

NCADD FACT SHEET: ALCOHOL AND OTHER DRUGS IN THE WORKPLACE

AN OVERVIEW

- 6.6% of Americans employed in full-time jobs report heavy drinking, defined as drinking five or more drinks per occasion on five or more days in the past 30 days; 4.9% of part-timers and 10.4% of unemployed workers also report heavy drinking; the highest percentage of heavy drinkers (12.2%) is found among unemployed adults ages 26 to 34.¹
- Up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcohol consumption and alcoholism.²
- 60% of alcohol-related work performance problems can be attributed to employees who are not alcohol dependent, but who occasionally drink too much on a work night or drink during a weekday lunch.³
- 21% of workers reported being injured or put in danger, having to re-do work or to cover for a co-worker, or needing to work harder or longer due to others' drinking.⁴
- Shortfalls in productivity and employment among individuals with alcohol or other drug-related problems cost the American economy \$80.9 billion in 1992, of which \$66.7 billion is attributed to alcohol and \$14.2 billion to other drugs.⁵
- Although 70% of all current adult illegal drug users ages 18 to 49 are employed full-time,⁶ use of most illicit drugs is substantially higher among the unemployed.⁷
- Employees who were in serious trouble with alcohol showed significant improvement in drinking behavior and job adjustment during the months immediately following an intervention to confront problem drinking that was intruding on their work.⁸
- Drug testing as part of the hiring process is the most frequently used testing program reported by workers, followed by testing upon suspicion (30%) and post-accident (29%); about one quarter of workers report random drug testing on the job.⁹

THE RISKS

- Work roles with little or no supervision, and those characterized by high mobility, are associated with increased rates of problem drinking.¹⁰
- Numerous studies suggest a significant relationship between work stress and the development of drinking problems.¹¹
- In general, unmarried workers (divorced, separated, or never married) have about twice the rate of illicit drug and heavy alcohol use as married workers.¹²
- Workers who report having three or more jobs in the previous five years are about twice as likely to be current or past year illicit drug users as those who have had two or fewer jobs.¹³

PREVALENCE BY OCCUPATION

- The highest rates of current and past year illicit drug use are reported by workers in the following occupations: construction, food preparation, and waiters and waitresses. Heavy alcohol use followed a similar pattern, although auto mechanics, vehicle repairers, light truck drivers and laborers also have high rates of alcohol use.¹⁴

- The lowest rates of illicit drug use are found among workers in the following occupations: police and detectives, administrative support, teachers and child care workers. The lowest rates of heavy alcohol use are among data clerks, personnel specialists and secretaries.¹⁵

THE COST

- Individuals with drinking problems or alcoholism at any time in their lives suffered income reductions ranging from 1.5% to 18.7% depending on age and sex compared with those with no such diagnosis.¹⁶
- Absenteeism among alcoholics or problem drinkers is 3.8 to 8.3 times greater than normal¹⁷ and up to 16 times greater among all employees with alcohol and other drug-related problems.¹⁸ Drug-using employees take three times as many sick benefits as other workers. They are five times more likely to file a worker's compensation claim.¹⁹
- Non-alcoholic members of alcoholics' families use ten times as much sick leave as members of families in which alcoholism is not present.²⁰

EMPLOYEE ASSISTANCE PROGRAMS

- For every dollar invested in an Employee Assistance Program (EAP), employers generally save anywhere from \$5-\$16. The average annual cost for an EAP ranges from \$12-\$20 per employee.²¹
- 45% of full-time employees who are not self-employed have access to an EAP provided by their employer but within a single year only 1.5% use an EAP because of alcohol or other drug-related problems.²²

TREATMENT ISSUES

- Studies suggest that employees who are pressured into treatment by their employers are slightly more likely to recover from their alcoholism and improve their performance than those who are not so pressured.²³
- Research indicates that alcoholism treatment can yield significant reductions in total health care costs and utilization for an alcoholic and his or her family.²⁴

SOURCES

¹National Institute on Drug Abuse (NIDA), National Household Survey on Drug Abuse (NHSDA): Main Findings 1997, 4/99, p. 111. ²M Bernstein & JJ Mahoney, "Management Perspectives on Alcoholism: The Employer's Stake in Alcoholism Treatment," *Occupational Medicine*, Vol. 4, No. 2, 1989, pp. 223-232. ³TW Magione, et. al., *New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study*, JSI Research & Training Institute, Inc., Boston, MA, 12/98, p. 1. ⁴Ibid., p.2. ⁵NIDA and National Institute on Alcohol Abuse and Alcoholism (NIAAA), "The Economic Cost of Alcohol and Drug Abuse, 1992 (preprint copy), 5/98, p. 5-1. ⁶US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) news release, 9/8/99. ⁷NIDA, National Household Survey on Drug Abuse: Race/Ethnicity, Socioeconomic Status, and Drug Abuse 1991, 12/93, p. 19. ⁸NIAAA, Alcohol Health & Research World (AHRW): Alcohol and the Workplace, Vol. 16, No. 2, 1992, p. 147. ⁹SAMHSA, Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA, 9/99, p. 3. ¹⁰NIAAA, AHRW, op.cit., p. 107. ¹¹Ibid. ¹²SAMHSA, Drug Use Among US Workers: Prevalence and Trends by Occupation and Industry Categories, 5/96, p. 1. ¹³Ibid. ¹⁴Ibid. ¹⁵Ibid. ¹⁶NIAAA, Eighth Special Report to US Congress on Alcohol and Health, 9/93, p. 256. ¹⁷Bernstein & Mahoney, op.cit. ¹⁸US Department of Labor (USDOL), What Works: Workplaces Without Drugs, 8/90, p. 3. ¹⁹TE Backer, Strategic Planning for Workplace Drug Abuse Programs, NIDA, 1987, p. 4. ²⁰Bernstein & Mahoney, op.cit. ²¹USDOL, op.cit., p. 17. ²²NIAAA, AHRW, op.cit., p. 121. ²³Ibid., p.132. ²⁴HD Holder & JO Blose, "Alcoholism Treatment and Total Health Care Utilization and Costs: A Four-Year Longitudinal Analysis of Federal Employees," *Journal of the American Medical Association*, No. 256, 1986, pp. 1456-1460.

WHAT IS NCADD?

The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) fights the stigma and the disease of alcoholism and other drug addictions. Founded in 1944 by Marty Mann, the first woman to find long-term sobriety in Alcoholics Anonymous, NCADD provides education, information, help and hope to the public. It advocates prevention, intervention and treatment through offices in New York and Washington, and a nationwide network of Affiliates. For referral to a local Affiliate or to request a complete list of publications call 800/NCA-CALL.