



Assessing workplace alcohol and drug risk

Employers are responsible for ensuring that, as far as reasonably practicable, workers and others are not exposed to work-related health and safety risks, including alcohol and drug use.

Workplaces can negatively impact workers' quality of life and contribute to stress, fatigue, and mental and physical pain. Some workplaces might use alcohol to reward workers and build team cohesion. Workers might use alcohol and drugs to help them socialise at team events and cope with work and life problems.

A risk assessment is required to understand your risk profile and proactively identify and respond to:

1. workplace factors that influence workers' alcohol and drug use
2. increased alcohol- and drug-related risk for workers involved in safety-sensitive work
3. workplace indicators that suggest workers' fitness for work may be impaired
4. workforce demographics that increase alcohol- and drug-related risk.

Workers' alcohol and drug use is an occupational health and safety issue when:

- workplace factors contribute to risky use
- it impairs a worker's ability to safely perform their duties
- broader workplace environments and relationships are harmed.

When do I complete a risk assessment?

A risk assessment informs the development of your workplace alcohol and drug policy. Complete it during the policy development stage to capture:

1. the likelihood of alcohol- and drug-related risk
2. the severity of harm that may result
3. practical responses (risk controls) to eliminate and/or reduce individual and organisational risk factors.

Safe Work Australia's guide: [How to determine what is reasonably practicable to meet a health and safety duty](#) provides advice about employers' health and safety duties.

Revisit your risk assessment when reviewing your policy's efficacy in reducing risk. It can provide valuable information about your baseline risk, risk controls in place, and progress achieved. Ineffective risk controls should be revised.



Potential risk assessment questions and responses are provided below. Adapt these to suit your organisation. Use the responses to identify risk areas and develop targeted alcohol and drug risk management strategies.

Step 1. Profile your workplace

Whether your workplace is high, medium, or low risk for alcohol and drug problems depends on your workforce demographics, working conditions, workers' attitudes to alcohol and/or drug use, and the availability of alcohol and drugs in the work environment.

Workforce demographics

Compile a snapshot of your workforce demographics to estimate the likelihood and severity of alcohol and drug-related risk in your workplace and identify at-risk work groups. Younger and mid-aged workers, men, tradies and shift workers, and safety-sensitive and time-pressured occupations are at greatest risk of alcohol and drug misuse.

Example questions	Response
1. What percentage of workers are male?	
2. What percentage of workers are aged under 30?	
3. What percentage of workers have family responsibilities?	
4. What percentage of workers are full-time, part-time, casual, or contract?	
5. What percentage of your workforce is involved in high-risk occupations?	

Alcohol and Drug Availability

Workplaces that have permissive attitudes toward alcohol and drug use and ready access to alcohol and drugs are at greater risk of alcohol and drug misuse; for instance, management/peer expectations to use alcohol or drugs to meet workplace goals or in social situations increases risk.

Example questions	Yes	No	Sometimes
1. Are alcohol and other drugs (including pharmaceuticals) available in your workplace?			
2. Are alcohol or other drugs (such as pharmaceuticals) available at your workplace appropriately stored/monitored to avoid misuse?			
3. Do you have workplace events which involve alcohol and/or other drugs?			
4. Do you reward worker performance with alcohol?			



Step 2. Assess your workplace risk

Working conditions

To establish the probability and degree of risk, regularly consult workers, including contractors and health and safety and union representatives, about the working conditions, tasks, systems and processes that can contribute to alcohol and drug use.

Work conditions that may contribute to poor physical, social, or mental health and increase alcohol and drug risk include:

- Shift work
- Extended/excessive hours
- Unrealistic performance targets and deadlines
- Isolated work locations and lack of access to clean water
- Hot/dusty conditions
- Low autonomy
- Over/under work
- Retrenchment/insecure employment
- Inadequate supervision
- Insufficient accountability
- Poor performance feedback and management processes
- Unclear career pathways
- Lack of, or inconsistent, performance standards
- Workplace bullying/harassment
- Heavy responsibility.

The more these conditions and factors exist in your workplace, the greater your work-related alcohol and drug risk.

Use your alcohol and drug strategy to respond to risk factors.

Factors that may contribute to injury severity include:

- Hazardous/dangerous work or high-risk jobs
- Poor quality equipment
- Poor workplace health and safety practices (e.g., not wearing safety equipment)
- Operating vehicles, tools, or heavy machinery
- Handling explosive or dangerous chemicals and materials.

Alcohol and drug use culture

Workplaces with a permissive attitude towards alcohol and drugs may have more workers with related risky behaviours and experience greater alcohol- and drug-related harm (e.g., lower productivity, higher absenteeism, more near misses).

Periodically surveying workers about their alcohol and drug use and attitudes, and reviewing recorded absences, injuries, accidents, and near misses, and workplace discussions about alcohol and drug use, including pharmaceutical medications, can help highlight problem areas.

Surveys do not have to be complex. Use the [ASSIST screening test questions](#) as a guide, or the sample questions below.



Example questions	Yes	No	Some times
1. Do you know your workers' drinking and/or drug-taking behaviours/attitudes?			
2. Do workers drink alcohol during work breaks (e.g., lunch)?			
3. Are there regular (e.g., once a week) after work drinks?			
4. Were any workers disciplined for alcohol- and drug-related behaviour during the previous three months?			
5. Were any workers injured (either at work or outside work) in the last three months?			
6. How many sick days have been taken over the last three months?			
7. Do sick days often coincide with weekends, beginning or end of rosters, or holiday periods?			

The effectiveness of your workplace alcohol and drug strategy can be impacted by unclear policies, low levels of alcohol and drug knowledge, lack of policy awareness, and/or inadequate training and enforcement. Such factors might render your alcohol and drug policy legally invalid in some instances.

Also check the following: If you answer 'no' to any of the questions below, revisit your workplace alcohol and drug policy and amend where appropriate to strengthen it.

Example questions	Yes	No
1. Do you have a workplace alcohol and drug policy?		
2. Can workers access a copy of the policy?		
3. Is the policy reviewed every 3-4 years?		
4. Are managers, supervisors, and team leaders trained in the implementation of the policy?		
5. Do all workers know the possible consequences of non-compliance?		
6. Do you have a Responsible Serving of Alcohol policy and guidelines for work-related functions?		



Alcohol and drug awareness

	Induction	Every 3-6 months	Every 6-12 months	Every 1-2 years	After a workplace incident	Never
1. How regularly is your alcohol and drug policy explained to workers?						
2. How often do managers/supervisory staff receive alcohol and drug education?						
3. How often do workers receive alcohol and drug education?						
4. Do managers/supervisory staff know where workers can receive alcohol and drug support?						
5. Do workers know where to receive alcohol and drug support, or refer their friends/co-workers?						

Step 3. Identify your alcohol and drug risk management actions

As with any risk management approach, your workplace response depends on your needs and resources. Implementing several complementary strategies is more effective in changing workplace attitudes and behaviours about alcohol, than a single approach.

Demonstrate your organisation's commitment to reducing alcohol- and drug-related risk by regularly:

1. training managers, supervisors, and team leaders to identify and respond appropriately to at-risk and vulnerable workers
2. speaking with workers about alcohol and drug harm and strategies to reduce harm
3. providing information about and access to treatment and counselling services
4. offering alternative working arrangements where needed
5. reminding workers about your alcohol and drug policy and their responsibilities
6. reviewing your alcohol and drug policy.

Risk management assessment process?

Use the risk management table to record:

1. workplace factors and conditions that might contribute to workers' alcohol and drug use and poor mental health in your workplace
2. harms that might occur if workers are intoxicated or hung over/coming down from alcohol or drug use.



Consider your workplace demographics, alcohol and drug availability, current alcohol and drug strategies (e.g., policy, education and awareness), and contributory or protective workplace factors to assess:

- likelihood of risk (e.g., increased alcohol and drug use, poor mental health, or other harms)
- severity of potential injury or damage to workers, others, equipment, productivity and/or organisational reputation.

Write down your existing controls, identify further possible controls, then indicate recommended controls to be implemented as part of your organisational alcohol and drug strategy. Consult your workforce about your organisational risk factors, potential harms, recommended control strategies during the strategy development stage ([Online Learning Topic 6: Communication Strategies](#) and [Toolbox Talk: Our Alcohol and Drug Policy: Consultation](#)).

Remember, you do not need to do everything on your possible control strategy list. You only need to do what is reasonably practical.

Sample Risk Management Table

Contributory factors (e.g., shift work/ business lunch)	Likelihood of risk (e.g., increased alcohol and drug use, poor mental health, or other harm)			Severity of potential injury/damage/etc			Existing control measures	Possible controls	Further controls recommended
	Low	Medium	High	Low	Medium	High			

Resources and handouts are available at <https://worklife.flinders.edu.au/external-site-resources>.

References are available at <https://worklife.flinders.edu.au/references>.