Alcohol and Other Drugs in the Workplace

AN OVERVIEW

- 6.6% of Americans employed in full-time jobs report heavy drinking, defined as drinking five or more drinks per occasion on five or more days in the past 30 days; 4.9% of part-timers and 10.4% of unemployed workers also report heavy drinking; the highest percentage of heavy drinkers (12.2%) is found among unemployed adults ages 26-34 (National Institute on Drug Abuse [NIDA], National Household Survey on Drug Abuse: Main Findings 1997, 4/99, p. 111).

- Up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcohol consumption and alcoholism (M Bernstein & JJ Mahoney, "Management Perspectives on Alcoholism: The Employer's Stake in Alcoholism Treatment," Occupational Medicine, Vol 4, No. 2, 1989, pp. 223-232).

- 60% of alcohol-related work performance problems can be attributed to employees who are not alcohol dependent, but who occasionally drink too much on a work night or drink during a weekday lunch (TW Mangione, et. al, "New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study," JSI Research & Training Institute, Inc., Boston, MA, 12/98, p. 1).

- 21% of workers reported being injured or put in danger, having to re-do work or to cover for a co-worker, or needing to work harder due to others’ drinking (Ibid, p. 2).

- Shortfalls in productivity and employment among individuals with alcohol or other drug-related problems cost the American economy $80.9 billion in 1992, of which $66.7 billion is attributed to alcohol and $14.2 billion to other drugs (NIDA and National Institute on Alcoholism and Alcohol Abuse [NIAAA], "The Economic Cost of Alcohol and Drug Abuse," 1992 [preprint copy] 5/98, p. 5-1).

- Although 70% of all current adult illegal drug users are employed (NIDA, "Research on Drugs and the Workplace, "NIDA Capsules, 6/90, p. 1), use of most illicit drugs is substantially higher among the unemployed; prevalence differences in crack use are especially pronounced, with rates almost 10 times higher among unemployed persons than those with jobs (NIDA, National Household Survey on Drug Abuse: Main Findings 1997, 4/99, p. 111).

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• Only 5.8% of employees tested positive for drugs in 1996 (down from 13% in 1995), fewer than at any time in the previous ten years according to one survey of four million workers (SmithKline Beecham Clinical Laboratories as reported in Time magazine’s 3/17/97 “Health Report”).

• Employees who were in serious trouble with alcohol showed significant improvement in drinking behavior and job adjustment during the months immediately following an intervention to confront problem drinking that was intruding on their work (NIAAA, Alcohol Health & Research World [AHRW]: Alcohol and the Workplace, Vol. 16, No. 2, 1992, p. 147).

THE RISKS

• Work roles with little or no supervision, and those characterized by high mobility, are associated with increased rates of problem drinking (Ibid., p. 107).

• Numerous studies suggest a significant relationship between work stress and the development of drinking problems (Ibid.).

• In general, unmarried workers (divorced, separated, or never married) had about twice the rate of illicit drug and heavy alcohol use as married workers (USDHHS, SAMHSA, Drug Use Among US Workers: Prevalence and Trends by Occupation and Industry Categories, 5/96, p. 1).

• Workers who report having three or more jobs in the previous five years are about twice as likely to be current or past year illicit drug users as those who have had two or fewer jobs (Ibid.).

• 75% of workers paid on an hourly basis at one manufacturing plant reported that it was easy for them to drink at their work stations. This group included assembly line workers, electricians and machinists (G Ames, & W Delaney, "Minimization of Workplace Alcohol Problems: The Supervisor's Role," Alcoholism: Clinical and Experimental Research, Research Society on Alcoholism, Vol. 16, No. 2, 4/92, p. 185).

GENDER DIFFERENCES
• Studies have shown that the drinking patterns of employed women are different from those of women not employed outside the home, with less abstinence, increased consumption, and greater frequency of drinking occasions observed among employed women (NIAAA, AHRW, Ibid., p. 161).

• Theories about job stress, job conflict, or role overload (i.e., working women who also are married) as factors influencing alcohol consumption among women in paid employment have found little support; in fact, some studies associate a lack of roles with increased drinking and problem drinking. Drinking patterns of employed women instead seem to be influenced by greater accessibility to alcohol and by complex issues surrounding the gender balance of a workplace or occupation (Ibid., p. 164).

**PREVALENCE BY OCCUPATION**

• The highest rates of current and past year illicit drug use are reported by workers in the following occupations: construction, food preparation, and waiters and waitresses. Heavy alcohol use followed a similar pattern, although auto mechanics, vehicle repairers, light truck drivers and laborers also have high rates of alcohol use (USDHHS, SAMHSA, Drug Use etc., p. 1).

• The lowest rates of illicit drug use are found among workers in the following occupations: police and detectives, administrative support, teachers and child care workers. The lowest rates of heavy alcohol use are among data clerks, personnel specialists and secretaries (Ibid.).

**THE COST**

• Individuals with drinking problems or alcoholism at any time in their lives suffer income reductions ranging from 1.5% to 18.7% depending on age and sex compared with those with no such diagnosis (NIAAA, Eighth Special Report to US Congress on Alcohol and Health, 9/93, p. 256).

• Absenteeism among alcoholics or problem drinkers is 3.8 to 8.3 times greater than normal (Bernstein & Mahoney, op. cit.) and up to 16 times greater among all employees with alcohol and other
drug-related problems (US Department of Labor [USDL], What Works: Workplaces Without Drugs, 8/90, p. 3). Drug-using employees take three times as many sick benefits as other workers. They are five times more likely to file a worker's compensation claim (TE Backer, Strategic Planning for Workplace Drug Abuse Programs, NIDA, 1987, p. 4).

- Non-alcoholic members of alcoholics' families use ten times as much sick leave as members of families in which alcoholism is not present (Bernstein & Mahoney, op. cit.).

- 43% of CEOs responding to one survey estimated that use of alcohol and other drugs cost them 1% to 10% of payroll (National Association of Addiction Treatment Providers [NAATP], *Treatment Is the Answer: A White Paper on the Cost Effectiveness of Alcoholism and Drug Dependence Treatment, 3/91, p. 1).

**EMPLOYEE ASSISTANCE PROGRAMS**

- For every dollar they invest in an Employee Assistance Program (EAP), employers generally save anywhere from $5 to $16. The average annual cost for an EAP ranges from $12 to $20 per employee (US Department of Labor [USDL], op. cit., p. 17).

--General Motors Corporation's EAP saves the company $37 million per year -- $3,700 for each of the 10,000 employees enrolled in the program (ASIS OP Norton Information Resources Center, Substance Abuse: A Guide to Workplace Issues, 8/90, p. 23).

--United Airlines estimates that it has a $16.95 return for every dollar invested in employee assistance (Ibid.).

--Northrop Corporation saw a 43% increase in the productivity of each of its first 100 employees to enter an alcohol treatment program. After three years' sobriety, the average savings for each was nearly $20,000 (D Campbell & M Graham, Drugs and Alcohol in the Workplace: A Guide for Managers, New York: Facts on File Publications, 1988).

--Philadelphia Police Department employees undergoing treatment reduced their sick days by an average of 38% and their injured days by 62% (Ibid.).

--Oldsmobile’s Lansing, Michigan plant saw the following results in the year after its alcoholic employees underwent treatment: lost man-hours declined by 49%, health care benefits by 29%, leaves by 56%, grievances by 78%, disciplinary problems by 63% and accidents by 82% (Ibid.).
• 45% of full-time employees who were not self-employed had access to an EAP provided by their employers but within a single year only 1.5% used an EAP because of alcohol or other drug-related problems (NIAAA, AHRW, op.cit., p. 121).

• While roughly 90% of the Fortune 500 companies have established EAP's (TR Burke, "The Economic Impact of Alcohol Abuse and Alcoholism," Public Health Reports, Vol. 103, No. 6, Nov/Dec 1988, p. 567), this percentage is much lower among smaller companies. Only 9% of businesses with fewer than 50 employees have EAP programs. 90% of U.S. businesses fall into this category (USDL, Bureau of Labor Statistics, Report 760: Survey of Employer Anti-drug Programs, 1/89, p. 2).

**TREATMENT ISSUES**

• Studies suggest that employees who are pressured into treatment by their employers are slightly more likely to recover from their alcoholism and improve their performance than those who are not so pressured (NIAAA, AHRW, op.cit., p. 132).

• Research indicates that alcoholism treatment can yield significant reductions in total health care costs and utilization for an alcoholic and his or her family (HD Holder & JO Blose, "Alcoholism Treatment and Total Health Care Utilization and Costs: A Four-Year Longitudinal Analysis of Federal Employees, Journal of the American Medical Association, No. 256, 1986, pp. 1456-1460).

• Less than 1/3 of one percent of employed persons are receiving treatment for alcoholism and other drug dependence (NAATP, op. cit., p. 2).

• One survey reports that nearly nine in ten employers limit benefits for alcoholism, other drug dependence and mental disorders despite the fact that 52% of the survey participants could not say how much it cost them to provide treatment for these diseases (A Foster Higgins & Co., Inc., Health Care Benefits Survey, 1989).