



Young Hospitality Workers: A trial of a brief intervention

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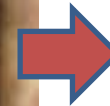
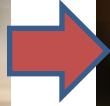
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Inebria Conference
Rome 19-20 September, 2013





Bravo

WORK STRESS







Bravo

IRREGULAR HOURS = CATCH UP



WORK SOCIAL NETWORKS



AVAILABILITY





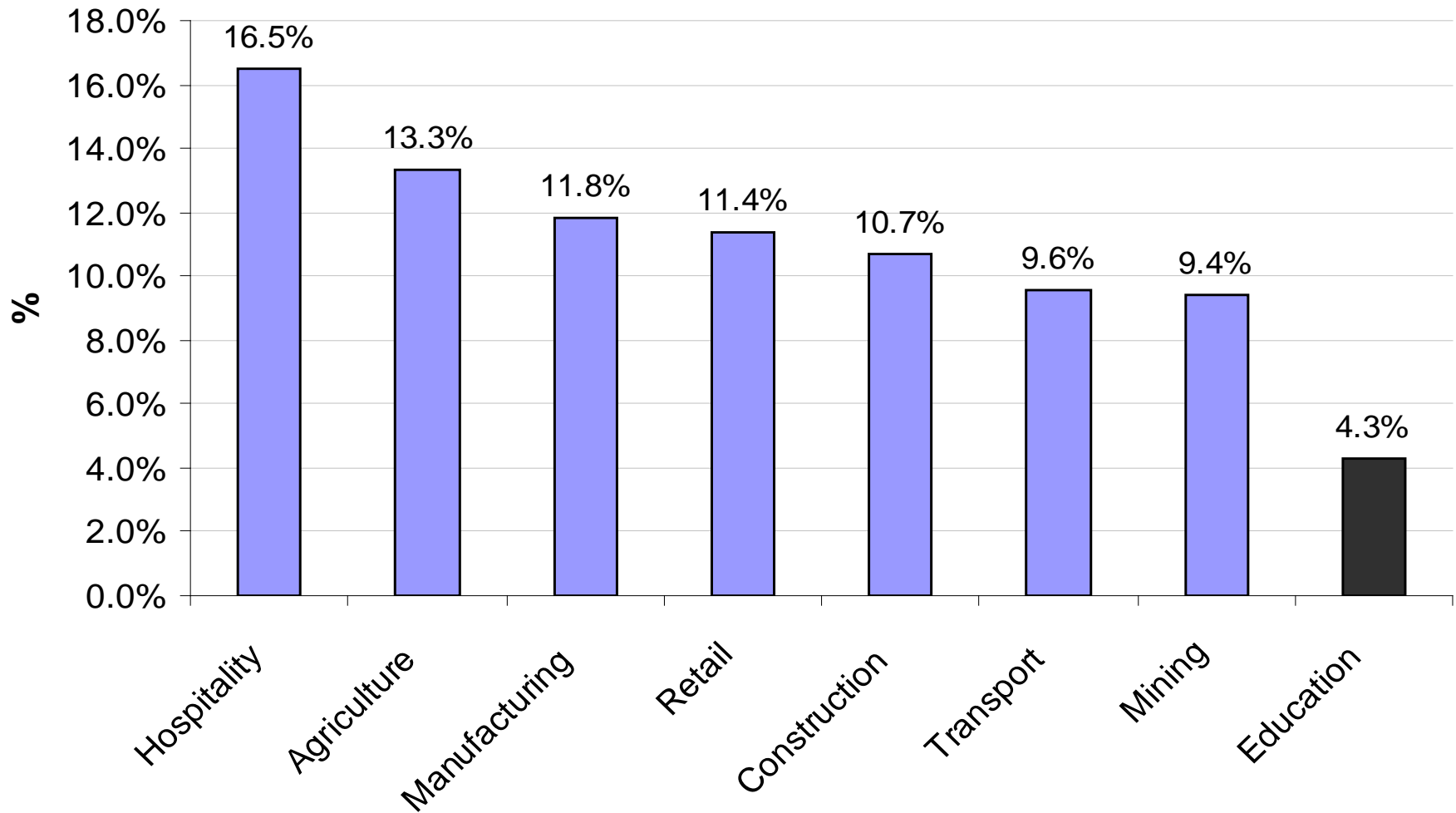


Multi-stage program of work

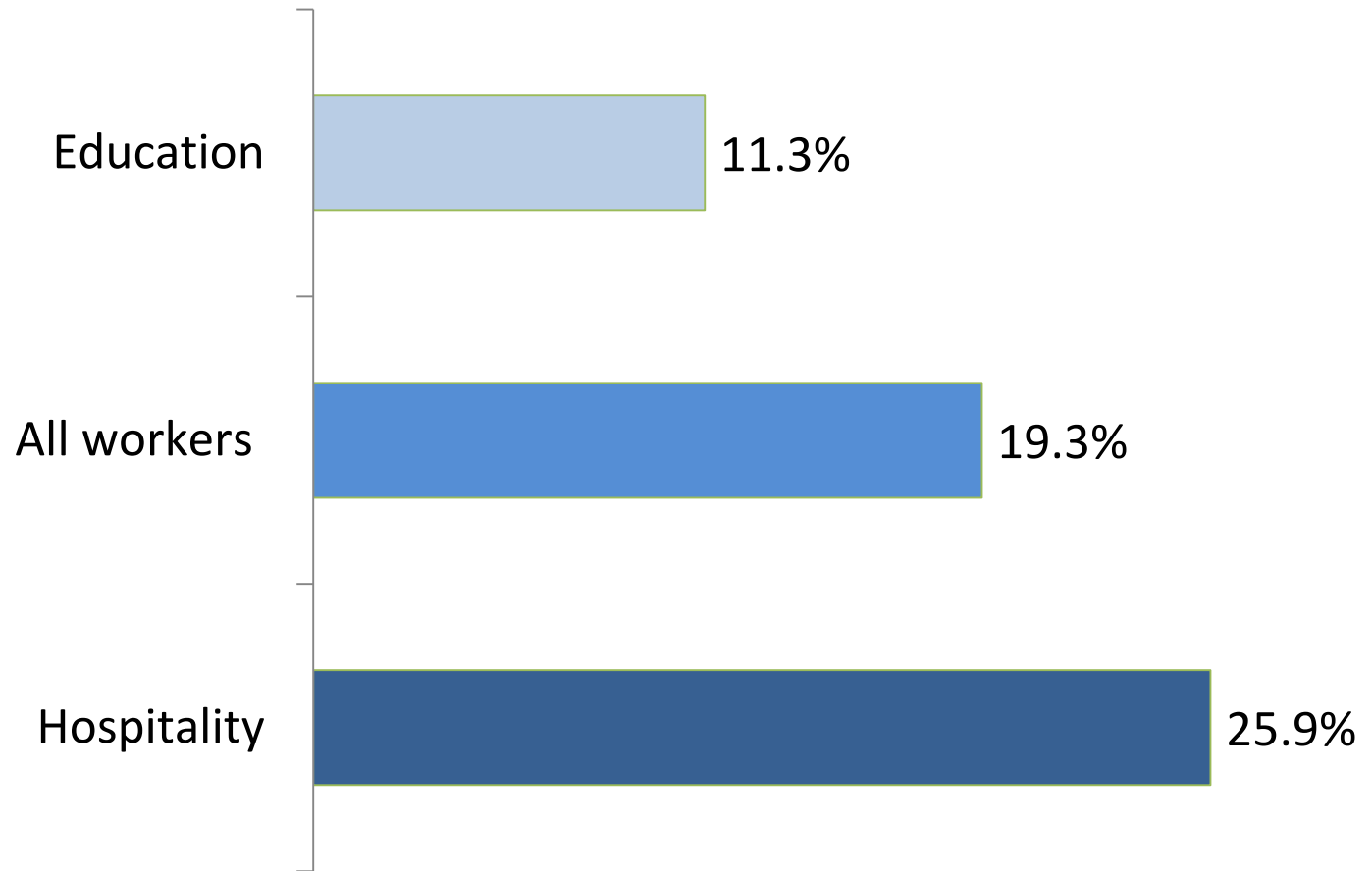
- National epidemiological data
- Qualitative studies: focus groups (n=69), key informants
- Intervention trial - pilot

Workers' alcohol use by industry

% drinking weekly (or more often) at risky & hi-risk levels

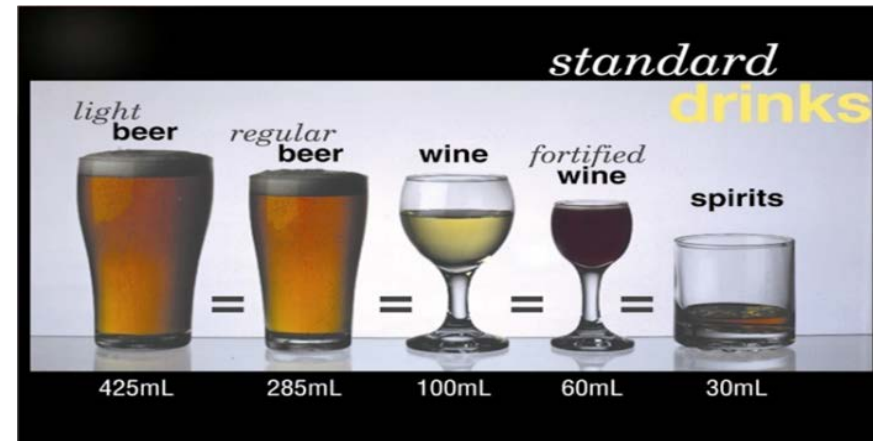


% of workers frequently drinking at heavy levels



Australian alcohol guidelines 2009

- Single occasion risk
 - > 4 std drinks (M or F) - any occasion
- Lifetime risk
 - > 2 std drinks (M or F) - daily average



**Why are alcohol & drug use rates
higher in hospitality compared
to other industries?**

Alcohol

- Drinking even small amounts of alcohol can lead to:
 - impaired judgment of speed and distance
 - hand-eye co-ordination
 - slow reaction times and judgement
- Larger amounts of alcohol affect muscle coordination, reflexes, vision and hearing
(http://www.youtube.com/watch?v=0Au_8GMUxVs)
- Alcohol can also produce a false sense of confidence in one's ability to perform tasks.

Hangovers

- Headaches, fatigue and nausea are characteristics of a hangover that can greatly reduce efficiency and levels of concentration.

Workplace Availability, Social Networks and Norms

ALCOHOL

Workplace social relationships play an important role in trainee drinking, drinking with co-workers:

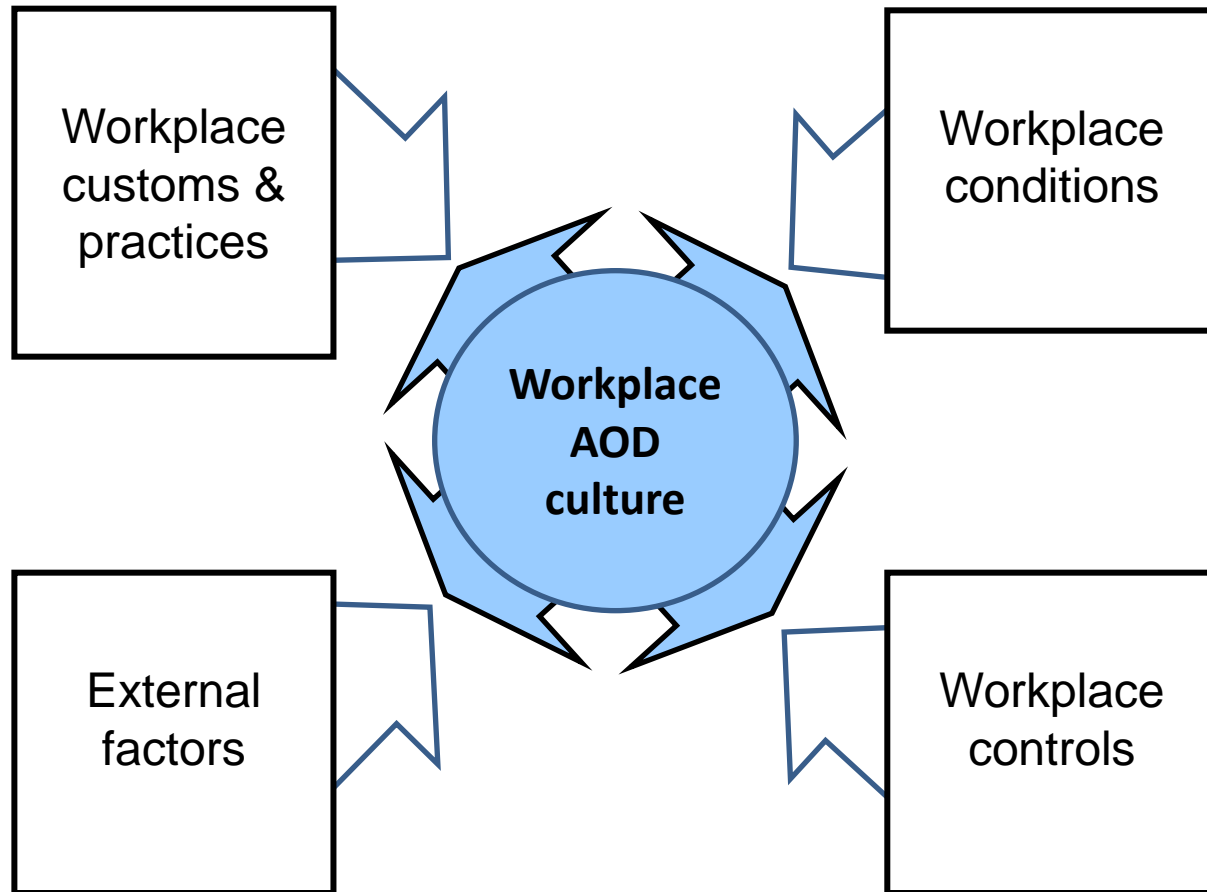
- seen as an important and relatively common form of social interaction
- often about forming and maintaining relationships with colleagues and supervisors.

Workplace Availability, Social Networks and Norms

For some trainees, the need to fit in with workplace social networks influenced alcohol use:

- *“It’s (alcohol and drugs) easy to get in the industry, everyone drinks and smokes, it’s more accepted”.*
- *“Having staffies after work is common and often we kick off to other places.”*
“It’s a lot to do with socialising. I don’t go out much, but when I do often the kitchen goes out together.”
- *“A lot of use has to do with interaction outside the kitchen. Like the other night, my head chef took me out. Not to get pissed, although we did, but just to talk crap with him. It’s just another form of social interaction outside the kitchen. Getting to know your peers, subordinates or boss more personally.”*
- *“I only stay and have staffies to fit in – I know they would not like it and talk about me if I didn’t stay because they have done it with others.”*

The relationship between the workplace & alcohol and drug use





Workplace norms & behaviours involving alcohol & drugs

Workplace customs & practices in hospitality

Risks:

- Ease of access
 - Licenced premises
 - Drugs on site
- Staffies/celebrations
- Regular use
- Expectations
(workplace/peers)

Protective factors

- AOD policies (big organisations)
- Group training support
- Family/peer support



Workplace Conditions:

- Work stress & alienation
- Hot & dusty conditions
- Dangerous or stressful work
- Boring or monotonous work
- Lack of control over work



Workplace Factors Associated with AOD Use

Long and irregular work hours contributed to trainee's alcohol and drug consumption patterns, and the commonly reported practice of 'catch up'.

- *“We finish around midnight all pumped up and work in the city, so what do we do? We go out for a drink.”*
- *“Catch up is pretty much finishing a double shift and meeting up with your friends at a night club or pub and they are already off their face – you drink quickly or take something to catch up.*

Work Stress and Use

Fast pace of service and work stress in general appeared to contribute to trainees' alcohol and drug consumption patterns.

Cannabis appeared to be a common strategy for coping in particular:

- *“Sometimes we drink at work, but mostly after work. You do it (drink) to try and unwind after the stress and adrenalin rush of service.”*
- *“Some people do use (cannabis) to be high at work, but dope use mainly happens after work, mainly to chill out after the stress. Dope helps you wind down.”*

How can a young workers' alcohol or drug use affect workplace safety?

- Regardless of a workers age, their alcohol and drug use can negatively affect workplace safety in a variety of ways.
- Young workers may be more at risk due to the effects of alcohol and drugs and their lack of knowledge and experience with these effects.

Negative workplace outcomes of alcohol or drug use

Worker's alcohol and drug use, whether it occurs outside of work or during work hours, is associated with a range of negative workplace outcomes.

These can include:

- accidents involving injury or death
- damage to equipment
- increased insurance costs
- bad publicity
- increased absenteeism
- lower levels of productivity
- staff turnover
- poor workplace relationships.

STRESS REDUCING BEHAVIOURS

- Establish priorities and stick to them.
- Give yourself time by yourself.
- Develop an enjoyable leisure pursuit.
- Take regular breaks.
- Take time in lieu and annual holidays consistently
- Share the load - at home and at work.
- Ask for support from colleagues.
- Plan to do one thing at a time.
- Prepare yourself to avoid situations.
- Eat nutritious food
- Exercise your body
- Practice relaxation, meditation
- Have enough sleep.
- Develop more self awareness.
- Don't set unrealistic goals or set impossible deadlines (e.g. be perfect, be indispensable. be liked by everyone).
- Be assertive - stand up for your rights, express your feelings.
- Talk slowly, listen more.
- Be prepared to change your mind.
- Cut down your intake of alcohol, nicotine or caffeine.
- Become more aware of 'early warning' signals from your body.
- Confront situations causing you concern
- Think/talk it out.

Objective:

- To assess the efficacy of an innovative brief intervention trial of risky drinking and associated psycho-social measures among Australian first year hospitality trainees.

Methods:

- The study comprised a block randomised controlled trial.
- N = 71 (Int=44, C=27)
- Baseline data (T1) was collected at the commencement of hospitality training from both control and intervention groups, prior to the administration of a brief intervention, and 5 months later at the end of the first term of training (T2).

The Intervention

- focused on strategies to address workplace social norms and pressures, resilience and coping strategies, alternative stress management techniques, assertiveness training and social support mechanisms.
- informed by a systematic review of the literature and a qualitative study involving focus groups with 69 second year trainees.
- 2 sessions, 1st two hours, 2nd one hour.

Module	Topic	Topic content
1	Stress management	<p>Recognising and dealing with workplace abuse and bullying</p> <p>Recognising the signs of stress</p> <p>Assessing your stress level and coping style</p> <p>Understanding and practicing stress management techniques</p>
	Workplace communication	<p>Understanding submissive, aggressive and assertive behaviour</p> <p>Verbal and non-verbal aspects of submissive, aggressive and assertive behaviour</p> <p>Understanding and practising 'I' statements</p>
2	Alcohol and drug related harm	<p>Recognising and dealing with workplace conditions associated with alcohol and drug use</p> <p>Recognising potential health, safety and career implications of risky alcohol and drug use</p> <p>Making decisions about cannabis and alcohol use</p>

Measures

- AUDIT-C
- Attitudes to alcohol/drug use at work
- K10
- Social support measures
- quality of life measures
- life satisfaction scales.

Results T1:

- 70% positive AUDIT-C score
- 28% used cannabis past 12 mths, 22% in past mnth
- 18% used amphetamines in past 12 mths, 8% in past mth
- 24% high/very high K10 scores
- Significant relationships between age, gender and psycho-social measures were found for risky drinkers.

Proportions of control and intervention group participants by alcohol and drug variables at T1 and T2.

***Sig diff <.05**

Variable	T1			T2		
	Control	Interven	All	Control	Interven	All
Drinking > than once a week	70.6%	53.8%	60.5%	52.9%	69.6%	62.5%
Usually drink more than 4 drinks	55.6%	36.0%	44.2%	61.1%*	25.1%*	40.5%
Drink ≥6 drinks at least weekly	27.8%	36.0%	32.6%	36.8%	36.0%	36.4%
Approve or ambivalent toward drinking at work	30.0%	33.3%	32.0%	25.0%	13.3%	18.0%
Cannabis use last 12 months	25.0%	33.3%	30.0%	40.0%	33.3%	30.0%
Cannabis use last month	20.0%	30.0%	22.0%	35.0%	26.7%	36.0%
Believe cannabis is harmless	25.0%	43.0%	36.0%	40.0%	36.7%	38.0%
Approve or ambivalent toward cannabis use at work	25.0%	33.3%*	26.0%	15.8%	9.9%*	12.2%
Amphetamine use last 12 months	15%	20.0%	18.0%	15.0%	16.7%	16.0%
Amphetamine use last month	5.0%	10.0%	8.0%	5.0%	6.7%	6.0%
Approve or ambivalent toward amphetamine use at work	25.0%	23.3%	24.0%	10.0%	6.6%	8.0%

Results T2

(Int=30. C=20: 30% attrition)

- The results of brief intervention indicated some changes in the desired direction.
- Sig decrease binge drinking in intervention group
- Sig increase in K10 ie psychological wellbeing
- Sig decrease in social support
- Sig decrease in approval of cannabis use at work

Means and standard deviations for continuous variables of interest for control and intervention group participants at T1 and T2.

Variable	T1		T2	
	Control	Intervention	Control	Intervention
Emotional support	M=4.14 SD=0.82	M=3.88 SD=0.83	M=3.64 SD=0.90	M=3.63 SD=0.95
Social interaction	M=4.34 SD=0.74	M=4.35 SD=0.85	M=3.92 SD=1.03	M=3.98 SD=0.88
Social support	M=4.26 SD=0.69	M=4.11 SD=0.78	M=3.78 SD=0.85	M=3.80 SD=0.85
AUDIT-C	M=5.65 SD=3.18	M=4.90 SD=3.24	M=5.45 SD=3.56	M=4.40 SD=3.19
K10	M=17.65 SD=6.51	M=18.53 SD=6.50	M=19.55 SD=8.97	M=16.90 SD=4.84
Life satisfaction	M=23.6 SD=6.60	M=24.10 SD=5.39	M=26.45 SD=6.37	M=23.10 SD=6.54
Quality of life	M=1.75 SD=0.64	M=1.7 SD=0.60	M=1.85 SD=0.59	M=1.87 SD=0.68

Significant differences in proportions of control and intervention group participants reporting improved communication and coping ability.

	Control group	Intervention group	Sig diff
Improved ability to talk with supervisor	35%	82.8%	$X^2=11.62 (1,49)$ $p=.001$
Improved ability to deal with stress	21.1%	70%	$X^2=12.45 (2,49)$ $p=.002$
Improved ability to cope with verbal abuse	15.8%	56.7%	$X^2=10.8 (1,49)$ $p=.005$

Implications

Findings indicate:

efficacy,

acceptability to students,

scope for wide scale implementation and the feasibility of sustained interventions of this type.

Understanding workplace risk

Problems of intoxication

- accidents and injury
- workplace safety
- worker morale
- violence
- drink driving
- productivity

Problems of regular use

- accumulated harm to health can often occur though the individual is apparently consuming relatively small amounts over time.
- financial difficulties due to cost
- implications for worker absenteeism, lateness, morale

Problems of dependence

- absenteeism, lateness
- poor worker morale
- costly drugs may have implications for workplace security and theft

Thank you

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