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▶ Exploring productivity outcomes from a brief intervention for at-risk drinking in an employee assistance program.

Osilla K.C., dela Cruz E., Miles J.N.V. et al. Request reprint

Addictive Behaviors: 2010, 35, p. 194–200.

When counsellors at US occupational health centres incorporated a brief alcohol intervention for at-risk drinkers among their caseloads, this low-cost adaptation to their usual counselling provision led to increased productivity which saved employers $1200 per client.

Summary Brief intervention research has traditionally examined alcohol and drug use outcomes. It is unknown whether brief interventions can also impact on-the-job productivity. This exploratory study examines changes in workplace productivity and related costs for clients receiving a brief intervention for at-risk drinking in at one of five sites of a large corporation providing employers with employee assistance (or 'occupational health') programmes for employees in need of medical or psychological assistance. Participants were 44 of the 365 clients attending the programme for behavioural health concerns who screened positive for at-risk drinking. The 44 agreed to join the study, were assigned to brief intervention + usual care or usual care alone, and completed the three-month follow-up.

The brief intervention was delivered by the service's usual counsellors during the second of what was on average three counselling session. It consisted of personalised feedback on the client's drinking derived from their baseline assessment and delivered in a motivational interviewing style. Feedback included a comparison of their drinking with US norms, their typical and peak blood alcohol content, their expectations of what drinking would do for them, what for them were high-risk drinking situations, and the negative consequences of their drinking. A copy of the feedback, tips to maintain moderation, and a personalised blood alcohol content card were given to each client.

The employees' responses to a questionnaire were used to establish outcomes in terms of absenteeism and efficiency and performance while at work, which together indicated productivity. From these were estimated productivity losses to the employer and the

degree to which the interventions may have prevented these losses. Participants from both groups received the same amount of services and did not differ in the total number of sessions they attended, meaning that any productivity gains and resultant extra cost savings could be attributed to the intervention.

At follow-up, compared to the usual care group, the at-work productivity of brief intervention participants had improved substantially and to a statistically significant degree. They were also absent less often, but this difference was slight and not statistically significant. The authors speculated that absenteeism and its reduction may be visible only in more severely affected drinkers. The estimated extra cost saving from improved productivity for the brief intervention group was $1200 per client. Compared to these savings, the cost of implementing the intervention during routine counselling would have been negligible.

Because of its small sample size, limited generalisability, short follow up, and non-adherence to strict safeguards on finding false positive statistically significant differences, this study can only be considered to provide preliminary evidence of how alcohol-related brief interventions can impact worksite outcomes. It does however suggest that widely implementing brief interventions in standard employee assistance programmes may decrease the prevalence of alcohol use disorders in the worksite and improve broader outcomes such as worksite productivity.

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