

Research In Brief

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Does a permissive workplace substance use climate affect employees who do not use alcohol and drugs at work?

A U.S. national study

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In 2006, Dr. Michael Frone released the first results of his National Study of Workplace Health and Safety in which an estimated 15 percent of the U.S. workforce (19.2 million workers) reported work-related alcohol use and impairment. The work-related use of illicit drugs was reported by 3 percent of the workforce (3.9 million workers) and being under the influence of illicit drugs at work was reported by 2.9 percent (3.6 million workers).

In the current study, Dr. Frone explored the relationship of the substance use climate at work to key work outcomes among the majority of employees who do not use alcohol and drugs at work. Data were collected from 2,051 U.S. adult wage and salary workers who do not engage in alcohol or drug use in the workplace.

Three dimensions of the workplace substance use climate were examined: 1) the perceived physical availability of alcohol and drugs at work; 2) the extent to which members of an individual's workplace social network use, or are impaired by, alcohol or drugs at work; and 3) the extent to which members of an individual's workplace social network approve of using or working under the influence of alcohol or drugs at work.

Findings

- A permissive workplace substance use climate was related to lower perceptions of workplace safety.
- A permissive workplace substance use climate was related to higher levels of work strain and lower levels of employee morale.
- A permissive substance use climate at work may have broader relevance than previously thought for the majority of employees who do not use alcohol or drugs at work.

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Facilitating involvement in Alcoholics Anonymous during out-patient treatment: A randomized clinical trial

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This study evaluated two strategies to facilitate involvement in Alcoholics Anonymous (AA). The two strategies -- a 12-Step-based directive approach and a motivational enhancement approach -- were delivered to clients in the context of a skills-focused individual treatment for alcohol use disorders. The researchers evaluated these two strategies in comparison to a treatment-as-usual (TAU) comparison group. They concluded that the 12-Step-based directive approach enhances involvement in AA, improves client outcomes and can be incorporated successfully into skills-based treatment.

Findings

- Participants exposed to the 12-Step-based directive approach for facilitating AA involvement reported attending more AA meetings, more active involvement in AA, and a higher percentage of days abstinent compared to participants in TAU.
- Evidence also suggested that active participation in AA was at least partially responsible for the favorable effect on abstinent days found in the 12-Step based approach.
- There was no evidence that abstinence from alcohol results in increased AA involvement.
- The motivational enhancement approach to facilitating AA had no effect on AA involvement or alcohol treatment outcomes.

Background

AA was founded with the goal of helping individuals with alcohol problems. In AA's triennial survey of more than 8,000 members from the U.S. and Canada, 33 percent of members reported that they had been sober for more than 10 years, 12 percent for five to ten years and 31 percent for less than one year (Alcoholics Anonymous, 2008). Research studies have

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A U.S. national study (cont'd)

Participants

The National Survey of Workplace Health and Safety was conducted from January 2002 to June 2003. Participants were between the ages of 18 and 65, employed in the civilian labor force and residing in households in the 48 contiguous United States and the District of Columbia.

Participants in the current study were 2,051 wage and salary workers who did not engage in workplace alcohol or drug use and had at least one co-worker at their work location with whom they interacted.

Forty-three percent of these participants were male. Racial demographics included white (79 percent), black (12 percent), Hispanic (5 percent) and the balance was comprised of individuals from other racial/ethnic backgrounds. The average age was 40 years. Turning to education, less than 4 percent did not graduate from high school while 23 percent graduated from high school or received a GED and went no further. Four percent attended trade, technical or vocational training beyond high school and 23 percent attended some college. Ten percent of the participants received an associate's degree and 20 percent a bachelor's degree. Three percent attended some graduate school, 11 percent received a master's degree and 2 percent, a doctoral level degree. The participants worked an average of 42 hours per week and had held their present job for an average of five years at the time of the study.

Methods

Three dimensions of workplace substance use climate were assessed:

- **Workplace availability** of alcohol and drugs was assessed via 12 questions about the ease or difficulty in bringing substances into work, using while working, using during lunch or other breaks and obtaining substances from someone at work. These questions were asked separately about alcohol, marijuana and other drugs.
- The extent of **co-workers' substance use** and/or impairment on the job was assessed with six questions about how often during the past 12 months employees had interacted or worked with someone who they perceived had used alcohol/drugs before work, during the workday (including work breaks) or had been high or under the influence during the workday.
- **Attitudes about workplace substance use** was assessed with eight questions about close friends/co-workers' approval or disapproval of workplace substance use or impairment on the job. Separate questions were asked about the attitudes of the study participants' closest friend at work as well as the attitudes of other co-workers in general.

Collectively, a permissive workplace substance use climate is one in which substances are more easily available, more widely used by employees and more broadly approved of in a work setting.

Three work outcomes were assessed:

- **Workplace safety** assessed employees' perceptions regarding management's concern for safety at work as well as exposure to both psychological and physical aggression in the workplace.
- **Work strain** reflected employees' perceptions and ratings of the effect of the job on their mental and physical health.
- **Employee morale** was measured by employees' reports regarding their job satisfaction, commitment to their work organization and intentions to stay at their job.

Discussion of Results

Previous research focused primarily on attempts to understand why certain individuals engage in substance use and the work-related outcomes of their substance use. This study considered broader issues of workplace substance use, exploring the relationship of substance use climate at work and key work outcomes among the majority of employees who did not use alcohol and drugs at work.

Prior research suggests that a permissive workplace substance use climate may encourage workplace substance use in a significant minority of employees (e.g., Ames & Grube, 1999; Frone, 2003; Frone & Brown, in press). The current study found that a permissive workplace substance use climate may be problematic for the majority of employees who do not use alcohol and illicit drugs at work. Specifically, all three dimensions of a permissive workplace substance use climate were related to lower perceptions of workplace safety, higher levels of work strain and lower levels of employee morale.

To understand the possible relationship of workplace substance use climate to work strain and morale among employees who do not use substances at work, the concept of a psychological contract was used. The psychological contract implies that in exchange for loyalty and hard work, employees expect that their employer is obliged to provide a safe work environment. That contract may be breached when employees feel that the employer is not providing a work environment that ensures employee safety (Tallman & Bruning, 2008; Walker & Hutton, 2006). Breaking this psychological contract may increase work strain and damage morale.

Future research efforts should attempt to replicate the present findings using other methods, including multiple confirmatory data sources and longitudinal data collection. Additional attention should be devoted to workplace substance use and availability

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A randomized clinical trial (cont'd)

also suggested that active AA participation improves alcohol outcomes. Given AA's demonstrated benefits, some researchers have evaluated strategies for encouraging AA involvement among patients in alcohol treatment. One purpose of the current study was to develop and evaluate two strategies – a 12-Step-based directive approach and a motivational enhancement approach – for facilitating involvement in AA during outpatient treatment.

The means by which AA attendance relates to reduced drinking have been studied less thoroughly. Also, questions remain regarding whether clients are more successful *because* they participate in AA or if their willingness to attend AA *results from* a greater level of motivation and success at maintaining abstinence. Thus, this research team proposed to investigate how AA facilitation affects abstinence from alcohol following treatment.

Current Study

The purpose of this study was to examine, in the context of a skills-focused individual treatment program for alcohol use disorders, the relative effectiveness of two strategies to facilitate involvement in AA. The two strategies – a 12-Step-based directive approach and a motivational enhancement approach – were compared to a treatment-as-usual condition with no special emphasis on AA involvement. These two strategies were selected for study based on their differing philosophies – the 12-Step-based directive approach is more therapist-directed and the motivational enhancement approach is more client-centered.

Participants were recruited through newspaper advertisements followed by intake interviews in RIA's Clinical Research Center. The final sample totaled 169 participants (57 women). The average age was 44 years. Forty-eight percent were married or cohabiting, 22 percent were single and 29 percent were divorced/separated/widowed. The majority of participants were white (88 percent) with an average of 15 years of education. Twenty-two percent of the participants had previously attended AA at some time prior to treatment.

All study participants received a 12-session, abstinence-based treatment package that included information about the development of problem-solving skills, drink refusal skills, and relaxation skills. Beginning with the second session, all clients were given the weekly instruction to attend at least a couple of AA meetings each week throughout the program. What differed among approaches were the manner in which the therapist discussed AA attendance and involvement, and the extent and content of AA material covered during sessions.

- The **12-Step-based directive approach** included therapist instruction to attend AA, mention of the AA tradition of 90 meetings in 90 days, contracting for meeting attendance, direction to write in a journal after attending meetings, read-

ings from the AA Big Book (Alcoholics Anonymous, 2001) and Living Sober (Alcoholics Anonymous, 1975), discussions about AA and the encouragement of the significant other's involvement in Al-Anon.

- The **motivational enhancement approach** was designed to incorporate the principles and methods of motivational interviewing. The therapist elicited and reflected the client's thoughts about, attitudes towards and previous experiences with AA. The therapist then offered to provide additional information that the client might find useful in deciding whether to attend AA. This information included a brief overview of the positive aspects of AA, aspects that are sometimes identified as negative and a summary of points that address common objections to AA. The therapist also helped the client gauge the relative strength and importance of the costs and benefits of AA and attempted to facilitate a decision in favor of attending AA. Although AA attendance was encouraged, the therapist emphasized that it was up to the client to decide whether or not to attend.
- The **treatment-as-usual comparison condition** included just a basic weekly instruction to attend AA with no further emphasis.

AA meeting attendance, involvement and alcohol consumption (percentage of days abstinent) were assessed by client self-report. AA involvement was measured by reports of meeting attendance, considering oneself to be a member of AA, going to AA daily, celebrating a sobriety birthday, having an AA sponsor, being an AA sponsor, and a report of the number of steps worked. Assessments occurred before treatment, at the end of treatment, and quarterly for one year after treatment ended.

Discussion of Results

Participants exposed to the 12-Step-based directive approach for facilitating AA involvement reported more active involvement in AA during the year following treatment, compared to treatment-as-usual clients. For example, clients in the 12-step directive condition attended an average of 3.5 meetings per month during the first three months after treatment, compared to just less than two meetings per month for clients in the treatment-as-usual comparison condition.

In addition, these participants reported a greater percentage of days abstinent during follow-up, averaging 80 percent days abstinent compared to only about 65 percent days abstinent for treatment-as-usual participants. This is a compelling finding, in that the directive approach differed from the treatment-as-usual approach only in the extent and nature of AA-related material that was presented and discussed – not in terms of the abstinent-based treatment content.

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A U.S. national study (cont'd)

within intact work groups as well as organizational characteristics and policies that may foster or discourage permissive workplace substance use cultures.

This study suggests that future research and management attention toward the broader effects of workplace substance use may have more relevance than a sole focus on the productivity of employees who engage in substance use at work. Workplace substance use also may have a relationship to the work environment, health and morale of the majority of employees who do not use alcohol and illicit drugs at work.

The climate dimensions of availability and substance use at work are the most directly manageable through workplace policy, supervision and education. Employee approval of workplace substance use, although more difficult to influence directly, may also ultimately be indirectly affected by organizational policy, supervision, and education targeted toward workplace substance use.

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A randomized clinical trial (cont'd)

Use of a motivational enhancement approach to facilitating AA did not have an impact on AA involvement, or on amount of days alcohol was used. One possible reason is an apparent mismatch between the philosophy guiding the motivational enhancement approach and that guiding the 12-Step-based model of AA involvement. In this study for example, the motivational enhancement approach, although guiding participants towards AA involvement, was client-centered, and therapists did not take an overtly directive approach to promoting AA involvement as therapists did in the first strategy.

It should be noted that the findings from this study do not directly address the question of the effectiveness of AA. In order to evaluate the effectiveness of AA attendance, it would be necessary to randomly assign clients to attend or not attend AA. However, these results do suggest that AA involvement predicts subsequent abstinence. Lastly, the sample was comprised primarily of white clients and clients who were not mandated to treatment. Thus, caution should be used in generalizing to populations of other ethnic and racial backgrounds or to clients who are mandated to treatment.

In summary, treatment employing an AA facilitation strategy that was strongly therapist-directed resulted in more AA meetings attended, more active AA involvement and more abstinent days during the year following treatment, relative to treatment that placed no special emphasis on AA. Further, analyses indicated that the effect of this therapist-directed AA facilitation treatment on improved abstinence was partially a function of its positive impact on AA involvement.

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