

Workplace interventions: alcohol and diet

Choosing Health Briefings

As part of 'Choosing Health?' – the national consultation on a new public health white paper – the government appointed task groups to lead on eight key themes: Better health for children and young people; Consumers and markets; Focusing on delivery; Leisure; Maximising the NHS contribution – the NHS as a whole; Maximising the NHS contribution – in primary care; Working for health/opportunities in employment; and Working with and for communities.

The HDA supported the task groups, which met during April–May 2004, with these briefing papers.

Alcohol

The government's new alcohol harm-reduction strategy concludes that:

- **Alcohol misuse leads to loss of productivity for the country and loss of employment opportunities for the individual.** Alcohol misuse among employees costs up to £6.4bn in lost productivity through increased absenteeism, unemployment and premature death. It can also

lead to unemployment and loss of quality of life for individual problem drinkers, who tend to stay in jobs for shorter periods than employees who do not misuse alcohol.

- **There is a clear framework on health and safety, but less emphasis on general awareness.** There is a clear framework in health and safety law, as well as in practices adopted by individual businesses, to ensure that alcohol does not cause accidents in the workplace. However, as well as being a health and safety issue, alcohol misuse is a major cause of absenteeism, lost productivity and profitability.

Employers need to know how to recognise when an employee has an alcohol problem and what actions to take and procedures to follow. The Department of Health and the Health and Safety Executive recommend that employers should have an alcohol policy setting out signs to look for and procedures to follow. While over half of employers do have an alcohol policy, and there are many examples of good practice, many of those who have no policy are likely to be small businesses who could benefit from advice on what to do.

The evidence

It has been argued that the workplace can be an effective setting within which to influence patterns of alcohol consumption and reduce alcohol-related problems. Interventions are likely to be beneficial when placed in the context of a workplace alcohol policy covering drinking at the workplace, workplace discipline, recognition and help for those with alcohol-related problems, and alcohol education. It has also been suggested that brief interventions may work well in this setting, and the banning of alcohol across the working day appears to be gaining support within industry.

A review of literature reporting studies on the impact of workplace interventions on alcohol consumption and alcohol-related behaviour (HDA, 2002a) led to the following conclusions:

- Work-based training programmes that focus on employees' alcohol problems and possible interventions are substantially effective
- There is general support for the efficacy of workplace interventions that are more-or-less based on the model of employee assistance programmes
- Programmes that offer employee assistance as a core component reported a high degree of success across a number of measures, although it is unclear which specific components of the programme designs contributed to effectiveness
- Training and interventions modelled on employee assistance programmes are complementary, not substitutes for each other.

The review (HDA, 2002a) indicated that:

- There is strong evidence that worksite interventions, including core components of employee assistance programmes, are effective in rehabilitating employees with alcohol problems
- There is some evidence that worksite training on alcohol affects the attitudes of supervisors and employees for a reasonable period after completion of training.

Healthy-eating interventions in the workplace

The evidence

Three out of four good quality studies show positive effects of healthy-eating interventions in the workplace, with decreases in blood cholesterol of between 2.5 and 10%. A Health Education Authority review of the effectiveness of health-promotion interventions in the workplace identified four studies on healthy eating with adequate methodologies. (For more information on the evidence, see HDA, 2002a.) Three show positive effects on consumption of fat, fruit and vegetables, intention to make dietary changes, and self-efficacy. Another review identified two workplace interventions as examples of good practice: the Treatwell 5-A-Day study (part of the US 5 A Day for Better Health Program) and the Working Well Trial.

Characteristics of an effective workplace intervention include:

- Visible and enthusiastic support and involvement from management
- Involvement by employees at all levels in the planning and implementation phases so that there is a sense of ownership
- Screening and/or individual counselling
- Changes to the composition of best selling foods provided in canteens and vending machines, and promotion at the point of purchase
- Tailoring interventions to suit the characteristics and needs of the employees
- Combining population-based policy initiatives with intensive individual and group-based interventions
- Building in sustainability so that the intervention becomes embedded within normal practices
- Employees who enjoy the support of their family in making dietary changes
- Motivators such as incentives, competitions and events to launch the intervention.

Sources

Strategy Unit (2004) *Alcohol harm reduction strategy for England*. London: Prime Minister's Strategy Unit, Cabinet Office. www.strategy.gov.uk/files/pdf/al04SU.pdf

HDA (2002a) *Cancer Prevention. A resource to support local action in delivering The NHS Cancer Plan*. London: Health Development Agency. www.hda.nhs.uk/documents/cancer_prevention.pdf

HDA (2002b) *Prevention and reduction of alcohol misuse*. Evidence Briefing. London: Health Development Agency. www.hda.nhs.uk/documents/alcoholtxt.pdf

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