Northern Ireland Alcohol & Drug Alliance

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

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1. Introduction

1.1 Drug and alcohol use in the workplace

The use of drugs and/or alcohol has been acknowledged as a serious workplace issue. Not only can problematic use lead to significant health problems but the influence of drugs or alcohol in the workplace may lead an individual to take unnecessary risks or put others at risk causing significant health and safety issues. It is not only illegal drugs that precipitate concerns at work; misuse of prescription drugs and alcohol can also cause problems for some individuals. An employee who works under the influence of substances, either as overtly intoxicated or experiencing prolonged effects from the 'night before' may demonstrate impaired performance and have a negative impact on colleagues, service users and customers.

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, other important risk factors 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). In addition, on average, consumption tends to be higher among people in managerial and professional roles compared to lower-paid occupations (NHS Digital, 2018). Public Health England (2016) estimate that lost productivity due to alcohol use costs the UK economy more than £7 billion annually, and an estimated 167,000 working days are lost to alcohol use every year.

1.2 Drug and/or alcohol use in Northern Ireland (NI) and the Impact of COVID-19

Alcohol misuse is one of the leading causes of preventable mortality, contributing annually to about 3 million deaths worldwide. (WHO, 2018). It is estimated that mental health problems in NI are 20-25% higher than in the rest of the United Kingdom (UK), making it the largest cause of disability in the region (DOH, 2014). In NI Over three-quarters (79%) of adults aged 18 and over drink alcohol (DOH, 2020). The Health Survey in NI (2020) reported over four-fifths of males (83%) were drinkers, with a tenth of males (9%) reporting that they thought they drank quite a lot or heavily and three-quarters of females (76%) were drinkers, with 2% reporting that they thought they drank quite a lot or heavily. SUD is also a major concern in NI, evidenced by NISRA (2020) reporting 189 drug-related deaths registered in NI in 2018 a 39% over the year, from 136 in 2017. It is also significantly concerning that half (95) of these deaths were of men aged 25-44 (NISRA, 2020). NISRA also reported that half of the deaths involved three or more drugs and almost 23% of all drug-related deaths in 2018 also mentioned alcohol on the death certificate. It is also notable that there are higher rates of common mental health conditions in NI than in England, Scotland, Wales and the Republic of Ireland including anxiety, depression, substance misuse disorders, other conditions (NCISH, 2019). Several of these risk factors have already been recognised as affecting the Northern Irish population more acutely than the rest of the UK; alcohol misuse is identified in a higher proportion of deaths by suicide than any other region in the UK (NCISH, 2019).

The COVID-19 pandemic is unprecedented in terms of its global impact (Troyer et al., 2020) and is likely to be associated with increased psychological distress. It will also leave many people vulnerable to mental health problems and suicidal behaviour (Holmes et al., 2020). Concerns about health, bereavement as well as uncertainty about the future economic impact may increase the risk of serious mental health conditions including anxiety and alcohol and/or substance misuse (Fiorillo and Gorwood, 2020, Girdhar et al., 2020). It is notable that during the initial phases of the pandemic alcohol sales increased by 31.4%; supermarket stores saw a strong increase in volume sales at 10.3%, while alcohol store sales soared at 31.4% in volume

terms (ONS, 2020). Thus, the consequences of isolation may have led to a spike in alcohol misuse, relapse, and potentially, the development of alcohol use disorder in at-risk individuals (Clay & Parker, 2020). Alcohol Change UK (2020) reported that drinking habits changed during the COVID-19 lockdown one in five drinkers (21%) responded by saying they have been drinking more frequently since the lockdown. This suggests that around 8.6 million UK adults are drinking more frequently under lockdown. The Global Drug Survey (2020) also reported that 44% of those who participated said the frequency of alcohol use increased. Reasons for this included "having more time to drink and feeling bored more often." Individuals with substance user disorders (SUD) are also an 'at risk population' due to multiple factors attributable to their clinical, psychological and psychosocial conditions (Ornell et al., 2020). The concomitant effects of the social and economic changes compound the difficulties encountered by those with SUDs in addition to the traditional difficulties regarding treatment access and adherence (Ornell et al., 2020). Although social distancing and isolation or quarantine are essential measures to help prevent the transmission of Covid-19 these are likely to cause social and psychological risks for those with SUDs which could intensify drug misuse, in a potentially catastrophic cycle (Ornell et al., 2020). It is also important to note that withdrawal symptoms elicited during lockdown could also cause individuals to ignore government guidelines for Covid-19 in order to misuse drugs. Also, medical assistance for those with SUDs will be limited, since the focus of medical efforts is on treating those with Covid-19. Large scale studies suggest that particular attention should be paid to employing psychological support in order to reduce the distress and emotional consequences associated with COVID-19 (Wang et al., 2020; Rossi et al., 2020 and Ammerman et al., 2020). It is important to highlight the impact of COVID-19 on the workforce including effectively managing substance misuse, should it be an issue in the workplace.

1.3 Aims and 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 the 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.

2. Context and Background

To contextualise the current circumstances in NI the following section will consider the potential impact of drug and alcohol use in the workplace and discuss workplace policies with particular reference to Northern Ireland.

2.2 Economic Costs of Alcohol

Although it is difficult to ascertain the impact of drug use in the workplace, what we do know is alcohol can have a damaging effect on workplace productivity, safety, health and morale and is associated with a variety of adverse workplace outcomes, including higher levels of absenteeism, presentism and unemployment. Alcohol can impair a person's performance at work, cause sickness or injury that keeps them off work temporarily, make it difficult for them to find or hold down a job, or, most drastically, end their lives (ref).

2.1 Presenteeism

'Presenteeism' refers to the phenomenon of alcohol and drug consumption, reducing a person's ability to carry out their job to the best of their ability (IAS, 2017). As a result, problematic substance users in the workplace are not only less efficient but may also place themselves and those around them at risk of injury. A survey commissioned by the health insurance agency Willis PMI found that 28% of workers reported going to work with a hangover, while 11% of men and 4% of women claimed to do so regularly (Frith, B. 2016). A 2007 survey found that a third of Liverpool companies state that they are affected by alcohol, and of these 87% reported that the effect is negative (Harkins et al., 2008). A similar study in Belgium found that CEOs and Human Resource managers estimated dependent drinkers are 30% less productive than the remainder of their staff. This figure was extrapolated to estimate that presenteeism cost businesses the equivalent of 2.8% of their wage bill (Tecco et al., 2013).

In an extensive Australian study results indicated that those who identify themselves with drug and alcohol problems are over twice as likely to rate their performance at work as sub-standard (Holden, L et al., 2011). In sum, there is convincing evidence that presenteeism does have an adverse effect on many businesses and the economy in general, though there is a lack of robust academic evidence on the scale of the problem.

2.2 Absenteeism

Evidence from the literature indicates that absenteeism has largely been related to alcohol use with little evidence as regards the relationship between drug or polydrug use and absence from work. One of the largest studies in this field is Roche et al.'s (2008) survey of over 13,000 Australians, which found that 'high risk' drinkers (over 53 UK units per week for men, 36 for women) are 53% more likely to be absent from work on any given day than low-risk drinkers. It also found that 'risky' drinkers (37-53 per week for men, 19-36 for women) were 31% more likely to be absent than low risk drinkers (Roche et al., 2008). In a US study, McFarlin and Fals-Stewart (2002) report a direct link from drinking to absence by showing that workers are twice as likely to be off the day after they drink. In the UK context, Marmot et al. (1993) found a "u-shape" relationship between consumption and sick leave, whereby 'moderate' drinkers (roughly 11-30 units per week for men and 7-20 units for women) were absent less than both abstainers and heavy drinkers (Jarl & Gerdtham, 2012). However, they found no clear relationship between drinking and absence in women. While most research into absenteeism focuses on the relationship between a person's alcohol consumption and their attendance at work, it is increasingly recognised that drinking has additional effects on others (for example, a spouse or a co-worker) is as frequent as absence due to one's drinking (Greenfield et al., 2016).

2.3 Alcohol and Drug Policies in the workplace

A drugs and alcohol policy is a key part of the overall health and safety policy within a company. As has been previously stated, alcohol and drugs through their effects on health, safety, work performance and absenteeism can jeopardise productivity. Effectively implemented drug and alcohol policies will help employers in the legal duty to protect the health, safety and welfare of employees. All organisations can benefit from an agreed policy that applies to all staff. From a legal point of view, employers have a duty of care under various acts (stated below) to assess the risks to the health and safety of employees.

- The Health and Safety at Work Act (1974) requires employers to protect the health, safety and welfare of their employees and others who may be affected by their activities, as far as is reasonably practicable.
- The Management of Health and Safety at Work Regulations (1999) requires employers to carry out a risk assessment to identify hazards in the workplace and put measures in place to minimise these risks.

In Northern Ireland, Randox Testing Services (2019a) has launched an initiative dedicated to combating alcohol and substance misuse and its impact on the workplace with a particular emphasis on the need in manufacturing-related industries (2019b). Randox Testing Services, Addiction NI and Inspire Workplaces (2017) are working to inform employers how first to identify and then provide support to staff who use to drugs and alcohol to cope with personal, familial, financial and workplace-based stresses and concerns. As well as providing a fully managed drug and alcohol testing service, Randox Testing Services provide a range of training and education services to help educate and inform regarding the issue of drug and alcohol use in the workplace (Randox, 2020).

3. Methodology

3.1 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.

3.2 Sampling

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. 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

The interview participants were recruited using a purposive sampling technique (Sarantakos, 2010), and they were invited to indicate via email whether they would be prepared to participate in an interview. The sample included seven individuals who were managers of private, voluntary/ community and public sector organisations in Northern Ireland.

3.3 Survey and Interviews

The semi-structured interview technique was chosen to explore the perspectives of the managers, as it inspires depth in the participant's responses and provides the opportunity for new concepts to emerge (Dearnley, 2005). Therefore, this approach was particularly fitting, as it provided a space for the interviewees to have a voice in the conversation as this was considered important within the research process. The semi-structured interview questions and survey tool used are documented in Appendix A.

3.4 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.

3.5 Ethical issues

Ethical approval was obtained from the School of SSESW Research Ethics Committee before the fieldwork commenced. The main ethical element involved in the data collection was to safeguard the anonymity and confidentiality of those who participated. An Information sheet, consent form and invitation to participate (Appendices B&C) were emailed to the participating organisations approximately two months prior to the interview. The interviewees were recruited through email exchanges and telephone conversations and any areas of uncertainty were clarified prior to the arrangement of the interview date and time. Furthermore, the research team were also careful to reassure participants about confidentiality with regard to protecting the identities of themselves and the organisations (Miles, Huberman and Saldana, 2013).

Before the interview commenced, all interviewees were informed once again about the purpose of the research, what the interview would involve and their right to withdraw their involvement in the research at any time. Throughout the interview process, the researcher acknowledged the sensitive nature of the content of the interviews and recognised that sometimes what was omitted was equally as important as what was being said (Polkinghorne, 2005).

All study files, including audio-recordings and transcripts, were stored under passcode in a manner conforming with the Data Protection (Amendment) Act 2003 (NI office 2003) in alignment with QUB regulations.

3.6 The limitations of the research

It is widely recognised that considerations of research quality, particularly in exploratory qualitative research, are important. However, as this methodology explains, and as Oakley (2000) notes, the distinguishing mark of all 'good' research is the awareness and acknowledgement of potential error.

An inherent aspect of the use of qualitative research methods, which explicitly calls reliability into question, is the small sampling when compared to quantitative methods. Although these narratives are simply representations of reality by one group of individuals, the themes that have emerged (when triangulated with other data) will potentially inform organisations and potential influence policy on the issues of polydrug use in the workplace.

Furthermore, the triangulation of the data with existing literature and quantitative data has been vitally important in proving the credibility of the findings (Guest, McQueen and Narney (2011). We have attempted to be as 'objective' about the 'subjective' as possible and despite these limitations, we have endeavoured to be rigorous, accurate, professional and thorough in capturing the multi-faceted nature of the experiences of individuals in management roles within a sample of organisations in the public, private and voluntary sector organisations in NI.

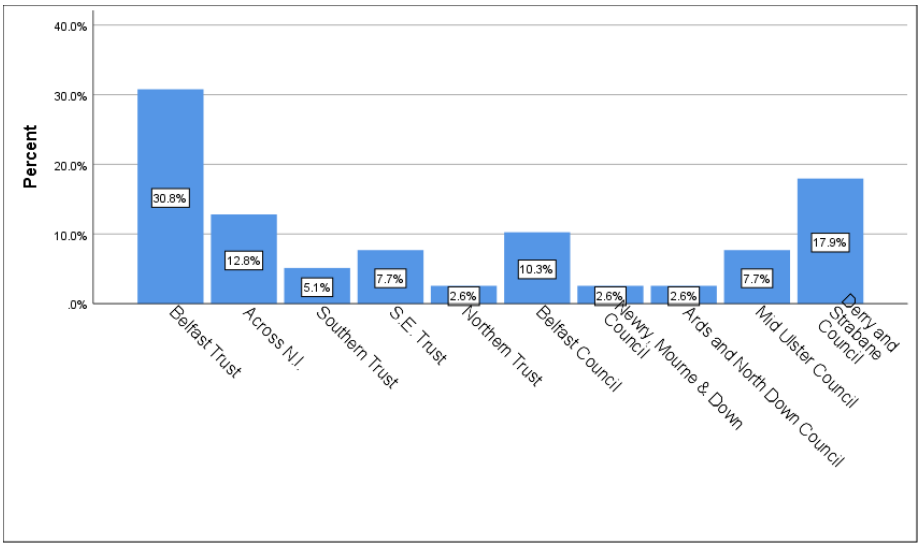
4. Findings

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.

4.1 Demographics

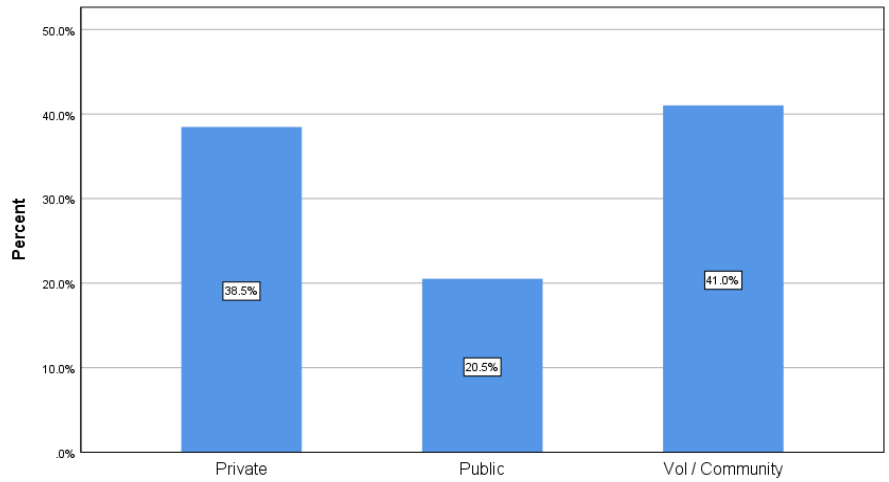
The survey respondents indicated their location within local council or Trust areas. Forty-one percent were located in Belfast, whilst 18% were based in the Derry / Strabane area and 13% of respondents worked in organisation sites across Northern Ireland (see fig 1.).

Fig 1. Location of Organization – Council / Trust Area



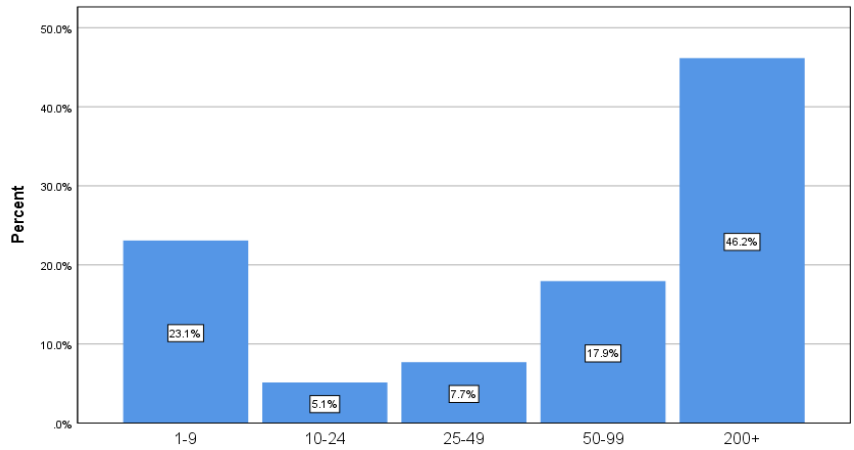
The highest proportion, 41% worked in the voluntary/ community sector, 20% in the public and 39% in the private sector (see fig 2.).

Fig 2. Sector



The majority of the manager respondents (46%) represented organisations with over 200 employees and 18% of respondents worked in organisations with 50-99 employees (see fig 3).

Fig 3. How Many Employees in your Organisation?



4.2 Understanding of Drug and Alcohol Use in the workplace

The broad definition of 'poly drug' used by is the use of more than one drug or type of drug by an individual consumed at the same time or sequentially including the use of prescription drugs and alcohol. Respondents were asked if they were aware of the definition of poly drug use. Fifty-four percent (n=21) were aware of and understood the term, whilst 46% (n=19) did not fully understand the definition as outlined above (see table 1).

Table 1. Poly Drug Use in the Workplace

	Yes	**No**	**Not sure**	**Total**
Understanding the definition of poly drug 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

In addition, from table one above it is clear that almost half (46%) of the organisation managers who participated in the survey highlighted their awareness of drug and alcohol-related issues in the workplace (see table 1.).

Furthermore, almost half of the participants stated that they had noted 'reported and unreported' incidents related to drug and alcohol use during the working day over the last two-year period (see table 2).

Table 2. Reported & Unreported Issues of Drug and Alcohol Use during the Working Day

	Yes	No	Not sure	Total
Reported issues of drugs and alcohol use during the working day	44% n=17	46% n=18	10% n=4	100% n=39
Unreported issues of drugs and alcohol use during the working day	46% n=18	41% n=16	13% n=5	100% n=39

Forty-four per cent (n=17) of survey participants reported that they had observed employees in work who were under the influences of substances, but they did not specify whether these were primarily drugs or alcohol.

However, survey respondents provided more qualitative detail about alcohol and drug use during the working day and the impact of drug and alcohol use outside of working hours on occupation performance. Ten survey respondents referred to the use of alcohol both on and off the work premises. The majority (n=8) referred to the impact of alcohol use before a 'shift' or the after-effects from the night before which had an impact on their work duties.

> *"Alcohol use. Not on shift but before which has resulted in staff members being unfit for work. This is a regular occurrence."*

Eight respondents highlighted polydrug use specifically with alcohol as part of the combination of substances, including prescribed or non-prescribed benzodiazepines.

> *"Likelihood of daily drinking in the evenings among a very small proportion of employees. In this context the person may also be on a prescribed anxiolytic e.g. diazepam, promethazine etc. This would be an example of poly drug use. I have no evidence of illicit, prescribed, OTC or alcohol use among employees within working hours."*

"It has been alcohol-related for the most part - 1 or 2 staff coming into work still under the influence. One staff member was abusing prescription medication and was presenting as being sedated while at work."

Four survey respondents underlined specific examples of individuals who had reported acute issues due to problematic substance use.

"A member of staff was admitted to hospital with high blood pressure as a result of his alcohol intake. He returned to work after his absence and then disclosed that he had an alcohol problem and that he would drink heavily every evening when he went home. Staff noticed his breath smelling of alcohol but we had no evidence that he drank alcohol in the workplace and assumed that this was due to his excessive drinking the previous nights."

The use of drugs (without alcohol) in and out of working hours was highlighted by (n=11) survey participants and this included cocaine,' fake' benzodiazepines and cannabis.

"we believe illegal substance use and abuse with some employees outside work; recent incident of an employee using in work and trying to sell it as well- cocaine in that instance"

"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."

4.3 Impact of Employee Drug and Alcohol Use on Productivity and Absenteeism

Survey participants were asked to report on the impact of employee substance use on productivity and sick leave within their respective organisations. Over half of the organisation respondents, 56% (n=22) stated that employee drug and alcohol use was linked to sick leave

and 44% (n=17) underlined that employee substance use had a negative impact on productivity (see table 3).

All survey participants (n=39) provided multiple responses to a question regarding the impact of drug and alcohol use on their workforce and organisational output. The majority of responses focused on representatives' concerns around absenteeism, 46% (n=18) poor staff mental health, 41% (n=16), downturn in productivity of staff 31% (n=12) and downturn in quality of work 28% (n=11).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 were mentioned frequently and perceived as a significant issue related to drugs and alcohol use.

Table 3. 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

"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."

"Productivity probably, quality issue and a perception of the issue in regard to the people we were working for. When the person went off on sick-leave that put a lot of pressure on other staff members."

Others referred to the impact on service users and customers who ultimately suffered because of workers decreased capacity to engage due to problematic substance use.

"The only issue that it had in my workplace was taking a Monday day off to recuperate from a social drinking at the weekend. 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."

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 get that productivity back up….Coming into the month of mid-November where we do start to see individuals having small gathers, or Christmas dinners and people are on a wind down for the Christmas period, we would see productivity dipping a lot."

The most common issue identified by all interview participants was the onus on organisations to confirm suspected drug or alcohol use in order to assist employees who were experiencing difficulties because of substance use.

"We are finding we are sacking more and more people who are under the influence of drug and alcohol use for drink or drugs in the workplace and even in locker searches we are finding that there's on average 11 people every year. Not just colleagues but

customers too we have terrible problems… but because of laws and legal systems the way they are, we have to have so much more proof. Five times more issues that we can't confirm but are suspected issues. Than we would be able to help colleagues with or take action on."

4.4 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 comorbid 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."*

The concept of 'self-medication' was frequently discussed, and there was an understanding of the chicken and egg theory associated with dual diagnosis. Interviewees also reported that stress was a strong predictor of substance use and concomitant mental health issues.

"There can be… but it's what came first.., I'm aware that when people are more stressed they are more likely to go out for a drink... I'm aware [that] on one very definite occasion a person had a drink problem which led to depression and associated issues but whether that was cause and effect or which way round that was I'm not sure. It certainly did have health impacts."

"It's difficult to know if someone is self-medicating, whether they had depression first or whether the alcohol caused the depression, in my experience alcohol coincidences with high levels of stress. When that stress gets beyond a certain point you get all that stress related anxiety and how much or that is contributing to excessive alcohol consumption I don't know."

4.5 Support from External Agencies

All survey respondents were asked to indicate the type of support they would require from external agencies to manage issues arising from drug and alcohol use. The greatest proportion of responses highlighted 'Interventions for staff, for example, counselling therapies' 28% (n=11), 'training of management' 26% (n=10), 'training for staff' 23% (n=9) and 'support for family members' 21% (n= 7).

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 sort of actually dealing with it."*

The larger multi-national and the global organisations identified that they have counselling and various forms of support for employees in place.

"If there are people who have a drug and or alcohol problem and the company are aware of that they do whatever they can to support that individual to overcome the difficulty and all of that would be very confidential."

"We're a big uk, blue chip company, for us we do a bit of training and that, what I do feel is there's probably quite a bit out there for alcohol and alcohol help groups, it's very well supported throughout the UK."

However, most other managers saw the need for extra specialist support.

"…the main worry is that very general training of course would be very good but given the nature of what I do it comes down to the individual and their reaction to a specific event or a specific time in their life whilst there may be general training it does come down to the uniqueness of individuals and personality as to how that's received."

"There is an employment aspect to it but my experience is that is usually requires needs some sort of medical intervention or counselling. That sort of support for a member of staff is probably more important than training a member of staff to deal with it because a manager would hopefully encounter this fairly rarely, so any training is usually forgotten in between times. So, it's always better to have that second support in place."

One community and voluntary sector businesses suggested that implementing policies on sickness had helped alcohol-related sickness leave.

"I have had to deal with recurring sickness leave on a Monday with some staff who were out at the weekend. Our business introduced a new sickness policy to address recurring frequent day's sick leave which seems to have had an impact on reducing this."

One business manager discussed 'minimum unit pricing' on alcohol being a potential driver for drug-related misuse.

" The whole problem is then people turn to drugs because actually drugs are a hell of a lot cheaper than alcohol. We can see a difference in those lower selling products where people would have bought the large bottle of cider or maximum strength beers we can see a significant downturn in the sales of that through minimum unit pricing, what's the

alternative, young people and certainly some middle-aged people could be turning more to drugs."

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."

4.6 Identification and assessment of possible substance use problems

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. How they're behaving their ability to interact with customers it affects their work capability as well and sometimes it's very hard to pinpoint we then have to assess people based on their capability to fulfil their job role."

The cost of impending court fees was identified as a significant issue for small businesses in particular and added the need for concrete evidence before proceeding with disciplinary action.

"The individual didn't even get a written warning, to be honest that was more around my nervousness as to how far the individual would want to go, so if I was to sack her, or give her a final written warning…, I'm thinking this could cost me 15 grand, this could cost me heartache if I get this person's back up now we're a small team, if she didn't perform then I would be getting grief from other staff.."

4.7 Staff and Employer concerns re: stigma and recrimination

There was a strong 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 openly.

" 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 point cause they could be seen as having problem, better to say nothing than open a can of worms."

"I think it can be a bit of a taboo subject I honestly do think the misuse of illegal or prescription drugs or alcohol, it can hit home quite closely."

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, and misuse of alcohol, in my case with a small team it wouldn't be difficult to identify there has to be an aspect of trust I'm more than happy to engage for the wider good."

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

- 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.

- All interview respondents felt that there was pressure on them to confirm suspected drug or alcohol use in order to provide assistance for employees who were experiencing difficulties because of substance use.

- Interviewees highlighted that problematic drug and alcohol use was often associated with underlying issues in terms of either comorbid 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.

6. Recommendations

1. 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 workplace. The information should be individualised and accessible in a number of language formats.

2. 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.

3. 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.

4. There should be a primary focus on issues associated with drug/alcohol use and comorbid heath conditions and underlying trauma. This should be specifically included in training packages.

5. 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.

6. Develop a specialist training pathway for staff on the effects of drug and alcohol-related harms in the workplace and concomitant effects on the individual and family members. Relevant training would help staff to manage personal issues, identify potential drugs and alcohol-related issues and equip them with better knowledge of pathways to obtain support.

7. Training on the stigma associated with drug/alcohol problems would help to develop and facilitate non-judgemental service delivery and work towards alleviating some of the stigma associated with the use of drugs and alcohol in the workplace.

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APPENDIX A

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

We are researchers from the School of Social Science, Education and Social Work at Queen's University Belfast, conducting a scoping review of drugs and alcohol use in the workplace. This work is commissioned by NIADA and supported by Start 360. NIADA is the alliance which facilitates co-operation among voluntary and community sector organisations supporting those affected by alcohol and drug use, and their families.

Thank you for taking a few minutes to complete our survey, please tick or circle the relevant answer. This information will be used, anonymously, to inform drug and alcohol policy in the workplace in NI.

If you can spare 15-20 minutes to take part in a telephone interview, which will also be reported anonymously, please email c.blair@qub.ac.uk or input your email address below.

1. If you are willing to take part in a short telephone interview and would like to be contacted, could you kindly provide your email address?

……

……

2. Where is your company located?
   *Please indicate location by Trust area **or** by Council area

Belfast HSC Trust

South Eastern HSC Trust

Western HSC Trust

Southern HSC Trust

Northern HSC Trust.

OR

Antrim and Newtownabbey Borough Council

Ards and North Down Borough Council

Armagh City, Banbridge and Craigavon Borough Council

Belfast City Council

Causeway Coast and Glens Borough Council

Derry City and Strabane District Council

Fermanagh and Omagh District Council

Lisburn and Castlereagh City Council

Mid and East Antrim Borough Council

Mid Ulster District Council

Newry, Mourne and Down District Council

Outside NI

3. What sector do you operate in?

Private sector

Public sector

Voluntary/community/social enterprise sector

4. If you answered 'private sector' to q3, what is the nature of your business - broadly, for example - hospitality; manufacturing; call centre etc.

……

……

5. How many people does your company employ?

1-9 10-24 25-49 50-99 100-199 200 or more

Perceptions

6. What's your perception of drug and alcohol use in your workplace?

Low Very Low Moderate High Very high

7. Do you believe there are unreported but known issues with of drug and/or alcohol in your workforce?

Yes

No

Don't know

8. Do you perceive there to be a link between sickness leave and use of drugs and alcohol?

Yes

Don't know

No

9. Have you noticed employees coming into work under the influence of drugs and/or alcohol?

Yes

Don't know

No

10. If you believe there are unreported issues, what are the nature of these issues? Which substances are being used and is this taking place during the working day?

……

……

Reported Issues

11. In the past two years, have you had any **reported** incidents of drug and/or alcohol use taking place in your workforce during the working day?

Yes (If yes, could you describe some of the reported issues?)

……

……

No

Don't know

12. In the past two years, have you had any **reported** incidents of drug and/or alcohol use taking place in your workforce outside of work eg evenings/weekends?

Yes

No

Don't know

13. What was the nature of the drug and/or alcohol use on each occasion (if known)? Which substances were used and was this during the working day?

……

……

Impact on business

14. Has drug and/or alcohol use had any impact on your business?

Yes

No

15. If yes, which of these impacts can you identify? (please select all that apply)

Downturn in productivity of staff

Downturn in quality of work

Health and safety concerns

Absenteeism

Poor physical or mental health of staff

Knock-on impact on colleague

Other (please specify)

16. Can you put an estimated annual cost to any loss of days/productivity?

……

The future

17. What are your concerns about the impact of drug and/or alcohol use on your business in the coming months and years? (please select all that apply)

Downturn in productivity of staff

Downturn in quality of work

Poor physical or mental health of staff

Health and safety concerns

Knock-on impact on colleagues

Absenteeism

Other (please specify)

18. What help do you think you would need from external organisations to deal with any of these issues? (please select all that apply)

Training for management

Training for staff

Interventions for staff eg counselling, therapies

Support for families of staff

Advice on specific issues eg HR queries

Other (please specify)

Thank you for taking the time to participate in this survey.

APPENDIX B

Participant Information Sheet

Polydrug and Alcohol Use in the Workforce in Northern Ireland.

We are researchers from the School of Social Science, Education and Social Work at Queen's University Belfast, conducting a review of polydrug and alcohol use in the workplace. This work is commissioned by NIADA and supported by Start 360. NIADA is the alliance which facilitates co-operation among voluntary and community sector organisations supporting those affected by alcohol and drug use, and their families.

Polydrug and alcohol use impacts across a range of sectors in NI including private, public and community and voluntary sectors. Polydrug use often includes the use of alcohol along with prescription or illicit drugs, however any combination of substances is covered under this remit. This small scale project aims to gauge the perceptions of managers as regards to drugs and alcohol issues in the workplace, the impact on physical and mental health, and the impact on colleagues and the workplace.

We would like to invite you to take part in the research project which will inform drug and alcohol policy in the workplace in NI.

What will happen if I take part?

If you are completing the survey, you will receive a link to complete a survey. If you would like to participate in an interview, Dr Carolyn Blair will arrange a telephone call with you to ask you some questions about your experience of drugs and alcohol issues in the workplace. To make sure we have an accurate record, we will record the interview using a digital voice recorder. The interview should take no more than 20 minutes and will be carried out at a date and time most convenient for you.

Who will have access to my information?

Any personal information, audio record, notes and transcriptions from interviews will be anonymised and held securely at QUB in accordance with the QUB data protection policy. This information will not be shared with any outside organisations. Audio recordings will be deleted following transcription.

What will this information be used for?

We plan to write a report for NIADA, but individuals will ***not*** be identified. All information and verbatim quotes shall not reveal the identity of the research participants, in addition, participants who are engaging in an interview will be provided with a copy of the report prior to publication.

The research team (Dr Anne Campbell and Dr Carolyn Blair) will have access to the recordings of interviews.

Who can take part?

- You should be a manager in a business in Northern Ireland in the Public, Private or Community and Voluntary Sector.
- You should be willing to take part in either a one-to-one interview and/or survey with the research team.

Do I have to take part?

- You do not have to take part in this interview. If you do not wish to participate you are not required to give any reason.
- If you choose to take part in the interview you will be free to withdraw at any stage of the research process without providing a reason up to the point of project 'write-up'.

What are the possible benefits of taking part and what are the possible disadvantages?

- You and a potential population of workforce managers and employees in various sectors in Northern Ireland may benefit from improved support for those with drug and alcohol issues in the workforce by sharing your ideas and views.
- Taking part in these interviews will require you to give up some of your free time.

- There is also a potential conflict of interest where data may be critical of current working practice.

Confidentiality

Researchers from QUB who complete interviews will strictly observe confidentiality and will fully comply with the QUB Data Protection Policy. The General Data Protection Regulation (GDPR) will also be strictly followed in this study, which means that the individual has given clear consent for me to process their personal data for a specific purpose. Paper files (consent forms) will be kept securely in locked filing cabinets in rooms requiring authenticated access in order to gain entry. Interviews will be audio recorded, transcribed verbatim and stored securely within QUB grounds. Audio recordings will be deleted following transcription. Access to data will be limited to designated staff only. All electronic data will be stored on password protected computers. Any information given that is used in reports will be made anonymous.

Who is organising the scoping review?

The review is being led by Dr Anne Campbell at QUB.

Further information

If you would like any further information, please contact:

Dr Carolyn Blair (c.blair@qub.ac.uk)

Consent to take part

Please take some time to consider whether you would like to take part. If you decide that you would like to take part, please sign the consent form enclosed as an email attachment, for an interview. Please return to Dr Carolyn Blair who will be in touch to arrange the most convenient time for you to take part.

Thank you

APPENDIX C

CONSENT FORM FOR INTERVIEW

Title: **A Review of Polydrug and Alcohol Use in the Workforce in Northern Ireland.**

Name of Researcher: **Dr Carolyn Blair**

Email: c.blair@qub.ac.uk

Please initial

all boxes

1. I confirm that I have read and understood the Participant Information Sheet and have had opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐

2. I understand that my participation is completely voluntary and that I have the right to withdraw at any stage without need to give reason for doing so. Information collected from my interview may still be used. ☐

3. I understand that all information and data collected by the research team will be held securely and in confidence and give permission for the research team to hold relevant personal data. ☐

4. I agree to the interview being audio recorded and understand that recordings will not be listened to by anyone outside of the research team. ☐

5. I agree that quotations from the interview may be used in reports and academic papers. I understand that any quotations used will be made anonymous. ☐

6. I consent to take part in the above review. ☐

_____	_____	_____
Name of participant	Signature	Date
_____	_____	_____
Name of person taking consent	Signature	Date

APPENDIX D

CONSENT FORM FOR SURVEY

Title: **A Review of Polydrug and Alcohol Use in the Workforce in Northern Ireland.**

Name of Researcher: **Dr Anne Campbell**

Email: a.campbell@qub.ac.uk

Please initial

all boxes

7. I confirm that I have read and understood the Participant Information Sheet and have had opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐

8. I understand that my participation is completely voluntary and that I have the right to withdraw at any stage without need to give reason for doing so. Information collected from my response to the survey may still be used. ☐

9. I understand that all information and data collected by the research team will be held securely and in confidence and give permission for the research team to hold relevant personal data. ☐

10. I agree that the survey will be analysed by the research team and understand that confidential information will not be seen by anyone outside of the research team. ☐

11. I agree that the findings from the survey may be used in reports and academic papers. I understand that any quotations used will be made anonymous. ☐

12. I consent to take part in the above review. ☐

_____	_____	_____
Name of participant	Signature	Date
_____	_____	_____
Name of person taking consent	Signature	Date

APPENDIX E

Topic guide: Interviews Polydrug and Alcohol Use in the Workforce in Northern Ireland.

1. INTRODUCTIONS
2. RECAP PURPOSE OF THE REVIEW
3. PROCESS - What will happen and how long the interview will last.
4. RECAP CONFIDENTIALITY
5. AUDIO RECORDING
6. QUESTIONS
7. GATHER SIGNED CONSENT FORMS (if not already returned via email)

Themes

Perceptions

1. What's your perception of drug and alcohol use in your workplace?

2. Do you believe there are unreported but known issues with of drug and/or alcohol in your workforce? If so, could you say a little more?

3. Do you perceive there to be a link between sickness leave and use of drugs and alcohol? If so could you describe why you perceive this to be the case?

4. Have you noticed employees coming into work under the influence of drugs and/or alcohol? If so could you describe why you perceive this to be the case?

5. If you believe there are unreported issues, what are the nature of these issues? Which substances are being used and is this taking place during the working day?

Reported Issues

6.In the past two years, have you had any reported incidents of drug and/or alcohol use taking place in your workforce during the working day? If so could you describe?

7. In the past two years, have you had any reported incidents of drug and/or alcohol use taking place in your workforce outside of work eg evenings/weekends? If so could you describe?

8.What was the nature of the drug and/or alcohol use on each occasion (if known)? Which substances were used and was this during the working day?

Impact on business

9.Has drug and/or alcohol use had any impact on your business? If yes, could you describe some of the impacts eg. Downturn in productivity of staff, Downturn in quality of work, Health and safety concerns, Absenteeism, Poor physical or mental health of staff, impact on colleagues?

10. Can you put an estimated annual cost to any loss of days/productivity?

The future

11. What are your concerns about the impact of drug and/or alcohol use on your business in the coming months and years? (Eg. Downturn in productivity of staff, Downturn in quality of work, Health and safety concerns, Absenteeism etc.)

12. What help do you think you would need from external organisations to deal with any of these issues? (e.g Training for management, Training for staff, Interventions for staff eg counselling, therapies etc.)