

Views of the Workers - Drug and Alcohol Use in the Workforce in Northern Ireland.

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1. Introduction - Context and Background

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, 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). 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

In NI, over three-quarters (79%) of adults aged 18+ 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 drank quite a lot or heavily. There are higher rates of common mental health conditions, including anxiety, depression, substance use disorders and suicide in NI than in England, Scotland, Wales and the Republic of Ireland.

In Northern Ireland in 2021/22, 3092 clients were recorded on the Substance Misuse Database as having presented to services for problematic substance use. More than one-third of clients presented to services indicating problem drug use only (37%, 1,143). One-third presented indicating problem alcohol use only (32.5%, 1,004). Just under one third of clients presented to services indicating both drug and alcohol issues (945 clients). Of those clients presenting to services for drug use issues, almost three fifths indicated daily use (57.6%). For clients attending for problem alcohol use, two-fifths (42.7%) indicated daily consumption of alcohol (DOH, 2022).

The COVID-19 pandemic was unprecedented in terms of its global impact (Troyer et al, 2020) and has been associated with increased psychological distress. It has affected many people who were already vulnerable to mental health problems and suicidal behaviour (Holmes et al., 2020). Concerns about health and 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 use (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). The pandemic, and associated lockdowns caused many people's relationship with alcohol to change. Although overall sales fell during 2020 due to pub and restaurant closures, there was a significant rise in supermarket sales of alcohol. Whilst some people may have drunk the same or less than they normally would have, reports from Public Health England show a 59% increase in people who said they were drinking at higher risk levels – around 50 units of alcohol a week for men, and 35 units for women. Alcohol use was also noted to have increased most for those who had already identified with alcohol problems (Angus et al 2022). The consequences of isolation may have led to a spike in alcohol misuse, relapse, and potentially, development of an alcohol use disorder in at-risk individuals (Clay & Parker, 2020). Alcohol Change UK (2020) reported that drinking habits had

changed during the first COVID-19 lockdown, with one in five drinkers (21%) responding that they had been drinking more frequently since the lockdown. In addition, to providing support for substance use related problems, large scale studies suggest that particular attention should also 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).

There are many issues in relation to drug and alcohol use, which have increasingly permeated the workplace in the UK. For example, research by the BMA (2016, p2) found that 'individuals in employment are more likely to drink frequently compared to those who are unemployed', and that those 'in managerial and professional occupations drink more frequently than those in routine and manual occupations'. Furthermore, the research explained that aspects of the work and the workplace associated with drug and alcohol included, shift work, work travel, working at home, involvement in business meals, stress and pressures associated with the job, lack of proper supervision and interface with the public. The BMA (2016) also discussed the negative effects substance use can have at work. It may increase the risk of problems in the workplace, such as associated sick leave, and unacceptable behaviour. It can also negatively impact on a person's performance at work through reduced reaction times, decrease in productivity and the increased potential for accidents.

A report from CIP (2020) asked managers to outline issues and solutions for addressing drug and alcohol use in the workplace. Around three-quarters of organisations have a specific drug and/or alcohol policy, but few train line managers in relation to these policies and procedures (12% provide one-off training for line managers and 25% provide regular refresher training). In addition, the focus on drug and alcohol use problems at work does not always consider employee wellbeing.

As 50% of employers view alcohol and drug misuse as a combined performance/disciplinary and health, safety and well-being issue, it was clear that managers outlined that support was more likely to be provided, and disciplinary action avoided, when an employee disclosed a drug or alcohol problem. However, just over a quarter of employers provided information for employees about disclosing a problem with alcohol and/or drugs (27%). Alcohol is commonly available at official work social events although, a quarter of HR professionals said some people do not go to social events because of the expectation to consume alcohol.

Findings from a recent study by Campbell & Blair (2020) indicated that almost half (46%) of organisation managers who participated in the study 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%.

Crucially, results 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. Concomitantly, 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. Building on the results from the last study, the proposed research investigated the views of workers as regards drug and alcohol use in the workplace via the following research objectives.

1.3 Research - Primary Aim

The research examined the perceptions of a range of workers regarding problems associated with drugs and alcohol use in the workplace,

1.4 Objectives

- To ascertain workers' experiences of employee drug and alcohol use in the workplace,
- To consider workers' 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 worker views as regards stigma associated with drug and alcohol use within and outside of the work environment,
- To examine views on the identification of support from employers and external agencies.

“Around three-quarters of organisations have a specific drug and/or alcohol policy, but few train line managers in relation to these policies and procedures (12% provide one-off training for line managers and 25% provide regular refresher training). In addition, the focus on drug and alcohol use problems at work does not always consider employee wellbeing.”

2. Methodology

A mixed methodological approach incorporated a detailed cross-sectional survey together with semi-structured interviews, which ensured a multi-level examination of the range of worker perceptions of drug and alcohol issues within the workplace.

An online questionnaire enabled workers to express their views anonymously on a number of issues related to drug and alcohol use. It was agreed that sending an email through employer networks would not engender a strong response from potential worker respondents because of possible concerns as regards security and confidentiality of information. Therefore, an online format was used to administer the questionnaire to possible respondents via a range of online platforms. These included Twitter, Facebook and Instagram. In addition, community networks, Trade Unions, student unions, community groups and other agreed networks were contacted to ensure that the questionnaire was distributed widely throughout NI.

In addition, a number of semi structured telephone interviews (n=10) were convened with a sub sample of questionnaire respondents. Semi structured telephone interviews were used to elicit detailed and rich data to corroborate the results from the online survey.

2.1 Sampling

Questionnaire

The research utilised a convenience sampling technique to recruit respondents. This included a saturated advertising technique, initiated via online platforms.

Interviews

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 careful to reassure participants about confidentiality with regard to protecting the identities of themselves as employees of specific organisations (Miles, Huberman and Saldana, 2013).

2.2 Data Analysis

Data from the questionnaires were transferred into a separate SPSS database. The data is presented via the use of basic graphs.

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 under a category system (Burnard, 1991).

2.3 Ethics

Ethical approval was obtained from the School of SSESW Research Ethics Committee before the beginning of fieldwork. The main ethical element involved in the data collection was to safeguard the anonymity and confidentiality of those who participated in the study.

Before the semi-structured interview commenced, all interviewees were informed 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. All study files, including audio-recordings and transcripts, were stored under passcode in a manner conforming to the Data Protection (Amendment) Act 2003 (NI office 2003) in alignment with QUB regulations.

2.4 Research Steering Group

A steering group was convened, and comprised of NIDA members, Public Health Agency NI staff, and senior researchers at QUB, who advised the research team on matters related to the data gathering and write up process.

2.5 Limitations

It is widely recognised that considerations of research quality, particularly in exploratory research, are important. However, as Oakley (2000) notes, the distinguishing mark of all 'good' research is the awareness and acknowledgement of potential error. Although these narratives are simply representations of reality by one group of individuals, the themes that have emerged (when triangulated with the data gathered from the manager study, Campbell & Blair 2020) will potentially inform organisations and influence policy on the issue of drug and alcohol use in the workplace.

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 worker roles within a sample of organisations in the public, private and voluntary sectors organisations in NI.

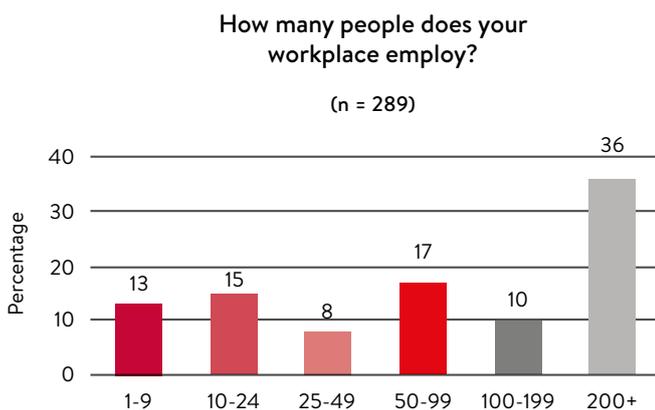
3. Findings

3.1 Demographics

There were n= 297 responses to the survey. A sampling frame was not used, as it was simply not possible to estimate the fluid working population in Northern Ireland across all sectors. Initially, we had very little response to the survey online and we had to conduct three additional sweeps to gather the responses for the data depicted within this report. Qualitative Interviews were conducted with (n=10) workers who were employed within a range of professions and work environments. It was not appropriate to break down interviews per profession as it could expose the identity of the worker from a specific organisation.

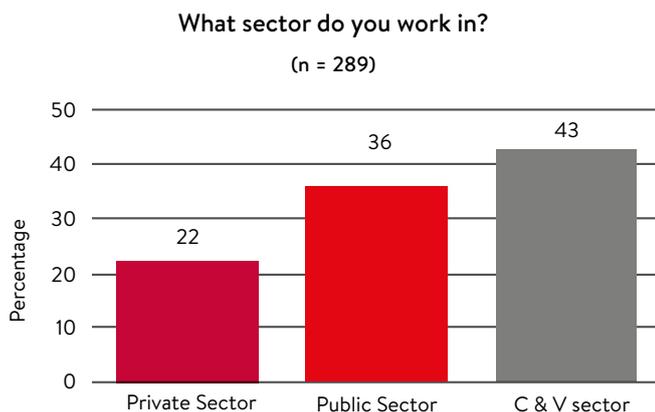
A wide range of workplaces was represented within the survey and the largest proportion of respondents were employed within the larger companies. Thirty-six % (n=105) respondents were employed within organisations which had 200 or more employees and 10% (n=29) were placed in companies which had n= 100-199 employees (see fig.1).

Fig 1. Numbers of workers employed within respondent organisations



The majority of respondents were employed within the community and voluntary sector 43% followed by the public sector 36% and the private sector 21% (see fig 2 below).

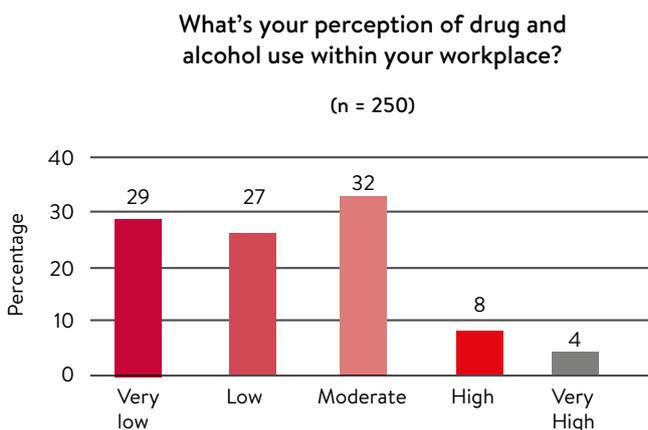
Fig 2. Work Sector



3.2 General Use of Substances

The majority of survey respondents 32% (n=81) perceived drug and alcohol use within the workplace as moderate whilst 29% (n=73) saw it as very low. 11% (n=28) people reported that generally substance use was either high or very high within the workplace (see fig 3 below).

Fig 3. General Perception of drug and alcohol use within the workplace



Qualitative interviewees were asked to discuss the general issues related to substance use in their respective places of employment and seven out of the ten workers provided a strong level of insight into drug and alcohol use in their workplace.

One participant highlighted that concerns in work were reflective of those issues, which were manifest in society, for example, misuse of prescribed medication, alcohol related problems and use of illegal substances.

Well, there's plenty of both. Primarily the alcohol side of things and ummm, that's really because it's such an entrenched pattern of, you know substance use in our society generally and there's also a degree of illicit substance use or the overuse of medications But primarily the most obvious thing, is that you know somebody comes to work the next day with a hangover, or they don't make it in at all and that's generally indicative of a bit of a problem with alcohol. (5)

I would probably find an easier time counting the people who I know are stone cold sober and have not taken anything and take nothing rather than you know everyone else. (8)

Four participants referred to the problems associated with alcohol and how some workers are drinking regularly and may be on the verge of problematic drinking but have not quite reached the hazardous or dependent drinking stage. It was reported that this is the period when people could avail of assistance to prevent problem usage from getting any worse.

you know, we can have a chuckle about alcohol and how people kind of get on with alcohol and so on and so forth, but when it actually impacts in the workplace, I think that it's quite rare that people do anything about it, as a manager or line manager, until things become really very damn serious and can end up with the person losing their job. So, it's that in-between period, between being at risk of losing your job and it being a bit ropery but you know sort of just about manageable, including in the workforce and workplace. But it's this part, this period here where there's nothing done, and nothing said. (5)

General points made as regards drug use focused on a widespread use of drugs because of various reasons. Cannabis was referred to as a drug that was almost acceptable within some workplaces. One participant provided a vicarious account of drug use by teachers who used drugs regularly outside of the workplace as a coping mechanism to address the negative effects of a heavy workload.

I mean working with various groups and talking to staff in organisations and schools ummmm, we worked in one school where we were talking to a teacher and he or she could have rattled off 10 names of teachers who were regular drug users. That doesn't mean they are bad people; it could be the work or that there is other stuff going on in their lives, but it is so accessible now. (6)

Two respondents reported that cannabis heightened their productivity at work.

A lovely guy very clued in with drugs,, and he spoke very freely, and he said he could not do this job if he didn't take drugs. In fact, he said, I'm not long back from Amsterdam and he said that for (5) days all I done was take drugs. (6)

*Cannabis is, well I'm probably bias here, but I work, personally, anybody I have seen works better with it, with cannabis and that was especially down in the *****. (9)*

Conversely, three respondents stated that they did not see a problem with substances within the workplace, although this had been largely affected by the lockdowns and a subsequent move to home working since the end of the pandemic.

I am not aware of any staff members using drugs of any description except what they are prescribed. I have never witnessed it ummm that is not to say, I mean I work in an organisation with 90 staff so, you know maybe Covid hid that a bit because the only staff members I have seen over the last two years I can count on one hand you know because you are in your own bubble. (6)

My perception of it is that it doesn't really happen that much. From experience now, when I have seen, it the results vary on the drug and the person... (9)

I am not aware of any staff using drugs or alcohol in my workplace but obviously I am a nurse, a mental health nurse. (2)

A distinction was made by one worker who spoke of the difference between nicotine, anti-depressants, caffeine and illegal drugs and reported that he wasn't aware of the use of the latter within the workplace.

*I don't think so. I think it's probably become a lot more normalised in that people I work with, especially in the ***** sector, the staff are...I don't know if you want to call some of them high functioning drug users, um, but because we take 'drugs' on a daily basis and it's just normalised, like I take my fluoxetine, I take my nicotine, caffeine and my glucose, and that enables me to do my job,. But I don't know if, I don't really know of any experiences with people's drug use, and when I say drug use, I mean illegal, if any illegal drugs have impacted that way...I mean I don't think so and if it has, I don't know about it. (3)*

One respondent reported concerns as regards the use of high caffeine energy drinks and how they have become acceptable as a substance, which helps people to get through their shifts.

It was like 6 in the morning, walked to the shop and bought the new Lucozade drink. Basically, it has 160mgs of caffeine in it, ... It was like taking a bump of coke and I thought actually you know what this is really good, and I got another one the next morning and the morning after that...,this could become a problem. (4)

And then it's the normalisation of that high level of caffeine. Like when I think that you know you drink your Red Bulls and your Monsters through the night. My god some staff couldn't, literally couldn't, get through a night shift without it. (4)

^{2*}This was an issue only referred to by two respondents within the qualitative interviews



3.3 Impact on Work

57% (n=122) of survey respondents who answered the question on impact, on the workplace, whilst 43% (n=91) said that drug and alcohol use did have an impact on their place of work. Of those who identified the impact of substance use, 69% identified 'poor physical or mental health of staff' as the largest negative effect (see figs 4 &5).

Fig 4. Substance use and impact on the workplace

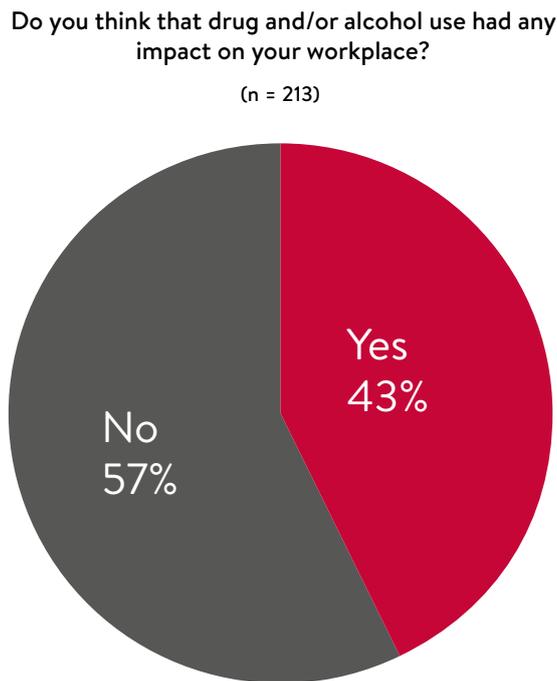
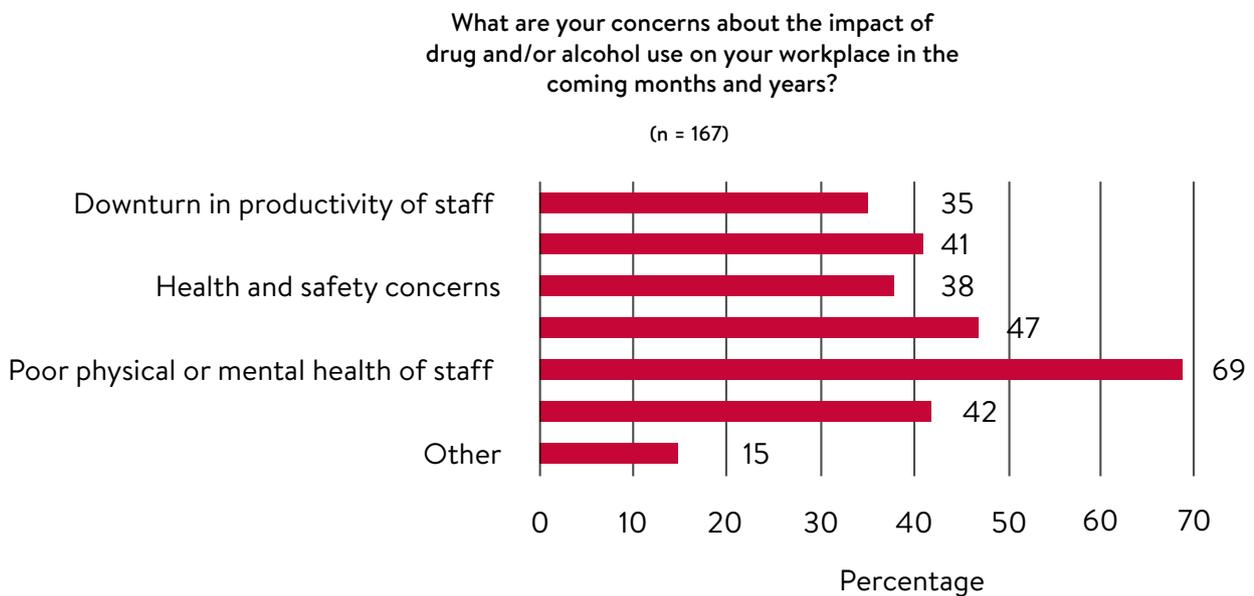


Fig 5. Concerns about the impact of drug and alcohol use on the workplace

Respondents provided multiple answers



One service user described how their substance use had affected their work with others, and how it had a negative effect on their interaction within a group work setting.

my own substance use had got really bad and I don't think that the last two groups got the full sort of benefit of the program whereas the other two groups where I was in a better state of mind, I think got a better outcome from it whereas the last two were likely affected by my own substance use. (1)

Another participant explained how Covid had exacerbated already established problems to the point where he had to leave his job due to stress. Unfortunately, it was also clear that increasing the dose of an anti-depressant was not alleviating the symptoms of their mental health problems.

I mean yeah. Yeah, it has definitely impacted, not just personally but also like across the board. I think again in the context of the pandemic, you know people were turning more and more to things like, either stimulants or depressants to manage their stress and there is bound to have been an impact on the quality of work. How that is quantified, I don't know, but I know personally, like, I had to quit my job. Because, um, I wasn't able to regulate my stress, and the drugs I was taking were not working anymore. I'm now on the highest dose of the anti-depressant that can be prescribed. (4)

Conversely, it was also articulated by three people that substance use had a very little impact on the work of others in the place of employment.

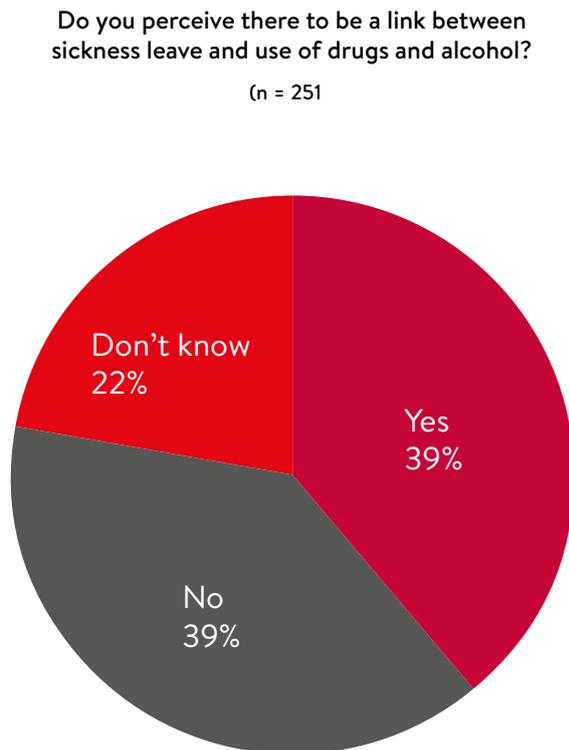
There is a massive difference there, like have seen very very few, like I have been in a lot of workplaces, and I have seen very few people that have proper substance abuse issues, most of them took substances, of some sort, know what I mean, but it never once affected their work. (9)

“my own substance use had got really bad and I don't think that the last two groups got the full sort of benefit of the program whereas the other two groups where I was in a better state of mind, I think got a better outcome from it whereas the last two were likely affected by my own substance use.”

3.4 Absenteeism

Survey responses indicated that 39% (n=97) workers agreed that there was a link between absenteeism and the use of drugs and alcohol (see fig 6.), whilst 39% (n=97) did not see any association between drug use and absence from work.

Fig 6. Association between sickness leave and use of drugs and alcohol.



Alcohol was cited by most qualitative respondents (n= 7) as the substance which caused the greatest number of problems within the workplace. Hangovers were viewed either as serious indicators of problematic drinking or simply as a result of a 'heavy weekend of drinking'.

I do believe alcohol is a key contributor in the very odd day of sick leave and that could be just after a heavy weekend... I would prefer it to be taken as a sick leave rather than someone coming in smelling of drink and just being a risk to work with if they are very heavily intoxicated. (1)

I think there's no doubt that there's a degree of casual sickness especially again with alcohol or related to alcohol use...ummm so it's the person that doesn't you know manage to make it in for (9) o'clock on a Friday morning after getting paid on Thursday, but might make it in for 1 or 2, you know? Or they might not make it in at all. (4)

Primarily the most obvious thing, is that you know somebody comes to work the next day with a hangover, or they don't make it in at all and that's generally indicative of a bit of a problem with alcohol... (5)

There was also acknowledgement of the fact that the team would cover for their colleagues who were experiencing problems due to alcohol consumption and there was a general unspoken agreement that they would not report this to management. There was also an observation that management might know about the issue but chose not to intervene in the situation.

What you tend to find in workplaces where there are teams, is the team will cover for the person and the manager is the last person to know about it. So, everybody kind of knows about it but they don't want to say to the manager or to the person themselves. But definitely, the management of the organization doesn't become aware, and they are also quite happy to be blind to it, even though they probably have got a feeling that it is going on. (5)

Two respondents were frank about their cannabis use within the workplace and reported that the absence of cannabis may actually prevent some people from attending the workplace.

I know, myself included, when we can't get a hold of any cannabis work is not a concern and we don't go to work. Again, speaking about me and maybe a dozen people that we all might go and smoke a joint at lunchtime and you be like why isn't X in and it's all "ah he can't get any stuff"...But definitely with cannabis it wouldn't be so much, "ah we've had too much we can't go to work". It's the opposite. It's more, "I have nothing I'm not getting out of bed". (8)

Here listen what is going to be worse in the workplace, someone going out for a joint and coming back in a wee bit stoned once a shift or that smoker going out ten times on a shift for a smoke, do you know what I mean? (9)

One worker articulated how colleagues were under an extreme level of stress due to work pressure. There was speculation that some workers may drink alcohol or might take a 'me day' to balance the job induced stress.

I have spoke to colleagues and very capable colleagues who work with people you know maybe going to prison, who have no home, no money, children need fed... they might have woke up and thought 'no, I just need a me day' and they might have had two or three drinks before that and are maybe feeling a wee bit heavy but I mean dealing with that stuff everyday it wears the biggest person down, you know. (6)

This section was summed up by a quote from one of the workers who stated that sickness levels were high because of work based stress and people tried to manage that stress via the use of substances. It was reported that there is a need to be open in our conversations about the relationship between work related stress and substance use.

I think there needs to be a serious conversation within the health and social care sector. They talk about loss of staffing hours due to sick days and stress etc; I was like well you need to look at how people are managing their stress and what substances they are taking to manage their stress.....and be able to be open about that... (4)

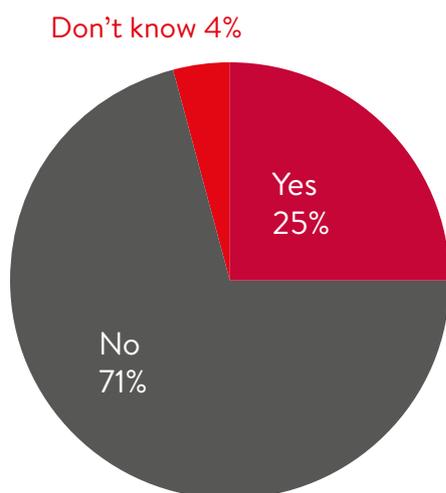
3.5 Under the Influence at Work

The majority of survey respondents 71% (n=176) reported that they had not seen people coming into work who were under the influence of drugs or alcohol. However, 25%(n=63) highlighted that they had witnessed colleagues who were obviously under the influence of a legal psychoactive or illicit substance within the workplace (see figure 7).

Fig 7. Under the influence of drugs or alcohol in work

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

(n = 249)



3.6 Under the Influence - Alcohol

Almost all participants in the qualitative interviews reported that they had seen work colleagues in the workplace who displayed signs of an alcohol hangover from the night before rather than drinking just before commencement of work. They also specified that it often went unnoticed and was not addressed by management.

To be honest you can tell in the morning when they come in that he/she was on one the night before. It's unreported in that it doesn't go on a piece of paper anywhere, but I mean in my line of work, everyone knows... it's not official there's nothing official about any of this. (3)

I know one guy has a drinking problem, well let me refresh that a lot of people probably have drinking

problems, there's one guy who has an obvious drinking problem in my workplace. Again, it's just kinda turned a blind eye and as long as management are happy with his performance there's very little they'll do...he's been working there like a decade and there was only once I've ever heard of him being sent home because he literally couldn't stand. (8)

One respondent was wary of talking to management as they felt that it would not elicit a positive response and in general did not feel valued by the company.

The minute you go to your employer and talk about you taking drugs that employer automatically is going to have a bad look at you... it's just how they operate, you are nothing but a currency to them. (9)

Two respondents made reference to the fact that drinking during work hours was not a usual occurrence and that it would not be tolerated by staff.

I know people coming in drunk just wouldn't be tolerated. You know by staff or management or anything like that. (8)

No! [not during work] ... Hungover maybe but not under the influence of drug or alcohol.(1)

One participant stated that people had been asked to leave work as they were obviously intoxicated from the night before.

the last place I worked, there was a couple of times where I've seen guys get sent home because there still drunk from the night before. (8)

One interviewee also reported that he had drank alcohol within the workplace.

I've definitely had a cheeky beer at work officially and unofficially... (7)

The smell of alcohol was also referred to as a fairly accurate indicator of the consumption of alcohol on the evening before work, although this was viewed by one respondent as quite an irregular occurrence.

Occasionally I have been in meetings and I can tell if somebody had been on the lash the night before because maybe there's a wee sort of smell or you know or they just appear little bit hungover or whatever but that's like really occasional and only maybe one person here and there. (7)

Interestingly, one person referred to the fact that the incidence of drinking alcohol whilst home working was more likely than drinking in the workplace.

I would say if it is taking place during the working day I would definitely say it is taking place when that person is working from home. (10)

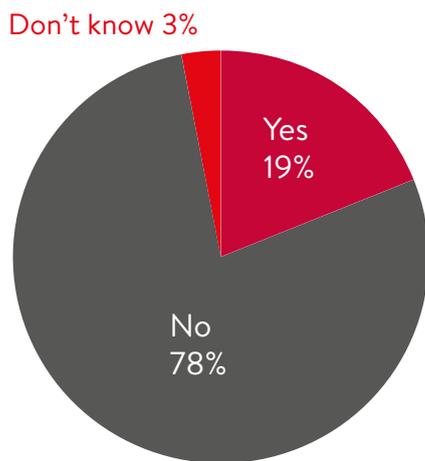
3.7 Under the Influence - Other Drugs

Almost 20% of the survey respondents had witnessed a colleague who was under the influence of drugs or alcohol at work (see figure 8).

Fig 8. Reported Incidents of drugs and alcohol use during the working day

In the past two years, have you witnessed incidents of drug and/or alcohol use taking place in your workforce during the working day?

(n = 229)



An interviewee reported that a number of colleagues had been in work under the influence of drugs although the individual opined that this had not necessarily impaired the work output.

Ah, I've seen ones coming in stoned, but I have never seen them so bad they weren't able to work, do you know what I mean. I wouldn't even say they are under the influence, do you know....[but] that they are fully feeling the effects of the drug they are taking. (9)

Another underlined that some people who were 'workaholics' had used stimulant drugs to increase work output.

I know of people, even when I worked in the private sector, would come to work... or come to 'work nights out' off their head on cocaine or benzos, whatever, and there was people who would be like... I'm trying to think that the term is... workaholics basically, to get extra work done they would do a wee bump, [cocaine] you know. (7)

It was also clear that stimulant substances, such as strong caffeinated drinks and Pro Plus were used to help people through the workday. The stimulants were then often counteracted by the consumption of alcohol in the evening in order to relax after a busy day.

Yes! Pro-plus on night duty, Red Bull, Espressos, coffee...anything they could get their hands on that was a "stimulant" but the flip side of that is then that it is a difficult job to go home and relax from.... so that is when we will pour ourselves a wee gin and tonic or a wee glass of wine you know and that is very commonplace, very very common place ummm being nurses not many people will openly admit to it you know (2).

It was also highlighted that if someone arrived into work smelling of weed then this may indicate that they had a full night's sleep. However, if they looked nervous or anxious it was likely that they had taken Cocaine during the previous evening.

If they came in and looked like they are jittery from maybe a load of Charlie or something yeah, it's probably from the night before, they haven't slept all night... probably sat up all night flipping staring at the ceiling. If they come in smelling of weed, they might have woke up and smoked a joint. That person has probably had a full night's sleep. (5)

Other respondents emphasised that there was widespread and accepted drug use in the workplace with a range of drugs used, including Cannabis, Amphetamines and Cocaine.

My perception of drug use I suppose at work would be that it's very commonplace almost accepted. Yeah, there's I mean no not every day it's not to say that everyone's off their face all the time but there are struggles at work....., it's known about but it's not talked[about]. (3)

Again not only this job now but I also worked on a building site for a good few years and it was just very much, of all the plasterers over there and they take their amphetamines, and we're on the roof and we smoke a bit of dope, and the guys in the office they do their lines of coke at lunchtime (8).

However, it was noted that the issue of drug use in the workplace was simply not talked about unless the discussion was between those colleagues who had taken drugs on site.

It's just not talked about you know it's just it's just not brought up, unless somebody's feeling particular candid and safe with the people they are on with that day, but that said the same group of people who maybe do bring it up with their co-workers have maybe done a bump of coke in the bathroom together on shift. (3)

Similar to the situation reported for alcohol above, it was clear that some people felt that management were aware of the problem but were reluctant to address it.

Furthermore, it's unreported in that it doesn't go on a piece of paper anywhere, but I mean in my line of work, everyone knows. Whether it be the boss or in this case the boss would be the employeranyone on the same operational level as you and further up the food chain are well clued into what people are like and get up to. But it's not official there's nothing official about any of this.

Two respondents vocalised their views that Cannabis heightened productivity and reinforced the fact that it would never be reported to management, even in the in the event of a workplace incident.

As long as everyone has their drugs productivity is up and everyone... like for example, if something was to happen and that person was high on something... Ummm... everyone would just turn a blind eye and be like "do you need help with that? No, ok? You don't want to report that because you're high, that's fine" and we continue and pretend like it didn't happen. (8)

You know alcohol has never been good... it's never had a good outcome. Um, I have seen Cocaine a couple of times, there wasn't really much of a different to be honest with you. Cannabis is, well I'm probably biased here..... personally anybody I have seen works better with it. (9)

Two respondents stated that they had either not witnessed any colleagues or just a very small number of individuals who were under the influence of drugs within the workplace.

Under the influence to me would be 'listen I have to go home, I'm not up to it today' and I haven't seen that, no. (6)

Not actively under the influence, no. Like I said I have witnessed occasional times when people maybe probably shouldn't have been driving or probably shouldn't have you know been at work because they looked like they have maybe been up too late the night before or whatever but again that's very occasional. (7)

“My perception of drug use I suppose at work would be that it's very commonplace almost accepted. Yeah, there's I mean no not every day it's not to say that everyone's off their face all the time but there are struggles at work....., it's known about but it's not talked[about].”

3.8 Prescribed Medication

Respondents talked about the ‘normalisation’ of drug taking both for illicit and prescribed medication. It was purported that many people are taking the latter but simply not talking about it. Furthermore, it was articulated that there are many people who are taking prescribed medication as well as nicotine and caffeine to enable them to complete their work tasks on a daily basis.

We’re doing it, we’re all doing it anyway and we’re not talking about it but we are doing it. We all agree on that. You know that’s when people are going to get hurt...(3)

Because we take [non illicit] drugs on such a daily basis and it’s just normalised, like I take my fluoxetine, I take my nicotine, caffeine and my glucose, and that enables me to do my job. (4)

The misuse of prescription medication was raised as an issue, which had been accepted and normalised for some or hidden and not talked about for others.

Northern Ireland it’s kind of, it’s kind of accepted “ah yeah everyone has a prescription for diazepam” you know everyone has. You know and it’s not even considered a drug or as being abused it’s like “yeah I just take diazepam every day, or you know whatever”. (8)

I forgot, the most prevalent one is prescription. No, no one really talks about prescription. It’s only having a bit of craic (9)

The discussion as regard the effects of pain medication engendered mixed views. One respondent stated that pain medication if required, enabled attendance and participation in the workplace.

I don’t take any current pain medication but if I was in a situation where I had to and I personally felt it didn’t compromise me to the point where I couldn’t work, of course I would take that stuff and go to work. It’s what would enable me to work. (3)

Conversely, two respondents raised issues about the lack of focus on Codeine and Gabapentin, which can produce severe side effects, similar to Opioids and other Synthetics or ‘fake’ prescription drugs.

A heavy dose of Codeine is still going to leave you lethargic and feeling...a wee bit fuzzy in a way too. So, I don’t know whether that is classed as under the influence or is that just your usual medical treatment for pain (1).

My parent was prescribed Pregabalin for back pain one time. Then took it, drove to work that day on the pregabalin thinking they could drive. They were stumbling all over and nearly fell, then went to the shop afterwards, fell all over the shop and then they came home, and I was like what are you taking that stuff for? Their reply was that’s what all the ones I work with are all taking. That stuff, like that is the main party drug at the minute and they were prescribed it for back pain, and I know that Gabapentin are prescribed for all sorts at the minute. (1)

One respondent referred to the increasing problems with over the counter Codeine medication and how it would most likely impact on work ethic and motivation to attend work. It was also surmised that some nurses are buying Diazepam online due to the fear of asking for prescribed Benzodiazepines from their GP.

In my current place of work, I suppose it is not really an issue but if I look at other places of work ...you know there is just this thing about 40 something women and their Codeine dependence and it is a massive problem and it does impact on people’s work ethic and their motivation their attendance and things like that...and also those are widely available. They are not always buying on street corners as you know but getting them in respectable packages in the post....I know this is a stigma thing...but how many nurses I think are going to go to their GP and request a diazepam if they need it, I think they are likely to buy it online....albeit illegally...

3.9 Stigma and Stereotyping

Part of our code is to be non judgemental but whenever you mention drugs and alcohol you are judged. (2)

Three respondents referred to the judgements made by some colleagues about their abstinence from alcohol. Indeed, they spoke about how some workmates were curious about their non-drinking or perhaps even quite forceful when trying to persuade them to consume alcohol on a work dinner or ‘get together’.

[about not drinking at Christmas do’s] Where it’s like “what do you mean you’re not drinking, don’t be letting people down come on have a drink, I’ll get your drink, don’t worry you have no money, I’ll buy it”. Like when I say I’m not drinking just leave it at that. (4)

I think there’s kind of like, well if we’re all drunk, then we’re all in the same boat and nobody can point the finger the next day and say you were out of order or you were too drunk, like, no we were all wasted, so there’s an absolution of guilt or responsibility there. (5)

I know if I was drinking tonight, tomorrow I would just suffer. They do make fun of me in the team for it [not drinking] but I just wouldn’t thank you for it. (6)

It was also clear from others that sometimes one also had to pretend to be drunk to mask their use of Cannabis and to 'fit in' or to avoid questioning from colleagues.

I think that maybe that people are maybe taking different drugs going under the alias of alcohol... I nearly feel like I have to feign a night out, you know "ah god I'm so hung over" whenever actually, I'm just stoned. (10)

I talk about how I went out at the weekend, and god I'm hungover and if, like I might, if it's the weekend we will send each other pictures from our nights out and stuff, ... I couldn't send them a picture of me sparking up a joint (7)

There was also a hierarchy of acceptance ascribed to different substances; for example, externally purchased Vodka hid on the person within a bar would be tolerated, whilst Cocaine would be a sacking offence.

If we were on a staff night out nobody would have a problem if I snuck in a hip flask full of vodka to a bar, um, but if I snuck in a bag of coke, I could probably lose my job. (4)

It was clear from four respondents that there was a definitive stigma associated with taking prescribed medication. The term 'shameful' was used by two respondents to describe an admittance of : using prescribed medication to colleagues in the workplace. This was not the case with other drugs, which were perceived as 'recreational' and therefore more acceptable to talk about with work colleagues.

*I would say there's a kind of a stigma around even telling that you take things like Pregabalin that's prescribed, Diazepam that's prescribed, you know, ahh, things like, like Opiates that are prescribed...you kind of...it's never said don't say these things...but it's kind of an unwritten rule that you don't tell the **** what medications you are on. (4)*

it's a shameful thing, it's an addiction and addiction to prescription is a shameful thing whereas if anybody, talking about recreational drugs, like talking to their mate, it's ah having a bit of craic and things like that. (9)

Ah, but the bad thing about that is that it's a shameful addiction. Nobody talks about it. See if you are addicted to Tramadol, Diazepam, whatever it might be, Lyrica, you don't really talk about that to anybody. Especially, well where you will maybe talk about it to a very very close friend or relative but not in the workplace environment with them friends, not a chance, now that would worry me. (8)

However, it was noted that the stigma of drug taking by workers could be addressed to some extent by having 'open conversations' with management and supportive persons within the organisation. Workers should also not be prevented from seeking help because of the fear of losing their job.

I don't. I don't know I'm not sure. I think there is a lot of stigma, um, even within organisations that are there to support you. (4)

If there are people who are struggling with alcohol and drugs, they should be able to come to the management and go, I have an issue here and not be scared about losing their job. (4)

One respondent compared the experience of stigma associated with substance use to that experienced by people with a mental health issue. Often drug and alcohol use are the main coping strategies used to address mental health problems.

Remove the stigma of being able to have those conversations a bit like mental health. There is still too much stigma around people acknowledging that maybe their mental health may not be as good as they would like it to be. You know what coping strategies can they put in place to build that resilience and unfortunately alcohol and drug use is something that we go to and it's a very easy go to for the majority of us (7).

Two respondents mentioned the juxtaposition between management support for drug and alcohol use and disciplinary procedures within the workplace.

having that conversation [about drug and alcohol use] as a line manager with any one of my staff if I felt that there was evidence of a problem developing. I'd want to have that conversation early on but it is a really difficult one because it sits alongside discipline as you know... (4)

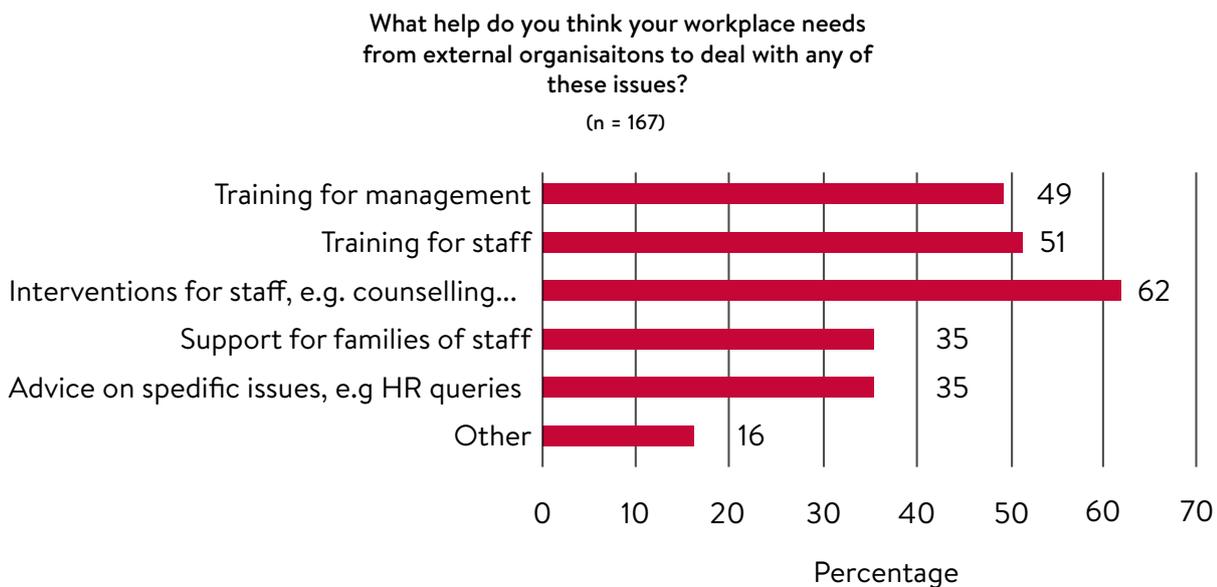




3.10 What can Help?

Survey respondents were asked to suggest possible solutions or ideas to address drug and alcohol use related to work. 56% of respondents provided multiple suggestions as to what could be done to address problematic substance use. The majority of responses 62% underlined that interventions for staff, including counselling and other therapies, should be made available. Training for staff (51%) and management (49%) were also viewed as very important to educate all parties in the workplace. (See fig 9).

Fig.9 Help from external organisations



Four interview participants referred to the need for open and honest conversations about substance use and how it might impact within the workplace. There was a realistic fear that a punitive stance would be adopted by the management if people tested positive via drug testing.

I mean my main concern regarding like substance use in the workplace is that it's just not talked about. It won't be talked about and I think, I mean there's been discussions in my work over bringing in mandatory drug testing for staff and, number one they can't do that because it's illegal, it's not on our contract. Number two, it just pushes the problem further away, in terms of like, if there are people who are struggling with alcohol and drugs, they should be able to come to the management and go, I have an issue here and not be scared about losing their job. That's what concerns me because I mean these, these, like the thing is the drug test will only test for things like narcotics, it won't ask for things like caffeine and alcohol. (4)

I think the first thing, you know I believe in straight talking and I think people need to be real about the situation and where we are and you know if that is drugs and alcohol in the workplace or in communities you know, people need to be real. There is no point on coming down hard on a worker if you find out her or she is smoking a bit of pot you need to be asking why,

what is going on, what support can we offer. It goes without saying as well that massive amounts of money need to be pumped in. I think continuous training the way it was years ago before I joined. I mean training must be to the highest level, advice, and support within organisations. (6)

One respondent articulated how these 'open' conversations had helped them to address their substance use issues within the workplace environment. It also helped them to reevaluate their relationship with substances outside of the workplace to the point where they reduced their use to more manageable level.

We would have a lot of those open conversations about substance use, and it would be a common place discussion within our workplace. So, I think that, even for me it has helped with mine, working in this industry for as long – I have worked here for about 7 years – and I feel that it has helped me re-evaluate my own relationship with substance use to a more responsible level and I think the discussions with staff members benefit you in the long run. (1)

However, it was also purported that workers should remember that whilst policy may be supportive, the primary aim of the employer is to ensure the return to work and for workers to be optimal in the work output.

Ultimately, employers want a big change in behaviour from you [the workers] upon returning from whatever it is [sick leave]. So, we can't...it's really hard to have a policy for drug and alcohol use for staff the same as we would have a policy for drug and alcohol use working with people.....Yeah, it's important just to be honest about that I think and just say look, it can't be the same and this is the reason why because of the primary purpose of having the worker is to get them to do the work. (5)

Three respondents highlighted that the Unions could be consulted to enquire about a possible partnership to discuss issues such as drug testing, and collaborative conversations with employers. The latter should consider the link between worker stress and substance use and focus on the specific pressure experienced by health and social care workers. This is most apparent when workers may experience vicarious trauma due to the nature and intensity of their daily workload.

Personally, I really like the sound of pushing for workplace unions for support and to discuss drug testing. That is the main problem to be honest. I could maybe check with my own Union to see how this could be taken further. (1)

Bring in the Unions, um, and to support the worker, and almost like it would be like making that space for the worker, the employer and the union to have that conversation so it's more supportive rather than just sign posting. (4)

We would really love the Unions to see that this is a workers issue, especially, well maybe not especially because all workers have varying degrees of lived experience of stress, but those of us on the front lines in service carrying the weight of our most vulnerable. Those individuals need somewhere to be able to go to say, 'I'm starting to struggle here' or 'I am starting to have similar life experience to those I am supporting'. It is so unfair to ask our health and social care workers to carry all of this like. (6)

Three respondents also emphasized the need for education of staff and management at individual, collective (company) and management levels. There were some valuable suggestions about a confidential telephone line, email address or promotional videos showing professionals who have had substance use issues to signify that this could happen to anyone.

I think education is key and early intervention and awareness and something like a confidential phone line that staff could ring. Totally discreet and unidentifiable.....ummm I work quite closely with our harm reduction teams and I think they are very knowledgeable and very non-judgemental. So, something like that or an email address...something..... even you know a promotional video maybe showing nurses with addiction who have maybe been on a spiral,

maybe something displaying you know actors playing parts to show how easy it can happen and that it happens to so many. (2)

This is linked to the pressures that have been mentioned before in this report, largely in relation to health and social care workers who are under extreme systemic pressure and who are maybe managing that stress through substance use.

I think education is key. I think there needs to be a serious conversation within the health and social care sector. They talk about loss of staffing hours due to sick days and stress etc; are people managing their stress and what substances they are taking to manage their stress and be able to be open about that. (4)

As referred to above, stigma was also reiterated as a main factor in undermining any possible open conversation that could help to ameliorate the problems faced by workers who need support with substance use issues.

There is a lot of stigma for instance people saying, you taking any tablets for your mental health, and I was like yeah I am an I mean that's OK. Like I should be able to talk about that. The same way, I know that one of our staff is somebody who is in recovery, and they don't take alcohol because they are in recovery. Like why is that such a bad thing to talk about. So, I think there needs to be a big turn on stigma and that has to come from the top. I think there needs to be a complete societal shift in how we talk about substances. (4)

External or mediated support services were highlighted by half of the respondents and some of the comments are presented below. One respondent highlighted the importance of early intervention and prevention to stop substance use issues progressing to hazardous substance use or substance use disorders.

I think what we need to do is find a way for there to be more generic substance use support and services available so that there's more like early intervention and prevention rather than it just dealing with somebody in crisis (7)

Two respondents emphasised that there should be an external support service when someone's substance use is having an impact on their work or causing other problems in their lives. Obviously, any information shared with the neutral person or organisation should not be shared with the employer for obvious reasons.

My personal thing with that is that I don't think any employees will go with it because it is too official. I think that if you want to tackle that [substance use] in the work place, you would have to create a role within each workplace for somebody to come in and be a neutral person between the worker and the company and sit back and say right tell me everything. There will be nothing coming back on that and your bosses won't know nothing, like when have you took the drugs, when have you taken the drugs in work, and why do you take them outside of workThe employer can't have any say in that or anything to do with that and it is that person's responsibility to say right here is the outcome. (9)

What is probably more realistic, I think, is to have some form of supportive mechanism for staff to talk about things that they think are impacting on their work. And so, I would say for larger employers it might be about having a contract with a support service where somebody performs that role in lieu of a manager who isn't either skill capable or brave enough to try and sort of do things about it themselves. (5)

it's a very fine line, but a very very big fine line is the difference between workers who have substance abuse issues and workers who just take substances. (9)

“it's a very fine line, but a very very big fine line is the difference between workers who have substance abuse issues and workers who just take substances.”



4. Conclusions

The conclusions and recommendations from the current study are presented below and comparisons are made with the results from the previous study (Campbell and Blair 2020), which considered the same issues from the managers' perspectives (see appendix one). This enabled a useful overview of similar findings in both cohorts and provided a helpful triangulation of the data from the previous study. The core themes were similar, although there was some insightful commentary from the workers, which were unsurprisingly divergent from some of the views of the managers in the previous study.

It was clear from the current study that the majority of survey respondents perceived drug and alcohol use within the workplace as moderate, whilst over half of the respondents saw it as low or very low. Just over 10% of the respondents reported that substance use was either high or very high within the workplace. However, some respondents highlighted that they knew of people who were drinking heavily and that some that were drinking alcohol at hazardous levels. Alcohol was cited by most interview respondents (n= 7) as the substance which was most concerning within the workplace. Depending on the nature and frequency of alcohol use this was viewed as either serious problematic drinking or simply because of a 'heavy weekend of drinking'. Workers also articulated how colleagues were under an extreme level of stress due to work pressure and this increased the risk for problematic substance use.

Nevertheless, there was a consensus that the framing of the narrative on this issue should not move into the realms of punishment or control. On the other hand, the reality for private sector employers, even the most pastorally supportive (see Campbell et al 2020) is that they must balance the welfare of their workers with the ultimate goal of making a company profit. Likewise, the statutory and voluntary / community health and social care sectors are working within budgetary constraints and resource pressures that have been exacerbated by the 'cost of greed' crisis. However, these problems should not detract from the responsibility that all employers have to ensure that their workforce is fully supported when they are in need of help and particularly in relation to substance use issues. Traditionally and currently, workers have not always been afforded the understanding and the person-centred care, that would ensure our workers could access appropriate advice and support services, which are adequately financed and sustained in NI.

Almost half of the survey respondents reported that substance use did have an impact on the workplace environment; the greatest impact was reported as being in relation to mental and physical health, absenteeism and negative impact on work colleagues. There was also acknowledgement of the fact that on occasions, workers were forced to cover work duties for colleagues experiencing problems due to alcohol consumption and there was an informal agreement that they would not report this to management.

The majority of respondents reported that they had not seen people coming into work who were under the influence of drugs or alcohol. However, almost all participants in the qualitative interviews reported that they had seen work colleagues in the workplace who had presented in work under the influence from the night before rather than taking during work hours. They also specified that it often went unnoticed and was not addressed by management.

It was also very clear that the issue of drug use in the workplace was simply not addressed, other than via informal discussions amongst workers themselves. Similar to the situation reported for alcohol above, it was clear that some people felt that management was aware of the problem but were reluctant to address it.

One respondent underlined that stimulant substances such as highly caffeinated products and Pro Plus are being used to help people get through the working day. To offset the effects of stimulants, people often use alcohol or other drugs as a means of attaining balance and relaxation when at home in the evenings.

There was a strong feeling that use of prescription drugs had become problematic in the workplace in Northern Ireland. A number of respondents alluded to the fact that there was easy access to over the counter medication, for example, Codeine based products and these could have a harmful effect on the person and vicariously within the workplace environment. It was also clear that there was a level of stigma attached to the use of prescribed medication and that it was often looked upon as a 'shameful' use of substances. This was in contrast to more positive views on non-prescribed drugs which were often discussed in the workplace in a more accepting manner. Stigma was also manifest through respondents' recall of situations where sometimes they felt obliged to drink alcohol on social occasions linked to their workplace. There was a pressure on them from other members of the workplace and a few people felt they had to pretend to consume alcohol. This indicated a culturally accepted pressure that may instigate a 'collective coercion' to consume alcohol during certain work based social events.

The respondents were asked to highlight solutions that would be helpful to address substance use issues. The majority of responses underlined that interventions for staff, including counselling and other therapies, should be made available. Training for staff and management were also viewed as very important to educate people about the nature and consequences of harmful drinking and drug taking. A harm reduction approach was viewed as a necessary measure and one, which should take precedence over any overt punitive action taken to discipline any worker in situ. There were also consistent references to the need for 'open and honest' conversations about substance use and how they might impact within the workplace. These hopefully 'productive collaborative conversations' with employers would consider the link between worker stress and substance use.

5. Recommendations

1. 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 are a crucial part of the employer's duty of care to workers. A 'corridor of dialogue' should be opened between employees and employers. However, this model of communication between both parties should be deferred to external mediators if employees and/or employers did not agree with a direct approach to dealing with delicate and often complicated drug and alcohol related issues.
2. Trade Unions should provide easily accessible external support mechanisms to workers who feel vulnerable and unable to communicate with managers in the workplace. The information should be individualised and accessible in a number of language formats.
3. As referred to in the Campbell and Blair report (2020) and substantiated by the current findings, there should be both internal and external 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.
4. Alcohol issues appeared to be most prevalent in the qualitative information engendered by the semi-structured interviews. In response, there should be an immediate focus on information and support on alcohol related concerns, both inside and outside of the work remit as problems experienced at home or in the community are increasingly filtered into the work domain.
5. 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.
6. 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. In addition, there should be a specific addressing of the issue of stigma connected with the use of prescription medication and the perceived 'shame' associated these drugs, which are widely available within communities.

References

- BMA (2016) alcohol, Drugs And The Workplace – The Role Of Medical Professionals A Briefing From The BMA Occupational Medicine Committee 2nd Edition, July 2016 File:///C:/Users/3054027/Appdata/Local/Packages/Microsoft.Microsoftedge_8wekyb3d8bbwe/Tempstate/Downloads/alcohol-And-Drugs-In-The-Workplace-V9%20(1).Pdf
- Alcohol Change (2020) Research: drinking in the UK during lockdown and beyond. Retrieved from: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>
- Alcohol Change (2019) alcohol and the workplace [Alcohol-and-workplaces.pdf](https://alcoholchange.org.uk/alcohol-and-workplaces.pdf)
- Angus C, Henney M, Pryce R (2022) '[Modelling the impact of changes in Alcohol consumption during the COVID-19 pandemic on future Alcohol-related harm in England](#)' (PDF, 1.9MB), commissioned by NHS England & NHS Improvement.
- Campbell, A., Blair, C., (2020) Drug and alcohol in the Workplace: Views from Managers in NI. Belfast, QUB.
- CIPD. (2020) Managing drug and alcohol misuse at work. Report. London: Chartered Institute of Personnel and Development.
- Clay JM, Parker MO. Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis? *Lancet Public Health*. 2020 May;5(5):e259.
- Ammerman, B. A., Burke, T. A., Jacobucci, R., & McClure, K. (2020). Preliminary Investigation of the Association Between COVID-19 and Suicidal Thoughts and Behaviors in the US.
- DoH, (2014). Making Life Better: A whole system strategic framework for public health 2013-2023. Department of Health, Social Services and Public Safety: Belfast. Retrieved from: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf
- DoH, (2020) Health Survey (NI): First Results 2018/19. Retrieved from: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland>
- DoH (2022) Substance Misuse Database [Statistics from the Northern Ireland Substance Misuse Database: 2021/22](#) | Department of Health ([health-ni.gov.uk](https://www.health-ni.gov.uk))
- TUC (2017) Drugs And alcohol In The Workplace , Guidance For Workplace Representatives <https://www.tuc.org.uk/sites/default/files/DrugsAlcoholinworkplace.Pdf>
- Fiorillo A, Gorwood P (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry*, 63(1), e32, 1–2
- Girdhar, R., Srivastava, V., & Sethi, S. (2020). Managing mental health issues among elderly during COVID-19 pandemic. *Journal of geriatric care and research*, 7(1), 32-5.
- Global Drugs Survey (2020). The GDS Covid 19 Global Key Findings Report. Retrieved from: <https://www.globaldrugssurvey.com/gds-covid-19-special-edition-key-findings-report/>
- Greenfield, T.K. Et Al (2016), Work Absenteeism And Other Workplace Harms
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Worthman, C. M., Yardley, L., Cowan, K., Cope, C., Hotopf, M. & Bullmore, E. 2020. Multidisciplinary Research Priorities for The Covid-19 Pandemic: A Call For Action For Mental Health Science. *The Lancet Psychiatry*.
- Macdonald, Z. & Shields, M.A. (2004), Does Problem Drinking Affect Employment? Evidence from England, *Health Economics*13:2, Pp139-55.
- McFarlin, S.K. & Fals-Stewart, W. (2002), Workplace Absenteeism and alcohol Use: A Sequential Analysis, *Psychology of Addictive Behaviours* 16:1, Pp17-21.
- Moller, L. & Matic, S. (2010), Best Practice in Estimating the Costs Of alcohol – Recommendations For Future Studies Copenhagen: Who Europe, P32.
- NHS Digital (2018). Statistics on alcohol, England 2018.
- ONS (2016), Statistical Bulletin: Alcohol Related Deaths in The United Kingdom: Registered In 2014. Available From: <<http://bit.ly/2knppu7>>. Pp118-23.
- ONS (2020) Retail sales, Great Britain: March 2020. Retrieved from: <https://www.ons.gov.uk/businessindustryandtrade/retailindustry/bulletins/retailsales/march2020>
- Public Health England (2016), The Public Health Burden of alcohol and The Effectiveness and Cost-Effectiveness Of alcohol
- Randex, (2017) Testing times for NI economy. Retrieved from: <https://www.randoxtestingservices.com/testing-times-ni-economy/>

Randox, (2019a) Addressing Drugs & alcohol in the Workplace. Retrieved from: <https://www.randoxtestingservices.com/addressing-drug-alcohol-workplace/>

Randox, (2019b) Workplace Testing in the Manufacturing Industry. Retrieved from: <https://www.randoxtestingservices.com/11561-2/>

Randox (2020) Raising awareness of substance misuse in the workplace with training & education. Retrieved from: <https://www.randoxtestingservices.com/awareness-of-substance-misuse-in-the-workplace-with-training-education/>

Roche, A.M. Et Al (2008), Workers' Drinking Patterns: The Impact on Absenteeism in The Australian Work-Place, *Addiction* 103:5, Pp738-748.

Rossi, R., Socci, V., Pacitti, F., Mensi, S., Di Marco, A., Siracusano, A., & Di Lorenzo, G. (2020). Mental health outcomes among healthcare workers and the general population during the COVID-19 in Italy. *Frontiers in psychology*, 11, 608986.

Science Group of The European alcohol and Health Forum (2011), alcohol, Work And Productivity, P9.

Institute of alcohol Studies, 2017 Splitting the Bill: alcohol's Impact on The Economy – IAS

United States [Presentation], 42nd Annual alcohol Epidemiology Symposium of The Kettil Bruun Society For The Social And Epidemiological Study Of alcohol (May 30-June), Stockholm.

World Health Organisation Europe (2013). Status Report on alcohol and Health In 35 European Countries.

Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health* 2020; 17:1729.

World Health Organization. Mental Health During COVID-19 Outbreak. Geneva, Organization, 2020. Considerations World Health

Appendix One: Similarities between Results from Managers' study (Campbell and Blair 2020) and Workers' study (Campbell and Campbell 2023)

Results from Managers' Study	Results from Workers' Study
<p>Drug and Alcohol Issues</p> <p>Almost half (46%) of the organisation managers who participated in the survey were aware of drug and alcohol related issues in the workplace.</p>	<p>Drug and Alcohol Issues</p> <p>The majority of survey respondents (32%) perceived drug and alcohol use within the workplace as moderate whilst 29% saw it as very low. 11% people reported that generally, substance use was either high or very high within the workplace.</p>
<p>Negative Impact</p> <p>44% reported that substance use had a negative impact on the workplace. 46% referred to absenteeism, poor staff mental health (41%), downturn in productivity of staff, (31%) and a decrease in quality of work, (28%).</p>	<p>Negative Impact</p> <p>43% reported that drug and alcohol use had a negative impact on the workplace. 47% reported that the use of substance was linked to absenteeism, poor mental health of workers (67%), downturn in productivity (37%) and decrease in quality of work (41%).</p>
<p>Effect on other Workers</p> <p>Results from qualitative interviews 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.</p>	<p>Effect on Other Workers</p> <p>There was also acknowledgement of the fact that on occasions, workers were forced to cover work duties for colleagues experiencing problems due to alcohol consumption and there was an informal agreement that they would not report this to management.</p>
<p>Support Mechanisms</p> <p>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%), training for staff (23%) and support for family members (21%).</p>	<p>Support Mechanisms</p> <p>Survey respondents were asked to suggest possible solutions or ideas to address drug and alcohol use related to work. The majority of responses 63% underlined that interventions for staff, including counselling and other therapies, should be made available. Training for staff (53%) and management (49%) were also viewed as very important to educate all parties in the workplace.</p>
<p>Reluctance to Discuss the Concerns</p> <p>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.</p>	<p>Reluctance to Discuss the Concerns</p> <p>It was clear that the issue of drug use in the workplace was simply not discussed with management . was clear that some people felt that management. It was also apparent that management were aware of the problem but were reluctant to address it.</p>
<p>Stigma</p> <p>Stigma was perceived as a primary barrier to having open discussions about staff drug and alcohol use.</p>	<p>Stigma</p> <p>It was noted that the stigma of drug taking by workers could be addressed to some extent by having 'open conversations' with management and supportive persons within the organisation . They should also not be prevented from seeking help as a result of the fear of losing their job.</p>

Appendix Two: Participant Information Sheet, Consent Form, Topic Guide Interview Questions

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 workers' perceptions of polydrug and alcohol use in the workplace. This work is commissioned by NIADA .

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 workers 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 Orfhlaith Campbell 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 Orfhlaith Campbell) will have access to the recordings of interviews.

Who can take part?

- You should be a worker 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 workers 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 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 Orfhlaith Campbell
Email: ocampbell07@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 Orfhlaith Campbell who will be in touch to arrange the most convenient time for you to take part.

Thank you.





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

- 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 response to the survey 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 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.

- 5. 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.

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

Name of participant	Signature	Date
_____	_____	_____

Name of person taking consent	Signature	Date
Signature		
_____	_____	_____

Topic guide: Interviews

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 other workers 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 e.g., 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 place of work? 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?

The future

10. 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.)

Name of participant

Signature

Date

Name of person taking consent
Signature

Signature

Date
