**Alcohol and the Workplace**

Drinking among U.S. workers can threaten public safety, impair job performance, and result in costly medical, social, and other problems affecting employees and employers alike. Productivity losses attributed to alcohol were estimated at $119 billion for 1995 (1). As this Alcohol Alert explains, several factors contribute to problem drinking in the workplace. Employers are in a unique position to mitigate some of these factors and to motivate employees to seek help for alcohol problems.

**Factors Contributing to Employee Drinking**

Drinking rates vary among occupations, but alcohol-related problems are not characteristic of any social segment, industry, or occupation. Drinking is associated with the workplace culture and acceptance of drinking, workplace alienation, the availability of alcohol, and the existence and enforcement of workplace alcohol policies (2,3).

**Workplace Culture.**

The culture of the workplace may either accept and encourage drinking or discourage and inhibit drinking. A workplace's tolerance of drinking is partly influenced by the gender mix of its workers. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group (4,5). Some male-dominated occupations therefore tend to have high rates of heavy drinking and alcohol-related problems (6,7). In predominantly female occupations both male and female employees are less likely to drink and to have alcohol-related problems than employees of both sexes in male-dominated occupations (8).

Workplace Alienation. Work that is boring, stressful, or isolating can contribute to employees' drinking (2). Employee drinking has been associated with low job autonomy (9), lack of job complexity, lack of control over work conditions and products (10,11), boredom (12), sexual harassment, verbal and physical aggression, and disrespectful behavior (13).

**Managing Alcohol Problems in the Workplace**

One function of employee assistance programs (EAPs) is to identify and intervene in employees' alcohol problems. EAPs may be provided by labor unions, management (as part of the employee benefit package), or through a union-management collaboration (25,26). Workers may take greater advantage of the services provided by an internal EAP located on the worksite than an external program. Leong and Every (27) found that EAP utilization increased significantly at a nuclear power plant 2 years after an internal program began compared with the utilization rates when the EAP was located away from the worksite.

Employees are encouraged to seek EAP services, and supervisors may refer employees to an EAP based on deteriorating job performance (26). One survey of 6,400 employees who used EAP services at 84 worksites found that clients with alcohol-related problems were twice as likely as those with other problems to have received supervisory referrals (28).

Although the services offered vary, EAPs usually train supervisors to recognize problems and refer workers to the EAP; provide confidential and timely assessment; refer employees for diagnosis, treatment, and other assistance; work with community resources to provide needed services; and conduct followup after treatment (29). EAP professionals may collaborate with managed care companies and serve as liaisons between managed care companies and treatment providers (26).

From 1992 to 1993, a national survey estimated that 33 percent of U.S. worksites with 50 or more full-time employees had an EAP (30). A 1992 survey of the alcohol programs offered through EAPs at 1,507 worksites with 50 or more employees found that 16 percent offered individual counseling, 22 percent had group sessions, and 41 percent provided employees with written materials. Unionized and larger worksites were more likely to offer alcohol programs than were nonunionized, smaller worksites (31).

Effectiveness of EAPs. Although research on the effectiveness of EAPs is limited, some studies have found that EAPs are effective in reducing employees' alcohol problems (32). One study of 199 commercial airline pilots who were advised to seek treatment for alcoholism from 1973 to 1989 found that 87 percent returned to flight duties after treatment and only 13 percent of those who accepted treatment relapsed (33).

Walsh and colleagues (34) compared the outcomes of 227 employees who were referred to an EAP for alcohol problems and assigned to either inpatient treatment followed by attendance at Alcoholics Anonymous (AA), AA alone, or a treatment plan chosen by the employee in consultation with EAP staff. The employees were seen weekly by the EAP for 1 year, excluding periods of inpatient treatment. Two years later, all three groups showed substantial improvement in job measures with no significant differences among them. Fewer than 15 percent of employees reported job-related problems at the 2-year followup, and 76 percent of the supervisors interviewed at that time rated the employees' job performance as "good" or "excellent." The groups did differ on drinking measures, however. Employees who had received inpatient treatment were significantly more likely than those in the other groups to report not drinking and not drinking to intoxication during the followup period. When employees did relapse, drinking problems preceded job-related problems, suggesting that treatment followup is important for detecting relapse before job problems occur (34).

In one study evaluating EAP followup (35), 325 workers referred to an EAP for alcohol and other drug problems received either the standard care, consisting of assessment and treatment or referral, or the standard care plus 1 year of followup with a counselor. Those who were followed up had 15 percent fewer relapses resulting in hospitalization and 24 percent lower alcohol and other drug-related health benefit claims, compared with the group that received standard care alone (35).

**Alcohol and the Workplace--A Commentary by NIAAA Director Enoch Gordis, MD**

Occupational alcoholism programs, which evolved into today's multifaceted employee assistance programs, have been around since the 1940s. Despite the success of early programs in several large American industrial corporations, the diffusion of the workplace alcohol program concept was slow. However, as a result of research findings on the effectiveness of such programs by eminent scientists such as Harrison Trice and Paul Roman, major scientific and program initiatives in the 1960s by the National Council on Alcoholism and the Christopher D. Smithers Foundation, and in 1970 by the newly created National Institute on Alcohol Abuse and Alcoholism, the acceptance of the value of employee assistance programs gained impetus. It is primarily because of these pioneering activities that alcohol programs in the workplace are now the rule, not the exception.

Researchers have begun to look not just at the effectiveness of workplace alcohol programs in intervening in drinking problems but also at the culture of the workplace itself as a determinant in both drinking and nondrinking behavior of employees. This research is providing management with a powerful tool for preventing drinking problems as well as in identifying those who are at risk for alcohol problems.