Substance abuse in the workplace and how to control it

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Introduction

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2011). The most common substances abused are alcohol, marijuana (ganja), bhang, hashish (charas), various kinds of cough syrups, sedative tablets, brown sugar, heroin, cocaine, tobacco (cigarette, gutka, pan masala) etc (Sahu & Sahu, 2012).

Substance abuse is also known as drug abuse (Sahu & Sahu, 2012). The use of a drug to cure an illness, prevent a disease or improve health is termed 'drug use'. But when a drug is taken for reasons other than medical, in any amount, strength, frequency or manner that causes damage to the physical or mental functioning of an individual, it becomes 'drug abuse' (Sahu & Sahu, 2012).

The increasing production, distribution and accessibility of substances together with the changing values of society has resulted in rising substance abuse-related problems emerging as a major public health concern (Smook et al. 2014). The trafficking of substances and the number of people in the workplace seeking treatment for substance-abuse problems have also increased over this period (McCann et al., 2011:44).

The therapeutic community considers substance abuse a disorder of the whole person affecting some or all areas of functioning (WHO, 2011). Cognitive and behavioural problems appear, as do mood disturbances; thinking maybe unrealistic or disorganized and values are confused, antisocial or non-existent. Substance use disorders are a major cause of death and disability.

The workplace provides several opportunities for implementing prevention strategies to reduce the harm done by alcohol since the majority spend a significant proportion of their time at work. The workplace can also be a risk factor for harmful alcohol use. Many studies have found significant associations between stress in the workplace and elevated levels of alcohol consumption, an increased risk of problem drinking and alcohol dependence (Sahu & Sahu, 2012).

Facts from research on substance abuse in the workplace

An estimated 14.8 million Americans currently use illicit drugs, and more than 75% of these are employed (Slavit, Reagin & Finch, 2009). During the past month, 8-10% of employees report engaging in illicit drug use. Approximately 3% of employed adults have used an illicit drug before reporting to work, and/or are at work while under the influence of an illicit drug, in the past year (Frone, 2006).

The majority (63%) of adults in the workforce consume alcohol in their free time (U.S. Department of Health and Human Services., 2007). Of these, approximately 9% are heavy users of alcohol (defined

here as five or more drinks on the same occasion on each of 5 or more days in the past 30 days) (U.S. Department of Health and Human Services., 2007).

Indeed, research demonstrates that excessive drinking during employees' free time may adversely affect their productivity at work. It may also lead to higher rates of injury and disability (Frone, 2006; Ragland, Krause & Greiner, 2002).

Workplace interventions

Substance use counselling

A systematic review of workplace interventions for substance abuse-related problems (Webb et al., 2009) identified only 10 intervention studies, of which 5 were counselling-based interventions, 4 were mail-out/feedback/brief intervention studies and 1 was a peer support programme. Counselling and related interventions comprised three broad types of strategy: psychosocial skills training; brief intervention, including feedback of results of self-reported drinking, lifestyle factors and general health checks; and alcohol education delivered via an internet web site.

The psychosocial interventions included peer referral, team-building and stress management and skills derived from the social learning model. For health checks, topics covered in addition to alcohol were smoking, exercise, diet, weight, stress, depression, blood pressure, cholesterol, diabetes, cancer, safety and preventive health-care risks.

Peer support programs

One of the 10 studies identified by Webb (2009) used objective outcome measures to describe the impact of a workplace peer-focused substance abuse programme in the transportation industry implemented in phases from 1988 to 1990 (Spicer & Miller, 2005; Miller, Zaloshnja & Spicer, 2007). The programme focused on changing workplace attitudes towards on-the-job substance use in addition to training workers to recognize and intervene with colleagues who have a problem. The programme was strengthened by federally mandated random drug- and alcohol testing.

The combination of the peer-based programme and testing was associated with an approximate one-third reduction in the injury rate, avoiding an estimated US$ 48 million in the employer's costs. In another study of urban transit workers, perceived co-worker support was found to attenuate the link between the frequency of heavy episodic drinking and absenteeism (Bacharach, Bamberger & Biron, 2010).

Wellness programs

Despite the limited evidence for effective workplace health promotion programmes, some meta-analyses have reported positive returns on investment for workplace wellness programmes (Chapman, 2003). In their systematic review of United States-based studies, Baicker et al. (2010) identified 22 studies reporting on employees' health care costs and 22 on absenteeism costs. It should be remembered that in the United States, over 60% of Americans get their health care insurance through an employment-based

plan.

By far the most frequently used method of workplace intervention delivery was the health risk assessment, a survey that gathers baseline self-reported health data from the employee, which are in turn used by the employer to tailor the subsequent intervention. The second most common wellness intervention mechanism was the provision of self-help education materials, individual counselling with health care professionals or on-site group activities led by trained personnel. The use of incentives to motivate participation was seen in 30% of programmes.

Conclusion

Given the high substance abuse prevalence in the workplace world over, organisations need to implement evidence-based practices for workplace substance abuse prevention. In sum, evidence has shown that counselling and related interventions are effective and these comprise of three broad types of strategy: psychosocial skills training; brief intervention, including feedback of results of self-reported drinking, lifestyle factors and general health checks; and alcohol education delivered via an internet web site. Other interventions however include peer support programs and workplace wellness programs.

References

Ames GM, Grube JW, Moore RS (2000). Social control and workplace drinking norms: a comparison of two organizational cultures. Journal of Studies on Alcohol, 61(2):203–219

Bacharach, S. B, Bamberger, P. & Biron, M. (2010). Alcohol consumption and workplace absenteeism: the moderating effect of social support. Journal of Applied Psychology; 95(2):334–348.

Goetzel, R. Z. (2009). The relationship between modifiable health risk factors and medical expenditures, absenteeism, short-term disability, and presenteeism among employees at Novartis. Journal of Occupational and Environmental Medicine, 51(4):487–499.

National Survey on Drug Use and Health: national findings. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2008. NSDUH Series H-34, DHHS Publication No. SMA 08-4343

Webb, G. (2009). A systematic review of work-place interventions for alcohol-related problems. Addiction, 104:365–377.

WHO. (2011). Substance abuse. Available from: http://www.who.int/topics/substance_abuse/en

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