interviews also indicated that the use of alcohol / drugs was strongly associated with sickness leave and this had an impact on colleagues via the displacement of work pressures.

Conclusions

- ▶ Interviewees highlighted that problematic drug and alcohol use was often associated with underlying issues in terms of either co morbid mental health conditions or previous traumatic experiences.
- ▶ Survey respondents highlighted a number of support mechanisms that would help managers and staff address the problems of substance use in the workplace. These included Interventions for staff 28%, training of management 26%, and training for staff 23% and support for family members 21%.
- ▶ Stigma was perceived as a primary barrier to having open discussions about staff drug and alcohol use. Managers perceived that staff were reluctant to talk about the issues and that this was primarily related to concerns over loss of their job within the organisation.

Recommendations

- ▶ A public health awareness campaign should be initiated by the Department of Health (NI) to ensure the availability and promotion of information and support to those who are at highest risk of harms associated with drug and alcohol use in the work place. The information should be individualised and accessible in a number of language formats.
- ▶ Individual organisations should provide evidence based brief interventions to individuals within the work context and make appropriate referrals to external organisations, where necessary, for further treatment. A NI regional guidance document should provide a number of optional care pathways for employers to provide the best possible support packages for employees who have self-identified or have indicated signs of drug / alcohol use issues.

Recommendations

- ▶ External agency care packages should be tailored to the individual requirements of the service user according to their specific needs, for example, issues related to age, ethnicity, cultural context, diversity, and employment context.
- ▶
- ▶ There should be a primary focus on issues associated with drug / alcohol use and co morbid health conditions and underlying trauma. This should be specifically included in training packages.

Recommendations

- ▶ Develop a specialist training pathway for **managers** on the effects of drug and alcohol related harms in the workplace and concomitant effects on the individual and family members. Relevant training would equip management to manage sensitive cases and provide essential information for staff in a timely manner.
- ▶ Training on the stigma associated with drug / alcohol problems would help to develop and facilitate a non-judgemental service delivery and work towards alleviating some of the stigma associated with the use of drugs and alcohol in the workplace.

Acknowledgements

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