

## ALCOHOLISM EFFECTS WITHIN LABOR ENVIRONMENTS: MANAGERS' PERCEPTIONS

EFEITOS DO ALCOOLISMO EM AMBIENTES DE TRABALHO: PERCEPÇÃO DOS GESTORES

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### Resumo

Neste estudo, avaliamos a percepção dos gerentes de negócios sobre os efeitos do alcoolismo no ambiente de trabalho. Este estudo quantitativo, descritivo e transversal foi realizado por meio de questionários aplicados a 36 empresas dos setores de serviços e manufatura. Os principais achados revelaram que, embora o alcoolismo tenha sido considerado um problema pelas empresas investigadas, apenas 22% implementaram políticas de auxílio ao trabalhador alcoolista e apenas 8% possuíam políticas de prevenção ao alcoolismo. Dentro das empresas, os problemas associados comuns prevaletentes eram absentismo, atrasos e acidentes de trabalho. Como contribuição prática, este estudo identificou a importância de programas de prevenção relacionados ao uso de álcool no ambiente de trabalho.

**Palavras-chave:** Alcoolismo, Ambiente de trabalho, Gestores de negócios.

### Abstract

In this study, we assess business managers' perception of alcoholism effects in the working environment. This quantitative, descriptive and cross sectional study was conducted through questionnaires addressed to 36 companies in service and manufacturing industries. Main findings revealed that, although alcoholism was considered as a problem by investigated companies, only 22% implemented policies to help alcoholic workers, and only 8% had policies to prevent alcoholism. Within companies the common prevalent attendant issues were absenteeism, delays and workplace accidents. As practical contribution this study identified the importance of prevention programs related to alcohol use in working places.

**Key words:** Alcoholism, Working environment, Business managers.

## Introduction

The alarming rise in alcoholic beverage consumption in Brazil (Cibeira, Muller, Lazzaretti, Nader, & Caleffi 2013; Jomar, Abreu, & Griep, 2009; Garcia & Freitas, 2015; Munhoz et al., 2017), as well as in several other countries (Meloni & Laranjeira, 2004; Rozani & Furtado, 2010; Carmo et al., 2018), has led to concerns regarding its consequences in the workplace. In Brazil, the magnitude of the problem is reflected by the enactment of several legal measures, *e.g.*, the 'Dry Law' (Law No. 11,705/2008 – Brasil, 2008) addressing strict policies on drinking and driving, the prohibition of alcoholic beverage sales to minors (Law 13.106/15 – Brasil, 2015), and the promotion of responsible drinking, amongst others. Concerns about alcoholism — a chronic disorder, yet also a treatable disease — are due in large part to the increase in the compulsive and uncontrolled consumption of alcoholic beverage currently occurring in Brazilian society.

A previous study published estimated that, in Chile in 2013, 9.8% of deaths in individuals over 15 years of age were the result of excessive alcohol consumption (Gonzalo et al., 2014). Roughly, 1.5% of the Spanish workers aged >18 is deemed to suffer from alcoholism, one of the lowest rates in the European Union. However, the excessive consumption of alcoholic beverages represents one of the leading causes of death in the country, due to diseases and traffic or workplace accidents (García-Díaz, Fernández-Feito, Arias, & Lana 2015).

The Nigeria's alcohol-consumption-related issues, especially among its youth and women, is also a concern that imposes high costs on the country's national health system, that is still under development and with scarce resources (Nelson, 2018). Likewise, in Thailand, low-income families suffer more from problems related to alcohol consumption than wealthy families (Vichitkunakorn & Assanangkornchai, 2019). Accordingly, problems associated with excessive alcohol consumption are a major aggravating factor in underdeveloped countries, particularly among their more underprivileged citizens.

In the United States of America, for example, it is estimated that 14 million (1 in 13) adults are alcohol abusers or alcoholics (USOPM, n.d.). Estimative of the workplace costs of alcoholism and alcohol abuse (*e.g.*, absenteeism, accidents and on-the-job injuries) in the USA range between \$33 and \$68 billion per annum (US OPM, n.d.). According to the Global Report on Alcohol and Health, published by the World Health Organization (WHO) in 2014, the estimated total annual alcohol consumption in Brazil was 8.7 L per person, which is substantially higher than the world average of 6.2 L. However, according to the WHO's Report published in 2018, the alcohol per capita (15+) consumption (in liters of pure alcohol) increased to 6,5L.

The National Survey on Alcohol Consumption Patterns in the Brazilian Population carried out in 2007 by the National Anti-Drug Secretariat (SENAD) showed that Brazil's Southern region stands out with the highest percentage (36%) of frequent alcohol consumption compared to other regions of Brazil. Moreover, a study carried out in Southern Brazil in 2018, stated that the use of alcohol among the employees of rural companies was lower if compared to those of urban companies. This study identified that individuals adhering to a religion showed a lower prevalence of alcohol consumption than non-adherents (Jaeger, Mola, & Silveira, 2018).

Considered a disease since 1967 by the WHO, alcoholism is one of the world's most serious socioeconomic problems. Some studies point out that, although it is popularly associated with misconduct, personal and moral weakness, alcoholism is a disease that strongly interferes in work environment relationships, in addition to affecting personal, familial and social development (Donato & Zeitoune, 2006; Machado, 2014; Munhoz et al., 2017). This occurs because alcohol dependence not only involves physiological aspects, but also affects cognition and behavior, with consequences in various areas of the individual's life (Barros, Carvalho, Almeida, & Rodrigues 2009).

Although the motivations for alcohol consumption are personal, certain working conditions (*e.g.*, excessive workloads, extreme safety risks, work-related stress, wage and benefit discrepancies, difficulties in handling equipment, role conflicts, etc.) may promote or contribute to aggravate the problem (Seixas & Pereira, 2014; García-Díaz et al., 2015). Previous studies (U.G.T., 2011; Carmo et al., 2018) listed further work environment factors that may favor the initiation and maintenance of excessive alcohol consumption:

- (i) Increased supply or availability of alcoholic beverages;
  - (ii) Work meetings with large groups of people;
  - (iii) Easy and regular access to alcoholic beverages at work;
  - (iv) Work in which a special resistance to some physical or mental conditions is required;
- and
- (v) Work that requires a significant physical effort to carry out.

Moreover, to further contribute to the discussion, an integrative review presents similar workplace factors that can help initiate and maintain excessive alcohol consumption: a) socioeconomic status of the workplace; b) stress and exposure to risks at work; c) job insecurity; and d) length of the work period (Costa, Silva, & Silveira, 2016).

The consumption of alcoholic beverages is responsible in large part for the incidence of work accidents, absenteeism, low performance and productivity, loss of employment, and early retirement (Fonseca, 2007; Seixas & Pereira, 2014; Ahmad, Rahman, & Alagarajan, 2019; Junna, Moustgaard, & Martikainen 2020), and poor work discipline (Acselrad, 2012). Estimates place at 25% the proportion of the alcohol-abusing employee's salary lost by the employer through inefficiency, poor attendance, and increased use of medical benefits (Huneycutt & Wibker, 1989).

Despite the extent of the problem, less than 5% of Brazilian companies have any type of alcoholism prevention program, compared to near 90% in the United States, Canada, France and England (Conselho Regional de Medicina de São Paulo [CREMESP], 2020). In this regard, a WHO's report published in 2004 suggested that drug prevention must be undertaken from within the community. Accordingly, while companies can and should share in this responsibility, the creation of prevention programs for their employees must also involve the surrounding community. However, in some companies it is evident that the consumer leaves the comfort zone to gain knowledge provided by collaborative consumption (Ubal & Lazarin, 2019).

The programs creation aiming the prevention alcoholism within organizations tends to generate several benefits. Ferreira and Sartes (2015) highlighted a reduction in indiscipline and negligence usually resulting in heightened expenses, more delays and ultimately firings, along with an increase in productivity and quality of service. Although there is consensus on the negative aspects of alcoholism in the workplace, few such studies have been conducted in the Brazilian Southern context. Moreover, those studies which have tackled the subject, have, in general, placed the figure of the alcoholic at center stage, not relating business managers' perceptions regarding this problem.

The business manager has the relevant daily responsibility of assigning, monitoring, reviewing, and appraising work as well as on-the-job conduct. The manager's role is not to diagnose the nature of the alcohol problem, but to deal with performance or acts to solve problems. Additionally, many supervisors avoid confronting employees with alcohol problems for reasons ranging from insecurity about their own drinking habits, to the fear of falsely accusing someone — which is why any employee assessment should first be performance-based (Patton & Questell, 1986; Henriksson, 1992). The manager's role includes holding the employee accountable, arranging for referral of the employee to an Employee Assistance Program (EAP), and taking whatever disciplinary action is deemed necessary (USOPM, n.d.). Various employers and business groups have developed information leaflets on how to deal with alcoholism and drug addiction at workplace that are specifically targeted to managers (USOPM, n.d.; COMPDRUG Inc.,

2002; VCUHR, 2005). In the USA, managers are encouraged to inform themselves regarding alcohol abuse in general and more specifically treatment programs, through a number of national to municipal-level health organizations like the US National Clearinghouse for Alcohol and Drug Information (NCADI), the Center for Substance Abuse Prevention's (CSAP) Workplace Helpline and Drug Information, Treatment, and Referral Hotline, local hospital drug treatment programs and community mental health centers (COMPDRUG Inc., 2002). Trade associations and unions (COMPDRUG Inc., 2002), and even the local chamber of commerce (Maynard, 1997) may also provide services, referrals and information.

Similarly, in Brazil, the Secretariat for Policy on Drugs (SENAD), serves as a source of information and assistance to the alcoholic worker, and articulates a series of training programs. The Alcohol Health Information Center (CISA) and Brazil's Health Care System network (SUS) offer treatment and rehabilitation in Psychosocial Care Centers (CAPS) to alcohol and other drugs users. Seeking to fill the gap in knowledge regarding these matters which exists in Brazil, the present study's objective was to evaluate Brazil business managers' perception of alcoholism in the workplace and identify how they dealt or planned to deal with the issue in practice.

This paper is structured as follows. Beyond this introduction, we present a theoretical background where concepts are presented, followed by a research design section. Data is presented and discussed in the following section, and the paper ends with a concluding remarks section.

## **Theoretical Background**

### **Working environment and alcoholism**

Since the 1980s, workers' unionization movements and lawsuits have provided a great impetus to discussions of the relationship between alcoholism and work performance in Brazil (Acselrad et al., 2012). From then on, it was possible to alter the handling of an alcoholic worker, re-evaluate the policies on alcohol-consumption-based sanctioning of employees then commonly used to dispense with just cause in firing an individual. Companies now have programs for the prevention and treatment of alcoholism (Acselrad et al., 2012). Generally, the implementation costs of such programs in a corporate context assumes an effort to achieve a return on investment (Buriak & Ayars, 2019), taking into account economic and social issues related these organizations.

Practices aimed at preventing and reducing alcoholic beverage consumption in business organizations benefit not only the employee, but also the organization and society in general (Gjerde et al., 2010). The law project n. 83 (Brasil, 2015), approved by the Brazilian Senate, removes the possibility of dismissal in cases of alcoholism originally entrenched in the Consolidation of Labor Laws (Decree-Law 5.452/1943 – Brasil, 1943), except when the alcohol-dependent worker refuses to undergo medical or psychological treatment aimed at recovering from their illness.

In an interpersonal context, excessive alcohol consumption generates familial and financial problems, as well as engendering conflictual interpersonal relationships. The use of alcoholic beverages can also affect the safety of the workplace, as well as the risk of insomnia, mental illness and mood of workers (Pidd, Roche, & Duraisingam, 2019). In contrast, in the working environment, it is associated with accidents, absenteeism, low productivity, job loss, among other mishaps. About 40% of fatalities and 47% of accidents occurring in the industrial sector in the USA are associated with alcohol consumption and alcoholism (Ashe & Nealy, 2005). More recent studies indicate that, of 2 million work-related accidents cataloged in 1990 in Brazil, 43% were directly or indirectly related to alcoholism (Massoni, 2013). In investigating industry employees' use of alcoholic beverages, Schroeder and Hoch (2011) found clear evidence of the impact of alcohol consumption on the company's expenses and losses, particularly as a

result of high medical costs and the afflicted worker's shortened productive life (Buriak & Ayars, 2019). The decrease in productivity occurs gradually, and is initially manifested by difficulties in understanding instructions, increasing time to perform tasks, as well as the loss or damage of materials and equipment needed to perform the work (Gadelha, 2010; Roche et al., 2020). Consequently, organizations experience a reduction in the quality of the products and services offered, an increase in health expenses, particularly those involved in the treatment and rehabilitation of the alcoholic worker (Ortiz & Marziale, 2010).

Given employee alcoholism's repercussions in the working environment, the facts enumerated above support organizations' engagement in preventing alcoholism and aiding alcoholic workers to rehabilitate themselves. The workplace is an ideal environment for promoting programs and preventive practices seeking to reduce alcohol consumption, since individuals spend most of their time there (Ferreira & Sartes, 2015; Ames & Bennett, 2011; Ahmad, Rahman & Alagarajan, 2019). Given this perspective, the company's identification of the alcoholic worker, and the development of targeted practices offering the worker support within a healthy working environment, can help reduce the consumption of alcoholic beverages (Hermansson, Helander, Brandt, Huss, & Rönnerberg, 2010).

In this context, differences in the magnitude of alcohol consumption and abuse vary according to factors, such as working hours, activity and the hours of overtime performed within the company. In other words, the quality of employment and the working environment can be a determining factor for the consumption and abuse of substances such as alcohol (García-Díaz et al., 2015). This may justify the concern of some (usually small) organizations about the well-being of their employees, encouraging campaigns for the prevention and recovery of chemical dependence.

### **Motivations for alcohol consumption**

The alcohol consumption or other drugs is the result of the reciprocal influence of multiple variables, from hedonistic motivations to global macro-structural conflicts (Bernal, 2010; Zanelli, Calzaretta, García, Lipp, & Chambel, 2010). In the professional environment, alcohol has an important psychological and emotional function. The workers make use of drinks to relax (Donato & Zeitoune, 2006), to forget their worries, to eliminate anxiety (Álvarez, 2007) and to combat stress (Lopes, 2011; García-Díaz et al., 2015; Carmo et al.; 2018; Roche et al., 2020). In these situations, alcohol is a means of making work feasible (Fonseca, 2007). In addition, alcohol, from the point of view of most users, promotes interpersonal relationships (Filizola, Nascimento, Sougey, & Meira-Lima, 2008), with apparent positive effects on humor and trust, becoming a social facilitator at both the personal and group level, thereby reinforcing its consumption (Banister & Piacentini, 2006; Junqueira et al., 2017; Carmo et al., 2018).

Given the pharmacological effects of the substance in the organism, alcohol assumes different functions in the daily life of the worker (Barros et al., 2009). The characteristics of the working environment can be a propitious factor for the use of alcohol among workers (Chapman et al., 2020). It acts as a stimulant in tasks that require intense physical effort, a facilitator of relationships with colleagues and clients and a means of support for stressful situations (Seixas & Pereira, 2014). Likewise, the ease with which alcohol can be acquired and the lack of prevention and awareness programs about the risks of working under the influence of alcohol, are facilitators of consumption (Ortiz & Marziale, 2010; Roche et al., 2020). The influence of drinking friends, parties and celebrations, interpersonal conflicts, quarrels, and negative emotional states and the pleasure and satisfaction that drink can provide are also highlighted as motivators of alcohol consumption (Álvarez, 2007). In this sense, drinking is frequent in both rural and urban areas, is an activity practiced by both young and old, rich and poor, including professionals, civil servants and students (Nelson, 2018). This motivation to use alcohol can be even higher when individuals suffer from family, business, and economic stresses.

## Prevention of alcohol consumption

The consumption of alcoholic beverages is generally more frequent among younger workers. In addition to the risks to their physical health, young workers are amongst those most vulnerable to damage related to alcohol consumption. Combined with poor working conditions and the associated level of psychological suffering, alcohol can itself become a stress factor (Chapman et al., 2020). This is a very commonly identified factor, mainly in civil construction activities.

The prevention of alcohol consumption and alcohol-related issues, including alcoholism, begins with the prevention of alcohol use in adolescents (Barros et al., 2009; Seixas & Pereira, 2014; Machado, 2014). Considering that the workplace is where the employee spends most of his day, it reinforces the need for organizations to adopt alcoholism prevention practices (Ames & Bennet, 2011; Ferreira & Sartes, 2015, Roche et al., 2020). In addition, employee health being fundamental to the manufacturing process, the creation of intervention programs in participating business organizations is fundamental to the mitigation of alcohol abuse problems (Ames & Bennett, 2011; Munhoz et al., 2017). Similarly, a study published by Ashe and Nealy (2005) found that 84.2% of workers believe that substance abuse control policies are necessary, and 89.5% agree that tests to identify users of licit and illicit drugs should be implemented. The need for activities that promote a healthier lifestyle for workers, which would possibly help reduce alcohol consumption, was highlighted in a study by Roman and Blum (2002). In addition, timely interventions may, in addition to be a stimulus for behavioral changes, educate people on issues involving alcoholism (Ames & Bennett, 2011). The greater the knowledge about the negative effects of alcohol use and abuse, the lower the chances of users continuing to indulge in risky consumption patterns (Álvarez, 2007).

Alcohol use in most parts of the world is associated with many social and health problems (Nelson, 2018). Alcohol prevention programs have positive impacts on organizations, as they address not only employee well-being, but also public health (Osilla et al., 2010). In an experimental study, Ramsey et al. (2010) found that employees participating in intervention groups, compared to a control group which did not, presented a reduced frequency and quantity of alcohol consumption, as well as a decreased percentage of heavy drinking days. In another study, drastic reductions in the amount of drink ingested were observed after participants received individual feedback regarding their habits and behaviors (Matano et al, 2007).

Intervention and prevention programmes of abusive consumption of alcoholic beverages are, however, more the exception than the rule in business organizations (Ames & Bennett, 2011). Large organizations are more concerned with problems involving alcoholism than smaller ones and tend to be active and develop initiatives to reduce problems (Roman & Blum, 2005).

Therefore, this study sought to evaluate the perception of managers of service and industry companies regarding the reflexes of alcoholism in the workplace. The sectors of highest alcoholism prevalence within companies was investigated, along with the care (meaning treatment or attention) giving to the alcoholic worker and the prevalence of preventive or interventional programs in these working environments.

## Research design

A descriptive, exploratory and quantitative research approach was conducted aiming to assess business managers perceptions regarding to alcoholism in the workplace and ways of approaching the problem. The companies are located in Erechim (Brazil), a Southern municipality of roughly 100,000 inhabitants, characterized by an economy strongly based on the industrial sector, having one of the region's greatest density of companies.

We randomly sampled 50 companies from the service and manufacturing industries. Data collection was done through questionnaires sent to the managers by electronic means. The return rate of questionnaires was 72%, which corresponds to 36 companies, the majority being from the industrial sector.

The questionnaire consisted of 15 questions related to the company and the perceptions of the manager regarding the alcoholic worker within the organization. The instrument contained questions aimed at:

- (i) Verifying the existence of alcoholic workers and policies for prevention and provision of help to affected employees;
- (ii) Identifying the tasks that predisposed the employee to drink;
- (iii) Analyzing the manager's perception of the situation of the alcoholic employee;
- (iv) Identifying the company's department where the problem of alcoholism is most prevalent;
- (v) Characterizing the most common symptoms of the alcoholic worker;
- (vi) Listing the problems that this employee causes in the company; and
- (vii) Presenting the measures taken by the manager when identifying an alcoholic worker.

The data was submitted to descriptive statistical analysis using *CoStat* software (CoHort Software, 2003) and graphic synthesis with the *CoPlot* program (CoHort Software, 2003).

## Results and Discussion

Empirical data showed that the 36 managers surveyed were mostly males, married, and aged above 35 years old. The presence of alcoholics in the workplace is a recurrent problem observed by most of studied companies (Table 1). Of the 36 companies, 28 have or have had alcoholic employees ( $\chi^2(1) = 11,111$ ,  $p = .001$ ). Although all companies recognized alcoholism as a disease, 27 of them ( $\chi^2(1) = 9,00$ ,  $p < .001$ ) do not have any policy for helping alcoholic workers or preventing alcoholism. Only 3 companies, that have some policy of helping alcoholic workers or preventing alcoholism, reported having policies to prevent alcohol consumption and did not report having alcoholic employees in the present or in the past. They also pointed the need for greater attention to the alcoholism in the organization ( $n = 33$ ) ( $\chi^2(25,000)$ ,  $p < .001$ ).

Table 1

### Managers' responses regarding the company and the alcoholic worker

Items assessed by the manager	n	%
The company treats alcoholism as a disease	36	100.0
The company had or has alcoholic workers	28	77.8
The company has an aid policy for alcoholic workers	8	22.0
The company has policies to prevent alcohol consumption	3	8.0
Male alcoholic worker	31	86.1
The alcoholic worker can tarnish the image of the company	28	77.8
<b>Prevalence of alcoholic workers by company sector</b>		
• Manufacturing	30	91.0
• Administrative	1	3.0
• Other departments	2	6.0

Source: Primary data.

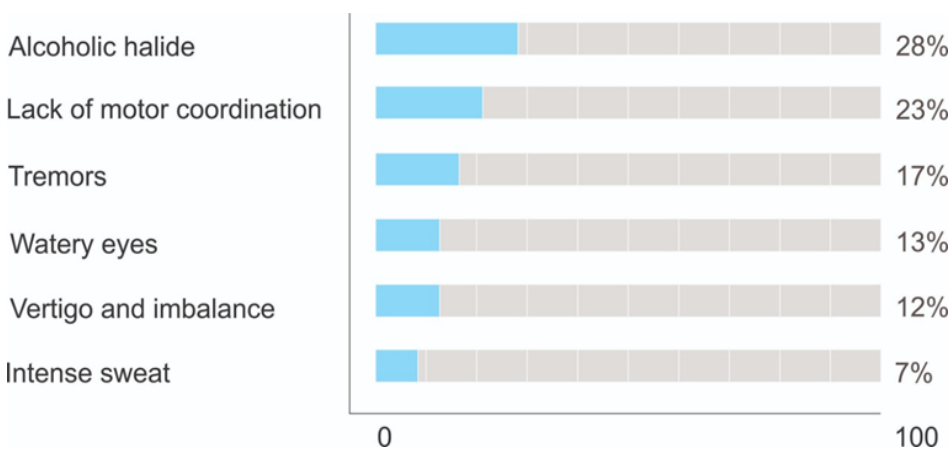
The main reasons why only few companies have policies to prevent alcoholism are resistance and costly actions. For example, Romam and Blum (2002) showed that there is some resistance on the part of companies to introducing prevention policies in the workplace because of concerns that these policies are impractical and expensive, or they are not aligned with organization's goals. However, Araújo et al.

(2012) advocated the need to pay greater attention to workers' health services, thereby helping to reduce the number of alcoholic workers through treatment and rehabilitation practices, as well as prevention and promotion of health in the workplace.

Most of the interviewed managers (n=34) do not believe that there is any work activity with predisposition to alcoholism ( $\chi^2(1) = 28,444, p<.001$ ). Controversially, most of managers reported that most workers are in the manufacturing department ( $\chi^2(1) = 68,886, p<.001$ ), and that the majority of alcoholic employees are male ( $\chi^2(1) = 25,485, p<.001$ ) (Table 1). These observations were corroborated by Rossato and Kirchhof (2004), who observed higher rates of alcoholism among employees with pre-determined mechanical activities. In the same vein, Ortiz and Marziale (2010), in a study with university workers, found that male workers in service areas had higher rates of alcohol consumption than those in administrative areas. With regard to other professions, rural workers, night-shift workers, bar and restaurant employees, professions requiring long journeys, and workers exposed to occupational hazards also presented a high prevalence of alcohol consumption (Mendes et al., 2011; Carrillo and Mauro, 2003).

Most managers (n=31) considered themselves apt to identify alcoholic workers ( $\chi^2(1) = 20,829, p<.001$ ). Among the most common (51%) symptoms observed by managers in alcoholic workers were alcoholic breath and lack of motor coordination (Figure 1). Other symptoms, such as tremors, sweating, dizziness and watery eyes were also observed.

Figure 1  
Symptoms most commonly observed in alcoholic workers by managers



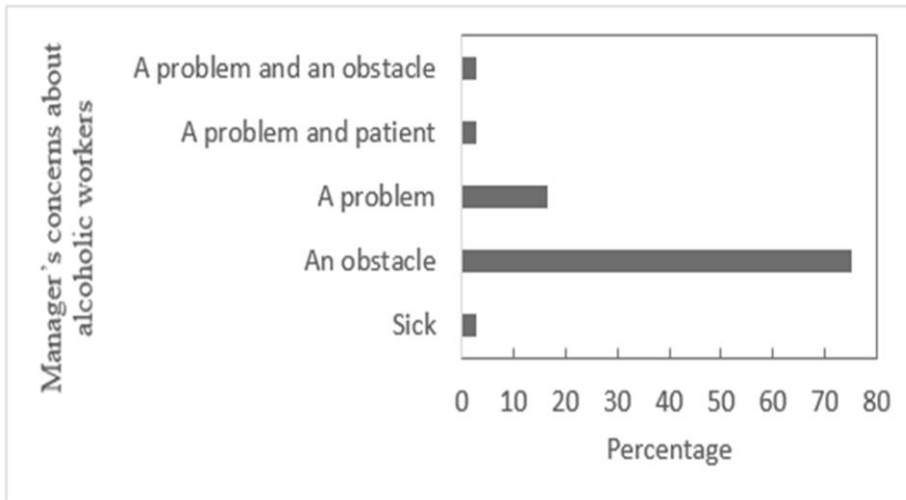
Source: Primary data.

The presence of alcoholic workers in the workplace has repercussions on the performance of companies and was seen by 75% of the managers ( $\chi^2(4) = 70.667, p<.001$ ) as another obstacle in the competitive business environment (Figure 2). Besides the alcoholic worker being considered an obstacle to the company, the managers also consider the alcoholic worker as a problem, as a patient, and as an obstacle which can cause harm to the organization. A total of 22 managers stated that alcoholism may have negative implications for the company's image ( $\chi^2(1) = 12,600, p<.001$ ), and 33 believed that organizations must pay more attention to alcoholism ( $\chi^2(1) = 25,000, p<.001$ ). A study by Ronzani and Furtado (2010) points out that although it is a disease, alcoholism involves a negative connotation, the problem being conceived of as something undesirable to deal with and, in this context, the alcoholic worker is seen and treated as such.



Figure 2

**How alcoholic worker is viewed by managers within working environment**



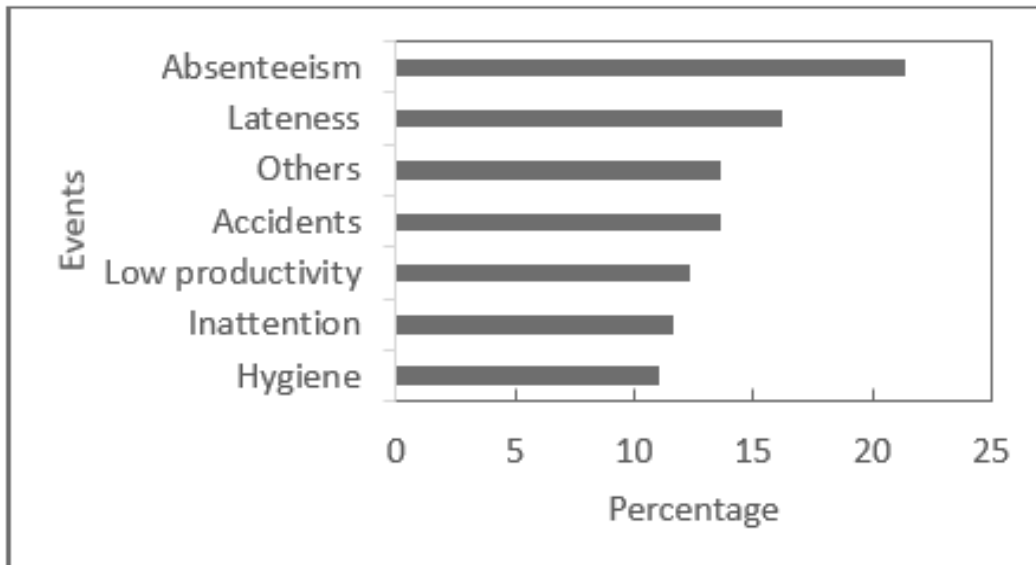
Source: Primary data.

The most frequent events associated with the occurrence of alcoholic workers in the workplace are absenteeism, delays and work accidents, which together accounting for approximately 50% of the observed events (Figure 3).

Attention is also drawn to events such as lack of hygiene and inattention at work, which together accounting for, approximately, 24%. Similarly, the study by Seixas and Pereira (2014) showed that alcoholism, in addition to increasing the risk of work-related accidents, impairs the worker's performance, causing frequent delays and a reduction in productive capacity. Another study showed that, in addition to issues related to delays and absences, alcoholics often present problems in interpersonal relationships, with colleagues and with the boss (Carrillo and Mauro, 2003).

Figure 3

**Events associated to the alcoholic worker according to managers' perception**



Source: Primary data.

In order to mitigate the detrimental effects on workers' health and their performance in the organization, managers recommend several approaches to reach alcohol-abusing employees (Table 2). Among these recommendations are workshops providing awareness of the health risks of alcohol consumption, greater interaction between workers and company leaders, and demonstrations of concern for the alcoholic worker. However, dismissal is the attitude most commonly adopted by managers.

A number of employers will still simply dismiss an employee with an alcoholic problem. Patton and Questell (1986), found that in 28% of cases, sales managers chose the dismissal as their preferred method of dealing with an employee with alcohol abuse. However, nowadays, in the USA, an employer/manager faced with an employee who is suspected or known to abuse alcohol will refer them to a confidential Employee Assistance Program (EAP), staffed with professional counselors and operating either in-house or under contract with outside agencies or EAP providers (USOMP, n.d.). Some companies have questioned the treatment and rehabilitation programs costs.

However, offering treatment rather than dismissing an individual can prove cost-efficient: in the 1990s the Chevron Corp. found that a drug-free workplace program which encouraged access to treatment, saved \$10 for every \$1 spent on treatment (Anonymous, 2004). While employees should see EAP as a caring constructive alternative to conventional discipline, it should not be used as an escape route for irresponsible drug users who clearly have no underlying personal problem (Henriksson, 1992). The provision of such assistance is also encouraged by the fact that in a legal sense alcoholism is considered a disease in the USA, so it falls under the Americans with Disabilities Act (ADA) which requires reasonable workplace accommodations for any long-term impairment (VCUHR, 2005). Similarly, the Vocational Rehabilitation Act (1973) prohibits employment discrimination (including firing), against handicapped workers, which legally extends to alcoholics (Patton and Questell, 1986).

In Brazil, there is still no legislation that addresses dismissal and establishes a temporary guarantee of employment to the alcoholic worker. The law project n. 83 (2012) filed in the Senate, provides that when habitual drunkenness is proved in the working environment and in a clinical setting, dismissal can only occur if the alcoholic worker refuses to undergo proper treatment. In addition, the National Policy on Drugs, established by Decree n. 4345, of August 26 (2002), provides a guarantee of treatment, recovery, social and occupational reintegration for chemical addicts.

The present results contrast with those of a study carried out by Cruz (2012) with Spanish organizations, in which dismissal or expulsion were the last measures adopted. This study also revealed that among the alternatives implemented to reduce the number of alcoholic employees, the suspension of the sale of alcoholic beverages on the company's premises, the analysis of an alcoholic employee's case without him/her being formally identified, and the use of random periodic blood/urine tests, were effective in reducing consumption rates. There are significant concerns about the excessive use of alcohol, as well as the lack of effective alcohol control policies (Nelson, 2018). On the other hand, for Ames and Bennett (2011), allying prevention policies with policies to aid the alcoholic worker can be more effective in that they cover a more extensive range of workers and reach potential problem drinkers. However, there is still a shortage of recent data to inform personalized prevention policies (Chapman et al., 2020).

Table 2

**Attitudes judged as appropriate and actually acted upon by managers and other workers' attitudes regarding alcoholic colleagues**

<b>Attitudes</b>	<b>n</b>	<b>%</b>
<b>Seen appropriate from a managers' perspective</b>		
Awareness	16	23.9
Company/worker interaction	14	20.9
Concern	14	20.9
Valorization of alcoholic worker	13	19.4
Social responsibility actions	10	14.9
<b>Really implemented by the managers</b>		
Suspension	14	35.9
Dismissal and treatment	23	59.0
Dismissal	2	5.1
<b>From co-workers to the alcoholic worker</b>		
Prejudice	11	26.8
Mockery	18	43.9
Humiliation	5	12.2
Others	7	17.1

Source: Primary data.

Alcoholic workers, in addition to social and family disorders caused by alcoholism, are recognized as often suffering from a depressive disorder (Vasilieva, Simutkin, Schastnyy, & Bokhan, 2020; Nenning et al., 2020), worsened by expressions of disapproval from colleagues in the workplace. According to managers, in more than 70% of cases alcoholic workers' colleagues are motivated to question their moral integrity, act in a prejudicious manner towards them, as well as humiliate them and subject them to other forms of bullying (Table 2). This pattern of behavior, where colleagues inflict a position of discredit and mistrust towards the alcoholic worker are nothing new, having already been noted in previous studies (e.g., Donato and Zeitoune, 2006). This reinforces the urgency of adopting policies and programs for the prevention, treatment and rehabilitation of alcoholic workers in organizations. This might to help to recognize alcoholism as a treatable illness and not as a deviation of character.

### Concluding remarks

The magnitude of the problems generated by alcoholism and the innumerable implications concerning the affected worker's personal and social life and his work performance are evident. The present study made it possible to confirm the fragility with which the issue of alcoholism is still treated in the organizational context, and the difficulties encountered by the companies in the region studied when identifying cases of alcoholic workers. The majority of the participating companies present or presented cases of alcoholic workers, confirming the significant proportion of employees suffering from this disease.

The most common symptoms observed by managers in alcoholic workers were alcoholic breath and lack of motor coordination. Lack of hygiene and inattention at work also proved noteworthy, representing about 24% of stated symptoms. The main reasons why few companies have alcoholism prevention policies are resistance by who employers and the cost of effective actions.

Absenteeism, delays, and accidents at work are among the most prevalent problems reported. While the prevalence of alcoholism is having been reported to be greater among male workers and those who work in production (vs. other) areas, of the 36 companies investigated in the present study, 34 of the interviewed managers did not believe that any work activity predisposed employees to alcoholism. Thirty-one of the managers believed themselves to able to identify alcoholic workers.

Although all companies recognize alcoholism as a disease with negative impacts on production, only 22% have policies to help alcoholics, and only 8% have policies to prevent alcoholism. In addition, for managers consider the presence of alcoholic workers in the workplace to present an obstacle in the competitive business environment. Three-quarters of managers perceived the presence of alcoholics in the work environment to adversely affect company performance, while 60% of managers stated that alcoholism could have a negative impact on the company's image.

The study points to the importance of adopting prevention and intervention practices to reduce the adverse effects of alcoholism in the workplace and promote improvements in the quality of life of the alcoholic worker. In addition, awareness policies that see to it that alcoholism is treated as a disease are needed.

We suggest future researches in other Brazilian regions to further confirm the present findings. Additionally, we recommend that business managers address alcohol consumption in their organizations, aiming for an addiction-free environment as a standard for productivity, health, and social responsibility.

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