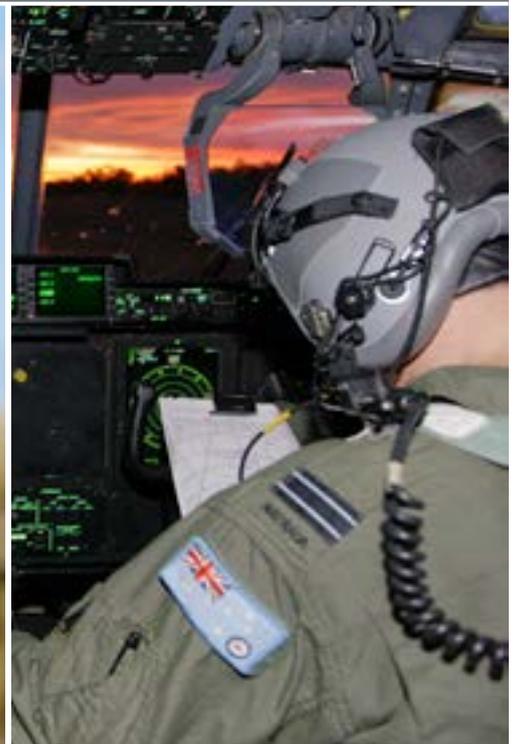




Australian Government
Department of Defence

ADF Leaders Guide to Alcohol Management

Australian Defence Force Alcohol Management Strategy (ADFAMS)



Acknowledgement

This Guide was developed by the Australian Drug Foundation in partnership with the Australian Defence Force as part of the ADFAMS Stage 2 Project 2013.

Australian Drug Foundation

Celebrating more than 50 years of service to the community, the Australian Drug Foundation is one of Australia's leading bodies committed to preventing alcohol and other drug problems in communities around the nation. The Foundation reaches millions of Australians in local communities through sporting clubs, workplaces, health care settings and schools, offering educational information, drug and alcohol prevention programs and advocating for strong and healthy communities.

Table of Contents

PART ONE: EVIDENCE TO SUPPORT ACTION	5
Purpose of the Leaders Guide	5
Definition of a Leader	5
The Role of ADF Leaders	6
ADF Alcohol Behaviour Expectations Statement (ABES)	6
What is Alcohol-Related Harm?	7
Figure 1: Adapted from Thorley's model of harm relating to intoxication, regular use and dependence	7
Risk of Harm	8
Workplace Risk and Protective Factors	8
Benefits of Reducing Alcohol-Related Harm in the ADF Workplace	9
PART TWO: TAKING ACTION	10
Taking Preventive Action to Reduce the Likelihood of Alcohol-Related Harm	10
Influencing the Setting	10
Influencing People	11
Influencing Context	11
Role Modelling Behaviour Consistent With ADF Values	12
Responding to Alcohol-Related Incidents and Workplace Management of Members Identified Through Health Screening Processes	12
Harm Associated with Drinking at Work	12
Alcohol-Related Harm at Work as a Result of Drinking Outside Work	13
Incidents Resulting from Drinking in the Community that might have Relevance for the ADF Workplace	13
Managing Intoxicated People	14
A Stepped Care Approach to Treatment	14
Return to the Workplace Following or During Treatment or Disciplinary Action	15
Additional Resources	16
References	17

Annex A

Leaders Guide Ready Reckoner	18
Table 1: Leaders Guide Ready Reckoner: Preventing alcohol-related harm	18
Table 2: Leaders Guide Ready Reckoner: Responding to alcohol-related incidents and workplace management of members identified through health screening processes	20

Annex B

Prevention Considerations For Senior Leaders	21
Table 3: Harm prevention considerations for senior leaders	21

Annex C

Decision Making Considerations For Responding to Alcohol-Related Incidents	22
Table 4: Decision making considerations for responding to alcohol-related incidents	22

Appendix 1**25**

Intervention Structure	25
Three Stages to Constructive Confrontation	25
Interview, Questioning and Engaging Skills	26

Appendix 2**28**

Physical effects of alcohol and indicators of potential problems	28
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PART ONE: EVIDENCE TO SUPPORT ACTION

Purpose of the Leaders Guide

Reduction in capability through harmful drinking is a cost to the ADF. Leadership is required to change attitudes and behaviour towards alcohol. The Leaders Guide has been developed based on research conducted with ADF members, and contains strategies specifically tailored for use in the ADF workplace. Through commissioning projects led by Professor Margaret Hamilton and the consortium group led by the Australian Drug Foundation, both of which involved teams of ADF members, the ADF has demonstrated it is committed to examine and improve the drinking culture of the organisation. The vital role of ADF leaders in addressing alcohol-related issues was highlighted in each of these projects. The leader is a pivotal role model to the unit, especially regarding standards of appropriate behaviour. Thus, values and behaviours – such as drinking expectations and norms – cascade down from the CO to junior leaders and on to individual members. Taking action to change the drinking culture of the ADF relies heavily on the participation of ADF leaders such as you, fulfilling your responsibility to step in to prevent, reduce and manage alcohol-related harm in the first instance.

Research conducted with ADF members in 2011 revealed that while our leaders recognised the problems attributable to risky alcohol consumption, they lacked confidence to intervene or take action across a range of settings. Reasons reported by ADF leaders for reluctance to take action included uncertainty about their role or authority in relation to taking action, both on and off base; lack of up to date knowledge about strategies to minimise risky drinking; and lack of knowledge about appropriate management of situations where alcohol-related harm is a concern.

The ADF Leaders Guide for Alcohol Management (Leaders Guide) has been produced to assist ADF leaders with decision making in relation to:

- Influencing occasions, locations and situations to prevent or reduce the likelihood of alcohol-related harm; and
- Responding to alcohol-related incidents affecting the ADF workplace.

The Leaders Guide is distributed throughout the ADF to members with supervisory responsibilities. ADF Leaders are expected and required to take reasonable precautions to identify workplace situations, methods or conditions that may contribute to alcohol-related harm, and to take appropriate action to prevent, reduce and manage instances of harm wherever and whenever they occur. Service specific Instructions for responding to alcohol-related incidents remain in place. Information in the Leaders Guide has been produced to supplement these Instructions and to provide standard, ADF wide guidance on good decision making process. The information provided in the Leaders Guide draws on sound, contemporary evidence relating to prevention and management of alcohol-related harm to support leaders to fulfil their responsibility.

The purpose of this Guide is to not only provide a detailed understanding of the responsibilities of leaders when managing alcohol but to also act as a quick reference tool. To simplify the use of this Guide, information contained in the body of this document has been duplicated and highlighted in the tables for a quick and easy reference.

Definition of a Leader

This Leaders Guide makes reference to responsibilities and expectations of leaders in how they behave and manage their personnel. In the context of this Guide, a leader includes all Commanding Officers, Commanders and supervisors at all levels.

There is an expectation that all leaders adhere to and enforce the Alcohol Behaviour Expectation Statement (page 6) endorsed by CDF. It is important that change is driven and leadership is taken from all levels of Defence when addressing the management and consumption of alcohol.

The Role of ADF Leaders

The ADF is engaged in a broad approach to effectively address prevention and reduction of alcohol-related costs and harms. All occasions, locations and situations of drinking by any or all ADF members must be considered in the appropriate management of alcohol. ADF leaders play a particularly important role in reducing alcohol-related costs and harm by shifting cultural patterns from established or entrenched adverse behaviours that have previously been tolerated. Our leaders contribute to 'setting the tone', by demonstrating through their actions what is and is not acceptable behaviour, and actively modelling leadership in relation to alcohol use.

ADF leaders who participate in and/or condone alcohol-related rituals, traditions and routines send conflicting messages about what is deemed acceptable when consuming alcohol. Stories about alcohol consumption provide a vehicle through which ADF members interpret what acceptable and desirable behaviour is. These stories in which alcohol plays a key role, such as tales of alcohol-fuelled exploits, further reinforces the attitude that encourages risky alcohol use, particularly if the stories are communicated or endorsed by ADF leaders.

All ADF members are expected to uphold particular standards of behaviour, and none more so than members in positions of leadership. As part of Defence wide approach to addressing alcohol-related risks, costs and harms in a holistic manner, ADF leaders are expected to take responsibility for the availability and provision of alcohol in those places, or to those people, within their area of responsibility. In addition, ADF leaders are expected to provide an appropriate environment that encourages members to seek help for alcohol problems, without fear of negative consequences, before an alcohol-related incident occurs. ADF leaders are not expected to engage in diagnosing alcohol use disorders, nor to provide treatment for alcohol use disorders. However they are expected to be aware of the content of the ADF alcohol policy, DI(G) PERS 15-1.

ADF Alcohol Behaviour Expectations Statement (ABES)

Alcohol is widely used and enjoyed by many Australians, including those who serve in the Australian Defence Force (ADF). It can be enjoyed while eating, socialising and relaxing. When used responsibly, it can help contribute to marking special occasions, building esprit de corps, and celebrating events and traditions.

This enjoyment is threatened when any Defence member drinks at levels likely to cause short or long term harm. Drinking in this way will be detrimental to a member's health and safety, and also impact negatively on behaviour; professional performance; work and personal relationships; unit morale; and the reputation of the ADF.

As an **organisation**, the ADF is committed to minimising alcohol-related harm in order to enhance operational capacity, reduce personal harm and minimise operational costs. We do this by providing education and information to our members about responsible alcohol use; managing the availability and supply of alcohol; providing support and treatment to those who require it; and monitoring and responding to alcohol-related incidents.

The ADF expects its **leaders**, at all levels, to contribute to shifting the negative alcohol-related cultural patterns which currently exist. This includes being a responsible role model, particularly with regard to standards of appropriate behaviour regarding alcohol. It involves ensuring your decisions about alcohol are made in the context of reducing the demand, supply and availability of alcohol and alcohol-related harms. It requires you to affirm and reinforce the expectations of this Behaviour Statement regularly with your sailors, soldiers and airmen and women, and manage unacceptable situations in a swift, consistent and appropriate manner.

When drinking – anywhere or at any time – the ADF expects **all individual members** to:

Be responsible: Drinking more than four standard drinks on any single occasion more than doubles the risk of injury and accidents in the following six hours, and this risk increases rapidly with each additional drink. It is possible to drink at a level that is less risky, while still having fun.

Be safe: Consuming alcohol will affect your concentration, physical co-ordination, alertness and judgement, which may leave you in situations where you feel unsafe or result in you taking risks you usually wouldn't take. If your drinking regularly puts your personal or workplace safety or the safety of others in jeopardy, you need to take steps to cut back.

Be respectful: Being affected by alcohol can impact your decision making and contribute to anti-social behaviour, violence and abuse. Respectful relationships are based on trust, honesty, fairness, and equality. Don't let alcohol have an effect on your respect for others or yourself.

BE RESPONSIBLE, BE SAFE, BE RESPECTFUL

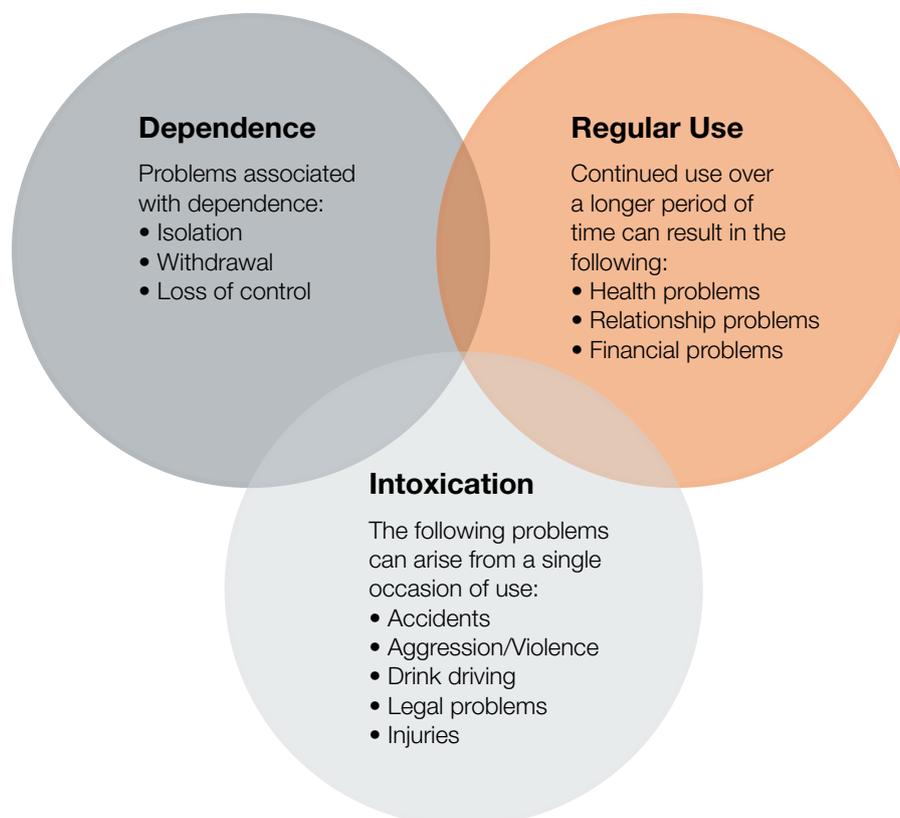
What is Alcohol-Related Harm?

The relationship between Australian society and alcohol is complex, with most Australians drinking alcohol while socialising, celebrating, relaxing and marking important occasions. Alcohol consumption by adults is a legal activity. However, risky alcohol consumption also contributes to a broad range of harms that are detrimental to not only the health and safety of individual ADF members, but which also impact negatively on behaviour, work and personal relationships, professional performance, and the morale, capacity, effectiveness and reputation of the ADF.

The Hamilton Review (2011) highlighted that much of the risk, cost and harm associated with alcohol in the ADF does not arise from the small number of members who are alcohol dependent, but rather from those who participate in occasional episodes of short-term risky drinking and associated risk behaviours. The report also found that those members who are regular, but not necessarily dependent drinkers, contribute to risk, cost and harm to a greater extent than those who are alcohol dependent. As a result, emphasis for actions and interventions must be shifted from a focus on individuals who are sometimes regarded as the 'few bad apples', to adopting a broader approach recognising the wider cultural context and reality of the place of alcohol in the ADF.

Thorley's model of alcohol-related harm illustrates the way in which different problems are related to different patterns of alcohol use. This model identifies the possible problems associated with dependence, regular use and intoxication and the overlap between these factors. While there may be some overlap between the type of use and associated harms, there are also many separate issues related to the different types of use. It is important to remember that the majority of people do not experience problems related to alcohol dependence. Most alcohol-related harm arises from intoxication (drinking at risky levels) or regular use (e.g. a few drinks every day).

Figure 1: Adapted from Thorley's model of harm relating to intoxication, regular use and dependence



Risk of Harm

The risk of harm increases with the amount of alcohol consumed:

- The risk of hospitalisation for alcohol-related injury increases with frequency of drinking.
- When drinking is frequent (i.e. nearly every day) the lifetime risk of hospitalisation for alcohol-related injury is approximately 1 in 10, even when only consuming two drinks (or fewer) on an occasion.
- Having four drinks on a single occasion more than doubles the relative risk of an injury in the six hours afterwards.
- The relative risk rises more rapidly above the level of four drinks on an occasion.
- The lifetime risk of hospitalisation from injury is about 1 in 10 for men and 1 in 12 for women who drink four drinks on an occasion about once a week. (NHMRC, 2009)

Workplace Risk and Protective Factors

Key to the rationale for addressing alcohol-related harm in the ADF workplace is the principle of workplace health and safety in accordance with the Work Health and Safety Act 2011 (Cth)(WHS Act). The evidence regarding work related alcohol use identifies a number of risk and protective factors that influence and encourage risky alcohol use. These factors may be internal or external to the workplace. Structural, physical and psychosocial aspects of the workplace can have a considerable impact on the workforce, and can influence the acceptability of work related alcohol use. Within any organisation there are factors that work to maintain, increase or reduce the likelihood of alcohol-related harm. For instance, there is sound evidence to suggest individuals who are engaged in shift work; hold excessive responsibility; have unrealistic performance targets or deadlines; and/or who spend nights away from home, are at greater risk of developing problem alcohol use behaviour (Commission on Occupational Safety and Health, 2008). Many of the established risk factors exist in the ADF workplace, or are related to the work of the ADF. The Hamilton Review (2011) examined many elements that contribute to the way in which alcohol is used across the ADF and identified the following focus areas to address:

- The time of recruitment and early training;
- Common situations of drinking (eg. Cadets' mess, officers' mess, dining-in nights) and specific situations of drinking (eg RAN at sea, alongside and ashore);
- Deployment including Preparation; Decompression; and Post Deployment;
- Safety or disciplinary matters/incidents where alcohol might be implicated; and
- Involvement with health (especially indicators of possible alcohol implicated impediments to health) and responses including the support services available/used by ADF members (and some consideration of family members).

The Hamilton Review (2011) and evidence determined from the research for the Alcohol Management Strategy revealed many factors that contribute to a potentially harmful drinking culture within the ADF as a workplace, some of which were attributable to the broader Australian community within which the ADF exists, and others that related specifically to the ADF. Factors relating specifically to the ADF workplace included:

- The age and gender profile of the ADF workforce;
- Early shaping of drinking behaviours among recruits;
- The use of alcohol in rituals and celebrations and in team bonding activities;
- The use of alcohol in response to the pressures, stress, trauma and grief associated with Defence activities, and/or the anticipation of this, especially among ADF members actively rotating through deployments;
- Relatively greater availability and affordability of alcohol within some Defence workplaces; and
- A culture that accepts and sometimes expects higher levels of alcohol use.

It is generally accepted that the relationship between work and alcohol use is complex and a combination of factors contribute to work related alcohol consumption. The way in which alcohol consumption is supported or discouraged by the workplace culture is a consequence of interaction between workplace stressors, controls and subcultures. Workplace culture shapes not only the drinking behaviours of individuals and social groups within the workplace, but extends to also influence the alcohol consumption of individuals and social groups external to the workplace. Workplace customs and practices, workplace conditions, workplace controls, and external factors on drinking behaviour have significant influence on drinking behaviour, and act as both risk and protective factors (Pidd & Roche, 2008).

Benefits of Reducing Alcohol-Related Harm in the ADF Workplace

The potential benefits of reducing alcohol-related harm in the ADF workplace are considerable. Reduction in capability through harmful drinking is a considerable cost to the ADF. It is clear that the impact of alcohol use can reach far beyond the individual drinker. Potential benefits of harm reduction include:

- A safer working environment with fewer accidents, injuries and fatalities
- Increased performance and improved capability
- Reduced absenteeism and presenteeism (people who are present at work but under performing as a result of alcohol-related reasons)
- Reduced operating, reputational and indirect costs
- Improved work relations and morale
- Improved health and wellbeing of members
- Improved community perception and organisational reputation
- Fewer incidents of inappropriate behaviour, assaults and sexual misconduct.

Hangovers, as a residual effect of alcohol consumption, may also have a negative impact on the ADF workplace. Hangovers, which are typically accompanied by symptoms of headache; nausea; diarrhoea; fatigue; shaking; poor appetite; or a poor general sense of wellbeing, have been found to generate potentially serious consequences, particularly in relation to productivity and workplace safety (Weise, Shlipak & Browner, 2000). In the ADF workplace, a member presenting to work while experiencing the symptoms of a hangover poses an intolerable hazard.

Alcohol use can result in an unacceptable level of risk, cost and harm in the ADF workplace, not just to the drinker but also to his or her colleagues. This has a flow on impact to the rest of the Australian community. Good quality prevention, reduction and management strategies for alcohol-related harm in the workplace aim to produce benefits across a broad range of financial, safety and health aspects of the ADF.

PART TWO: TAKING ACTION

Taking Preventive Action to Reduce the Likelihood of Alcohol-Related Harm

Preventing alcohol-related harm requires more than just conforming to policy. As an ADF leader, you are expected to actively strive to create and consistently maintain a work environment that reduces the likelihood of alcohol-related harm occurring. This section provides guidance on practical strategies to assist you to influence settings, people and context. Strategies are also provided to aid ADF leaders in role modelling behaviour relating to alcohol use. Not all of the points will be relevant to all settings, people or situations, and some may be beyond the influence of more junior leaders. Nevertheless, the precautionary principle applies to alcohol harm reduction, and the ADF requires every leader in the organisation to take deliberate action to reduce alcohol-related harm, within their level of influence. Personnel should refer to Defence programs and policies such as the hospitality management program, Alcohol Tobacco and Other Drugs (ATODS) Program and the Defence wide Bar Operating Model for further information and guidance in applying preventative measure to minimise alcohol-related harm.

Influencing the Setting¹

Evidence shows that individuals are more likely to make positive changes to their behaviour when the settings they live and work in support change. In order to influence settings to reduce alcohol-related harm:

- Supply of alcohol is in accordance with jurisdictional Responsible Service of Alcohol (RSA) policies and regulations, including ensuring serving staff are trained in RSA
- Alcohol should not be routinely available. Easily accessible alcohol is associated with increased consumption and harm.
 - » The availability of alcohol is to be the exception, rather than the norm.
 - » If alcohol is available, ensure there is a sound rationale for its availability and take reasonable steps to ensure the supply of alcohol is controlled.
 - » Consider the alcohol content of available beverages and limit availability of beverages with high alcohol content.
- Where alcohol is available, ensure a range of non-alcoholic alternatives are more easily accessible than alcohol, and their availability is widely promoted. Water is to be made freely available in all settings where alcohol is available.
- Wherever alcohol is available, ensure food is also made available.
- Ensure clearly communicated messages about low risk alcohol consumption are visible in the setting.
- Ensure there is no material promoting risky use of alcohol (this includes 'happy hour' activities, extreme discounts, free drink promotions, 'two for one' deals, 'all you can drink' promotions).
- No alcohol marketing or promotional material is to be displayed in the ADF workplace.
- Organise alternative activities or venues that either don't involve alcohol, or where alcohol consumption is not the primary focus.
- Establish a list of recommended or preferred venues for work functions, with venues selected based on principles of low risk drinking practices. For example, consider venues in which the sale of alcohol is not a primary service, and venues where drinks are not 'topped up' by waiters.
- Encourage engagement in interactive social events that do not involve alcohol (e.g. sports competitions, fitness challenges, movies or concerts).
- Actively implement harm reduction measures at the local level.
- Consider implementing an emergency taxi fare program, engagement in local Accords with licenced premises, etc.
- Be aware of any recurring reports of alcohol-related harm at particular venues. If a local community venue is engaging in risky practices, meet with the licensee and remind them of their responsibility to comply with safe practices. If assurances cannot be gained, the venue can be ruled 'off limits' to ADF members in accordance with DI(G) PERS 30-1, Policy for placing civilian premises out of bounds or off limits.
- Organise for alcohol health promotion material and self-help information to be made available in the workplace. Ensure materials are easily accessible in common areas (such as waiting areas, lunch rooms) and also in locations where members have some level of privacy (such as change rooms).

¹ Upon the acceptance of the ADFAMS Stage 2 Hospitality Management Program, that information should be included to provide guidance on how to 'Influence the Setting'.

Influencing People

As a leader in the ADF, you have considerable influence over members under your leadership. In order to influence people to reduce alcohol-related harm:

- Actively remind members of the ABES in relation to alcohol use prior to events, situations or arrival in locations where alcohol-related harm is more likely. The ABES applies to all members, at all times. This includes alcohol consumption that occurs on ADF sites, at ADF events off site, and non ADF events in the community (whether on private or licenced premises).
- No alcohol is supplied to people who are intoxicated.
- Consider the needs of members under 18 years and non-drinkers, and routinely discuss issues such as peer and cultural pressure to consume alcohol.
 - » Supply of alcohol to members or others under the age of 18 is illegal.
 - » If there is evidence of pressure on any individual to consume alcohol, actively intervene to remind all members that this is contrary to ADF expectations in relation to alcohol use.
- Promote 'planning'. Encourage members to actively plan to reduce risk (i.e. designated drivers, organising cabs, having an agreed meeting place at the end of the night, deliberately avoiding people or places where the risks are known to be greater, keeping an eye on each other, etc)
- Encourage regular Officer and NCO training throughout the year, in addition to the mandatory training to build confidence to take action. Training could include attendance and participation in cultural reform activities during stand down days and inclusion in promotion/leadership courses. Training activities should incorporate skills development activities designed to empower Officers and NCO's to take action in relation to alcohol (e.g. dealing with difficult people; negotiating with confidence, etc)
- Respond sensitively to any request for help, refer on but do not take on the counselling role.

Influencing Context

Having a positive influence on the cultural context of alcohol in the ADF is part of your leadership responsibility. In order to influence context:

- Supply of alcohol is in accordance with jurisdictional Responsible Service of Alcohol (RSA) policies and regulations, including ensuring serving staff are trained in RSA
- Do not engage in, and step in to put a stop to, activities where alcohol is the primary focus that promotes the excessive use of alcohol. Examples of alcohol-related rituals include the expectation that a new unit member will provide a carton of beer on their first day; or that a member appearing in the newspaper or other media will purchase a carton of beer for the other members of the unit.
- Do not allow promotion of games or competitions, etc, that promote risky drinking, heavily discounted alcohol or promotion of the availability of alcohol at events. This includes 'happy hour' activities, extreme discounts, free drink promotions, 'two for one' deals, 'all you can drink' promotions. The rate of consumption in a given period can greatly affect whether an individual becomes intoxicated.
- Ensure each person is aware and familiar with the ABES. Discuss with your staff the purpose, principles and responsibilities arising from ADF expectations relating to alcohol use.
- Be attentive, observe the behaviour of members to ensure adherence with ADF expectations relating to alcohol use. Step in to reduce alcohol-related harm where you see it and require your subordinates to do the same.
- Alcohol is not to be provided as an award, reward or as payment in kind in any circumstance (e.g. as a prize, gift, or expression of appreciation).
 - » Recognise and reward individuals or teams with alternative options, such as gift vouchers, certificates of recognition, or other entitlements.
 - » Promote engagement and reward individuals and teams through team lunches or morning /afternoon teas, rather than 'drinks'.
- Address any concerns or issues proactively. Provide support to members where appropriate.

- Routinely integrate information about prevention of alcohol-related harm into other discussions.
- Planning is a key element in ensuring any event is a success.
 - » Conduct a risk assessment to identify potential issues in relation to alcohol.
 - » Think about who will be attending an event, how many people are likely to be there, organise food and drinks for the occasion.
 - » Limit the amount of alcohol available, and ensure non-alcoholic and low alcohol drinks are readily available.
 - » Establish definite start and finish times for the event.
- Workplaces with a strong safety culture, where there is a sound supervision process and where workers 'look after their mates' have a lower risk of harm. Encourage activities that build and strengthen such a culture.

Role Modelling Behaviour Consistent With ADF Values

ADF leaders are expected to act as positive role models, not only to other ADF members, but also to the broader Australian community. Fulfilling this expectation requires you to prevent harm, through reducing the supply of and demand for alcohol, and also to reduce alcohol-related harm that may occur in relation to incidents affecting the ADF workplace.

Other considerations include:

- Know and understand the ADF expectations for behaviour relating to alcohol, and be prepared to explain and promote the ABES to all members.
- Reflect on, and critically examine, your own alcohol consumption, particularly where observed by other ADF members. What does this say about you, as an ADF leader? What does it say about ADF values and beliefs in relation to alcohol use?
- Actively support the maintenance of standards of behaviour and the professional image of the ADF, by all members, at all times.

Responding to Alcohol-Related Incidents and Workplace Management of Members Identified Through Health Screening Processes

This section provides guidance on practical strategies for ADF leaders, to assist you to appropriately respond to alcohol-related incidents. An alcohol-related incident is defined as any incident where alcohol is involved directly or indirectly. Alcohol-related incidents that may impact on the ADF and its members include situations of drinking on and off base, within and outside of working hours. The ADF has a clearly articulated expectation that every leader in the organisation will take an appropriate level of action to respond to alcohol-related incidents, within their level of responsibility and in accordance with the ADF alcohol policy, DI(G) 15-1. Leaders are expected to take swift action against those not drinking responsibly, those involved in alcohol-related incidents, or those leaders who fail to lead by example or take appropriate action where Service values are not being adhered to in relation to alcohol use. Service specific requirements for responding to alcohol-related incidents are set out in the various Service Instructions relating to management of alcohol and personnel are advised to consult these Instructions for guidance.

Professional support in responding to alcohol-related incidents is provided by ATODS Coordinators as part of Regional Mental Health Teams (RHMTs), and ADF medical and psychology officers. Peer advice and other options also operate within the RAN Alcohol and Other Drug Program. Information within the Leaders Guide has been produced to provide standard, ADF wide guidance on responding to alcohol-related incidents.

Harm Associated with Drinking at Work

- Is urgent medical attention required? Take necessary measures to ensure health, safety and security of people and environment in the first instance.
 - » Ensure people who are intoxicated are assisted to get home or a place of safety
 - » If people are heavily intoxicated, do not leave them alone

- The following should be considered when approaching a person who appears to be affected by alcohol:
 - » Care needs to be taken when making this kind of judgement in case the person is ill or injured, taking prescribed medications or in some other form of distress, which may account for their behaviour.
 - » When approaching an affected person it can be more effective and less confronting to talk in terms of their approach to safety and general work performance, rather than challenge their alcohol use.
 - » Should the initial contact produce a negative or hostile response, reassess the situation and determine the risk of possible injury or security threat due to the member's behaviour.
 - » Members are to be provided with the opportunity to seek help and assistance.
- If the member is not obviously intoxicated, commence intervention (Appendix A). Commencement of intervention is inappropriate if the member is displaying signs of intoxication (i.e. the member's speech, balance, coordination or behaviour is noticeably affected) and it is reasonable to believe that this behaviour is a result of consumption of alcohol. All personnel displaying signs of intoxication are to be referred for assessment by a medical professional to ascertain if their behaviour is as a result of excessive alcohol consumption or another medical issue.
- Maintain confidentiality, but keep a record of events, actions and communications relevant to the incident. Note any witnesses to the incident.
- Initiate disciplinary or administrative action in accordance with Service Instructions
- Consider how the management of this incident will be viewed by other Unit members. The way in which incidents are managed contributes to the creation and maintenance of a low risk drinking culture. In responding to every incident, consider that the culture the ADF is striving to achieve and how you will contribute to achieving such a culture.
 - » Are equity and consistency evident in decision making?
 - » Tolerance for bad behaviour while intoxicated is often higher than tolerance for such behaviour without alcohol. Do not allow alcohol to be used to 'excuse' bad behaviour.
 - » Are the factors that have informed decision making transparent?
 - » What does the way in which this incident was managed say about the real values and beliefs of the ADF?

Alcohol-Related Harm at Work as a Result of Drinking Outside Work

In addition to the considerations listed above for 'Harms Associated with Drinking at Work', the following items should also be taken into account when managing alcohol-related harm as a result of drinking outside of work.

- Intoxication and the residual effects of alcohol (hangover) both present a risk to workplace health and safety, and have a negative effect on capability and functioning. Take necessary measures to ensure health, safety and security of people and environment in the first instance.
- Drinking outside work may negatively affect team morale and cohesion, as disputes or tensions amongst team members under the influence of alcohol are aggravated. Consider whether other members have been affected by this incident, and what appropriate measures may be necessary to promptly remedy any friction or ruptures in the team.

Incidents Resulting from Drinking in the Community that might have Relevance for the ADF Workplace

- Have allegations of possible criminal actions (e.g. violence/assault; vandalism; motor vehicle offences, including PCA offences) been properly reported to appropriate authorities?
 - » What are the possible consequences arising from possible criminal actions (i.e. member under arrest).
 - » Is there any action required by the ADF in relation to this matter?
- Assess potential impact of this incident on ADF reputation.
 - » Has the incident resulted in any damage to people, animals, environment or property?
 - » Have community members been intimidated, threatened, or put in fear as a result of the incident?
 - » What measures need to be taken to rectify damage and address community concerns?
 - » Note the details (names, position/title, address (including email address), phone number, etc) of community points of contact.

- Consider social media and telecommunications issues IAW DI(G) ADMIN 08-2, The Use of Social Media by Defence Personnel.
 - » Was the incident recorded (in video, audio, or text format)?
 - » Has unacceptable or inappropriate material been distributed via social media or telecommunications channels (e.g. Facebook, Twitter, YouTube, Flickr)? There is no such thing as a 'private' social media site, regardless of the privacy settings. Posting information on-line is no different from publishing in a newspaper. If a member makes any comment about the ADF, or engages in activity that reflects on the ADF, on a social media site they are making a public comment.
 - » Take action to ensure there is no irresponsible representation of the ADF and its members, material that is offensive, may cause embarrassment or bring the organisation into disrepute.
 - » Do not allow or facilitate the destruction of potential evidence that may be the subject of any action in relation to the incident.
- Be aware of any recurring reports of alcohol-related harm at particular venues. If a local community venue is engaging in risky practices, meet with the licensee and remind them of their responsibility to comply with safe practices. If assurances cannot be gained, the venue can be ruled 'off limits' to ADF members.

Managing Intoxicated People

When dealing with intoxicated people it is important that the emphasis is on feedback about observed behaviours that have caused concern at the workplace. Take necessary measures to ensure health, safety and security of people and environment in the first instance. Making 'accusations' of intoxication should be avoided. It is not possible to clearly identify if a person is intoxicated purely on observation and therefore should be assessed by a medical professional. After this assessment consideration for administrative or disciplinary action should be taken in accordance Single Service Instruction.

When dealing with apparently intoxicated members:

- Avoid using accusatory terms such as 'You're drunk';
- Be brief, firm and calm. Use their name. If necessary, repeat your message, such as 'I am instructing you to stop work for the day. Arrangements will be made for you to go home';
- Do not argue or debate, simply repeat your message; and
- Make arrangements to ensure they get to a place of safety.

If the apparently intoxicated member refuses to cooperate, possible steps to implement include:

- Contacting ADF police or security personnel to assist
- Seeking medical advice and support
- Assessing risks; and
- Either evacuating all surrounding people at risk from the location of the intoxicated member; or
- Isolating the member.

If the member is aggressive or their behaviour appears unpredictable, more than one person should be involved in the initial approach, which should be quietly assertive, not aggressive, argumentative or threatening.

A Stepped Care Approach to Treatment

Treatment for alcohol-related problems in the ADF is conducted through Garrison Health and follows a stepped care approach. A stepped care approach involves beginning with the interventions and treatment methods that are the least intensive but that are also likely to be effective. For instance, less severe problems related to alcohol use may respond well to interventions, while more severe dependence might require more intensive interventions.

After a period of monitoring the interventions are either 'stepped up' or 'stepped down' in intensity depending on the needs of the member. In accordance with the ADF alcohol policy DI(G) PERS 15-1, administrative action may be initiated against members who do not respond to or refuse treatment for alcohol. Use of a stepped care approach provides greater efficiency in the management of available ADF treatment resources, and allows flexibility in incorporating new evidence directly into practice as it becomes available.

Return to the Workplace Following or During Treatment or Disciplinary Action

Returning to work after or during alcohol treatment or disciplinary action can be stressful. You can help reduce this stress by assuring the member that you will maintain confidentiality and by carrying on with business as usual providing all workplace health and safety requirements are met. For a member undergoing treatment, the member's fitness for work will be assessed by the treating clinician. If you are in a supervisory role, it is important that you understand what the member needs as well as what the ADF expects of you in this situation. You can assist the member by supporting them to resolve any performance problems, but you must also ensure that ADF expectations in relation to work performance are met.

Leaders should consult regional mental health teams and work in collaboration with Garrison Health to develop a 'return to work' or 'aftercare' plan to support their member's needs after treatment. These plans will assist both the member and Command to understand the limitations and expectations of work performance.

In addition, aftercare support is an important part of treatment. Aftercare refers to contact with a clinician or service immediately following intensive treatment and has the goal of maintaining treatment goals. A member's aftercare plan may require ongoing appointments with treatment providers and/or attendance at mutual help group sessions. It is essential the member's workplace is supportive of participation in aftercare support and no barriers or disincentives are placed in the way of access to aftercare.

Additional Resources

A range of support services and materials are available for ADF members:

- Local ADF Medical Centre
- Regional Mental Health Teams
- Regional ATODS Coordinators
- ADF Psychology Services
- Chaplains
- Chain of Command
- Defence Community Organisation
- RAN Alcohol and Other Drug Program peer advisers and peer counsellors

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Annex A

Leaders Guide Ready Reckoner

The Leaders Guide Ready Reckoner is a quick and concise reference guide to the key issues, actions and steps discussed in the ADF Leaders Guide to Alcohol Management. More detailed information regarding prevention and response strategies is provided in subsequent pages.

Table 1: Leaders Guide Ready Reckoner: Preventing alcohol-related harm

Take preventive action:	Influence Settings	Influence People	Influence Context	Be a Role Model
	<ul style="list-style-type: none"> • Alcohol should only be available in controlled and exceptional circumstances • A range of non-alcohol alternatives must be easily accessible • Water must be freely available • Food must always be available if alcohol is available • Food available should be more substantial than snack food • No material promoting risky use of alcohol • No alcohol marketing or promotional material in the ADF workplace • Ensure alcohol consumption is not the primary focus of activities or events 	<ul style="list-style-type: none"> • Actively remind members of ADF expectations prior to events, situations or arrival in locations where alcohol-related harm may occur • No supply of alcohol to under 18s • Intervene where peer and cultural pressure to drink is evident; such as 'eating is cheating' • Promote good planning to reduce alcohol-related harm • Alcohol is not supplied to intoxicated people 	<ul style="list-style-type: none"> • Alcohol is supplied in accordance with jurisdictional RSA policies/regulations, including serving staff trained in RSA • Do not engage in rituals that promote use of alcohol • Do not allow games or competitions that promote risky drinking • Step in to reduce alcohol-related harm where you see it • Do not allow alcohol to be provided as an award, reward or 'payment in kind' • Address any concerns proactively 	<ul style="list-style-type: none"> • Know and understand ADF behaviour expectations • Reflect on and critically examine your own alcohol consumption. • Actively support positive behaviour in relation to alcohol use

	Influence Settings	Influence People	Influence Context	Be a Role Model
Take preventive action:	<ul style="list-style-type: none"> • Have alcohol health promotion material and self-help material readily available 	<ul style="list-style-type: none"> • Regular Officer and NCO training is conducted throughout the year, in addition to mandatory training, to build confidence to take action • Respond sensitively to requests for help 	<ul style="list-style-type: none"> • Routinely talk about alcohol and ADF expectations • Conduct risk assessments and actively plan to reduce alcohol-related harm • No use of alcohol prior to work duties or operating machinery/vehicles • A process is in place for ensuring people get home safely after drinking alcohol at work related functions and events 	

Table 2: Leaders Guide Ready Reckoner: Responding to alcohol-related incidents and workplace management of members identified through health screening processes

Respond to alcohol-related incidents and workplace management of members identified through health screening processes:	Drinking at work	Harm at work as a result of drinking outside work	Drinking in the community that might have relevance for ADF
<p>Actions common to all incidents and identifications:</p> <ul style="list-style-type: none"> • Take swift and firm action against those not drinking responsibly • Ensure health, safety and security of people and environment first • Commence intervention (Appendix A) if the member is not obviously intoxicated • Keep a record of events, actions, communications • Consider how the management of this incident will influence others • Follow good decision making practices • Initiate disciplinary or administrative action as required 	<p>In addition to common items in left hand column:</p> <ul style="list-style-type: none"> • Seek medical attention if required • Take care when approaching a person who appears to be affected by alcohol 	<p>In addition to common items in left hand column:</p> <ul style="list-style-type: none"> • Residual effects of alcohol (hangover) can present a risk to health, safety and security. Take action to minimise these risks. • Take appropriate measures to remedy any friction or ruptures in the team that may have occurred if disputes or tensions have been aggravated due to alcohol use. 	<p>In addition to common items in left hand column:</p> <ul style="list-style-type: none"> • Report possible criminal actions to appropriate authorities. • Assess potential impact on ADF reputation, and determine measures required to rectify any damage or community concerns. • Determine whether unacceptable or inappropriate material has been distributed via social media and telecommunications channels. Take action to ensure improper material is limited as much as possible, but do not allow or facilitate the destruction of potential evidence.

Annex B

Prevention Considerations For Senior Leaders

The following table has been developed to assist decision making at senior leadership level. As previously discussed, ADF leaders are required to take responsibility for the availability and provision of alcohol within their area of responsibility. Consider the following questions in order to help determine where opportunities exist for further action to be taken by you to reduce the likelihood of alcohol-related harm in the ADF.

Table 3: Harm prevention considerations for senior leaders

Risk area	Questions for consideration
Supply reduction	
Alcohol availability	What opportunities exist for reviewing the days and hours of sale so that they can be adjusted to reduce alcohol-related harm?
	What measures are in place to ensure the purchase price of alcohol at ADF venues is comparable to the purchase price of alcohol at licensed venues?
	Is there a price incentive to purchase alcohol free or reduced alcohol beverages?
	Have restrictions been placed on take away alcohol purchases (including limiting the amount of alcohol that can be purchased for take away, and the circumstances under which take away alcohol can be purchased)?
Service of alcohol	Have all servers received training on their responsibilities and on practices that reduce the risk of harm in drinking environments?
	Are there regular efforts to identify establishments associated with greater levels of alcohol-related harm and violence? What direct action is taken to improve service of alcohol practice in these establishments?
	Are the sanctions for violations of service of alcohol practices sufficiently severe, including closure of venue? Are regular checks conducted?
Demand reduction	
Alcohol promotions	Have all vehicles for alcohol promotions been eliminated?
	Is alcohol industry involvement in local promotion and marketing initiatives strictly limited?
	What measures are in place to restrict alcohol industry sponsorship of ADF functions (including sports and social functions)?
Alcohol awareness	Are prevailing opinions and attitudes in relation to alcohol consistent with ADF behavioural expectations? Is there an adequate level of knowledge about reduction of alcohol-related harm? What measures have been taken to enhance understanding?
	Has an evaluation occurred to determine the effectiveness of the alcohol education in your Unit to assess impact and potential for improvement? Have findings been actioned? Has a sound rationale for strategies been established?
	Is alcohol industry involvement in local alcohol education initiatives strictly limited?
	Have all members been clearly and unambiguously briefed on their individual and collective responsibility to reduce alcohol-related cost, risk and harm in the ADF?
	Have all members received regular, high quality education and training to equip them to confidently act in relation to reducing alcohol-related harm?
Harm reduction	
Learning from experience	What capacity exists to evaluate and document local alcohol harm reduction strategies? How are lessons drawn from experience used to strengthen and improve prevention action throughout the ADF?
	Is there an appropriate system of rewards for junior leaders who exemplify positive role modelling and proactive behaviour in relation to alcohol harm reduction?

Annex C

Decision Making Considerations For Responding to Alcohol-Related Incidents

Good quality decisions depend largely on the knowledge, experience, attitude and integrity of the decision maker. Decision makers must be able to gather and analyse relevant information, observe any legal obligations, and properly comply with ADF policy and expectations. Good decision making in response to alcohol-related incidents enhances the reputation of individual members and the ADF as a whole. The following table has been developed to assist decision making in response to alcohol-related incidents.

Table 4: Decision making considerations for responding to alcohol-related incidents

Decision Making Stage	Components of Decision Making Stage
Stage 1: Preparing for the decision	<p>Identify and record the key issues.</p> <p>Consider:</p> <ul style="list-style-type: none"> • Legislative provisions • Relevant policies, standards and practice • What information is available that may be relevant to the individual member's circumstances (including whether this is a one-off minor incident for a member who does not normally drink above levels which may cause short or long term harm; a second or subsequent incident for this member; or a member who is alcohol dependent) • Review the whole circumstances that lead to this incident to ensure environmental contributing factors are addressed • What information needs to be gathered to determine whether the individual member's circumstances warrant special consideration • What options exist for decision making outcomes • What is your designated authority to make the decision
	<p>Start and maintain a document trail such as a record of conversation (ROC). Keep full and accurate records of:</p> <ul style="list-style-type: none"> • Oral communications, including telephone calls • Written communications, including emails and faxes relevant to the decision to be made • Events and actions, including internal and external meetings relevant to the decision to be made. <p>Record keeping should occur simultaneously or as soon as practicable following the communication, event or action to which they relate.</p>
	<p>Understand the obligations, responsibilities and rights of all involved parties under the legislation and policy relating to the decision.</p> <p>Consider or seek advice on whether a Quick Assessment (QA) is required or if the matter requires a Routine Inquiry (RI). Understand the procedure you are required to follow.</p>
	<p>Establish a decision making timeframe, and advise the affected member(s) of the expected timeframe.</p> <p>If the decision making process is complex, consider setting milestones to be reached by particular dates and track the milestones through a record keeping system.</p>

<p>Stage 2: Developing the decision</p>	<p>Ensure single Service procedures are followed.</p> <p>Gather and record all relevant information.</p> <p>Relevant information may be obtained from a variety of sources, such as personnel records, other routinely completed documentation, other members, discussions/interviews with other people and organisations, on-site inspections or observations, etc.</p> <p>Assess what information is relevant and disregard irrelevant information. Ensure you have gathered all relevant evidence that is reasonably available as this will provide the basis of your decision.</p> <p>Take into consideration all circumstances that lead to this incident to ensure environmental contributing factors are attended to in the decision making</p> <p>If legislation or policy requires that a decision can be made only if certain facts or preconditions exist, ensure you have gathered and recorded the evidence that establishes the existence of those facts or preconditions.</p> <p>Accurately record and maintain all information relevant to the decision.</p> <p>Observe natural justice.</p> <p>In simple terms, natural justice provides for the individual member to be allowed a fair hearing before a decision is made. Natural justice consists of the following aspects:</p> <ul style="list-style-type: none"> • Clear notice to the individual member that identifies the critical issues and provides them with sufficient information to allow them to participate meaningfully in the decision making process • Reasonable opportunity for the individual member to speak or respond • Genuine consideration by the decision maker of the individual member's statement of defence or explanation • Impartial, un-biased consideration by the decision maker.
<p>Stage 3: Making the decision</p>	<p>Find and record the facts.</p> <p>Findings of fact must be supported by relevant evidence. If legislation or policy requires that particular facts must exist before you can make a decision, ensure you have obtained sufficient evidence to establish those facts.</p> <p>Evaluate evidence gathered to determine what is relevant to the decision you must make. All relevant evidence must be considered, including evidence that may be contrary to a decision you wish to make.</p> <p>Ensure you record all facts and your decisions relating to those facts.</p> <p>Reasonably exercise your discretion.</p> <p>The nature and scope of your discretion as decision maker depends on the provisions of the relevant legislation (if any) and policy. In exercising discretion, you must properly consider all relevant issues and the particular circumstances surrounding the incident.</p> <p>Ensure you are able to clearly identify critical issues relating to the individual and the environment or circumstances in your decision making. You can do this by considering what issues would need to change for you to make the opposite decision. It is important that sufficient evidence exists to establish each of these issues.</p> <p>Ensure you record the matters you have taken into account, as well as your reasons for giving more weight to some matters than others.</p> <p>If the individual member has raised matters you consider irrelevant, make a record of these matters and why you consider them irrelevant.</p> <p>Consistency is an important attribute of good decision making. However, if you are intending to follow a previous decision, you must ensure that its circumstances are sufficiently similar to those of the decision you have to make.</p>

<p>Stage 4: Communicating the decision</p>	<p>Give meaningful and accurate reasons for the decision.</p> <p>The purpose of giving reasons for a decision is to enable the individual member affected by the decision to:</p> <ul style="list-style-type: none"> • Understand why the decision was made • Decide whether to seek a review of, or appeal against, the decision and to identify the grounds for the review or appeal. <p>To meaningfully and accurately communicate your decision, it is critical that:</p> <ul style="list-style-type: none"> • You have good records of the decision making process • All aspects of the contributing factors have been considered and included in the decision making including policies that have been consulted such as DI(G) PERS 35-3, Management and Reporting of Unacceptable Behaviour, DFDA Sect 37 etc. • You clearly understand the decision itself, the reasons for the decision and the consequences of the decision. <p>Explain to the member the issues you considered and why specific material was accepted or rejected. Take particular care to genuinely address the member's major arguments.</p> <p>The member affected by the decision should be advised of any review or appeal process at the time they are notified of the decision. This advice should include information on the time allowed to apply for a review or appeal, and how to seek review or appeal.</p>
	<p>Have due regard for the safety of the member.</p> <p>Consider your decision and what potential adverse action could occur. If your decision requires the member to seek medical attention ensure the member is escorted to the medical facility and is not left alone until assessed. Should the member be returning to their place of residence consider;</p> <ul style="list-style-type: none"> • what mode of transport is required and is this suitable; and • will the member be at home alone and if so, is this suitable, could the member be at risk of making poor decisions while alone.

(Adapted from Queensland Ombudsman, 2007)

Appendix 1

Intervention Structure

Interventions are characterised by low intensity and short duration. A quick conversation, asking someone if they are 'OK', making the time for a conversation with someone who you think may be risking harm to themselves or those around them through misuse of alcohol. They may also include:

- Interviews or a series of interviews; and
- Provision of information concerning risky levels of alcohol use and its effect on an individual's safety and work performance.

The effectiveness of intervention can depend on you knowing your people and timeliness. Detecting changes in behaviours, attitudes and patterns early and discussing it with the individual can be effective in harm reduction as a result of alcohol misuse.

Three Stages to Constructive Confrontation

The National Centre for Education and Training on Addiction (NCETA) provides one example of a workplace intervention; constructive confrontation. This is a 3 stage approach used when engaging with a member in relation to a problem that is impacting on workplace safety or performance. The aim of constructive confrontation is to offer advice and assistance to address the problem and motivate change rather than to discipline and discharge.

1. Advise

After documenting specific instances of unsafe or poor work performance an initial interview should be conducted with the worker. The objective of this first interview is to advise them of the problem, supported by examples. The worker should be allowed to provide an explanation, and suggestions to improve the situation should be discussed.

If personal problems (including alcohol or other drug problems) are playing a role, information and assistance on where they can get help for these problems should be provided. It is important that confidentiality is maintained throughout the process. The worker should be advised that if the situation does not improve disciplinary action (including dismissal) may result. A written record of the interview should be kept and agreed to and signed by both parties.

Following this first interview there should be a designated period during which the worker is monitored and details of any improvements (or otherwise) are documented. If work performance does not improve a second interview needs to be conducted.

2. Caution

The aim of the second interview is to caution the worker. They must be provided with documented evidence of how their work performance has remained unsatisfactory and again information and assistance on where they can get help for any problems should be provided. The worker is permitted to have a representative present at this second interview stage.

The worker is further cautioned that unless satisfactory work performance is achieved, dismissal or other disciplinary action may result. The threat of job loss is often a motivating factor for the worker to seek help with any personal problems (including alcohol and drug problems). Details of the interview must be recorded in writing, agreed to and signed by both parties. Following this second interview continued monitoring of the worker's performance needs to occur with details documented. If the second interview does not result in improvement, a third interview is undertaken.

3. Confront

The aim of the third interview is to confront the worker to give them the option to either improve their work performance or face disciplinary consequences, including dismissal. The employee is to be advised that the option to seek help for any problem is no longer voluntary and that a mandatory assessment is required. The employee should have a witness or representative present at this third interview stage. They are advised that if there is no immediate improvement, a formal notice of dismissal will be issued. Details of the third interview must be recorded in writing, agreed to and signed by both parties. By documenting all stages of the constructive confrontation process and showing that a fair and considerate position has been taken there may be fewer difficulties with any unfair dismissal legislation (Pidd & Roche, 2008).

Interview, Questioning and Engaging Skills

Initiating conversations relating to personal issues is not easy but an important skill for all leaders. The following checklist is adapted from the Commanders Guide to Mental Health Support (Directorate Army Health, 2008) and should be considered for either an initial quick engagement or a more planned conversation with a member.

Checklist:

a. Don't bite off more than you can chew:

Always allow the member to be heard without interruption. If the discussions indicate a reportable, notifiable or civilian offence discuss refer the matter through your Chain of Command. If the member raises issues which you are not comfortable discussing, encourage them to seek professional support. In addition if there is a continued pattern of alcohol misuse despite guidance and support being provided refer the matter up the Chain of Command.

b. Aim of the discussion/interview:

Reinforce the ADF's Alcohol Behaviour Expectations and support the member to put in place a plan to avoid alcohol misuse.

c. Prepare:

Be clear about the changes you have noticed and how you believe these could affect the capability of the individual and the workplace, e.g. performance, safety, attitude.

d. Allow time:

You have no way of knowing what will be revealed so allow enough time to discuss the issue, develop a plan of action and close the conversation appropriately by planning a follow-up if required.

e. Keep adequate notes:

Patterns and trends are the best indicators of when to intervene as a supervisor. Recording data in the form of notes can support a facts based discussion and also provide clear evidence if the matter requires referral up the Chain of Command or to a health professional.

f. Reassure:

This discussion is about putting a plan in place to avoid affecting the individual's health, safety, career and those around them and the organisation's reputation.

g. Be honest in your leadership:

As a leader in the ADF you need to role model the expectations of responsible use of alcohol. Any guidance or mentoring will have integrity if you are modelling Defence's Alcohol Behaviour Expectations.

h. Asking questions:

Open ended questions, such as "how is everything going?" and then "what effects has all this had on you?" are good, particularly to start with, as they don't limit the member in the scope of their response. It is important not to limit the member in what they are going to talk about.

i. Keep to the subject:

The member may look for inconsistencies, and may try to divert the discussion to other subjects. The alcohol misuse problem must remain the issue to be discussed.

j. Be careful of excuses:

You must allow the member a chance to explain, and empathise with their situation. However be careful not to allow unsatisfactory/unacceptable behaviour to be excused by circumstances. Reasons for behaviour do not excuse, they explain.

k. Ensure confidentiality:

The interview is to be treated as Staff-in-Confidence or Medical-in-Confidence, and the member should be informed of this. Only those who have a genuine need to know, should know the contents of the interview.

l. Empower the member:

It is best for the member's self-development if you allow them to come up with a solution, even though it may be obvious to you, particularly as you can see the situation more objectively. Resist the temptation to jump in and come up with solutions yourself. Instead, encourage them to think of what they need to do about their situation. For instance, even if they are reluctant to try, ask them 'what would you say if you were the boss and someone came to you'.

m. Committing to a strategy:

Ensure that the member commits to a course of action, and that it is a perfectly reasonable course of action. They are more likely to see it through if they commit to it. A good test for this is the "60 Minutes" test – would you be happy for your course of action to be aired on 60 Minutes.

n. Support options:

You should consider and prepare a range of options for assisting the member before the interview. This will include a mixture of agencies, online tools, printed material that will provide information to support positive choice making in the responsible use of alcohol.⁸

o. Avoid threats:

Threats will have no effect unless you are able to (and do) follow through with them, as required.

p. Closing the interview:

The interview must close with a clear understanding by the member of the agreed course of action, a valid method of achieving the desired outcome, and an acknowledgment that a future report to you of alcohol misuse will lead to further action.

q. Follow up:

You must continue engaging with the member until the problem is resolved.

Appendix 2

Physical effects of alcohol and indicators of potential problems

Studies have shown that the effects of alcohol upon the body vary on the individual because of the following factors:

- a. Body size. People who are larger than average, other things being equal, will not be affected as much as an average sized person by the same amount of alcohol, while people who are smaller than the average will be affected more.
- b. Gender. Women tend, on average, to be smaller physically than men and hence affected to a greater extent than men by the same amount of alcohol. Women also produce less of the enzyme necessary to break down alcohol in the body.
- c. Rate of consumption. The rate of consumption in a given period can greatly affect whether an individual becomes intoxicated.
- d. Prior use. Individuals who drink frequently will be less affected by a specific amount of alcohol than people who do not drink at all or very rarely, who will have less tolerance and therefore be affected more.
- e. Time lapse between eating and alcohol consumption. Alcohol will have a greater immediate physical effect on a person who has not eaten recently than upon someone who has, or who eats at the same time as consuming alcohol.
- f. State of tiredness. A person who is not adequately rested normally has a tendency to be more affected by alcohol consumption than one who is well rested; such a factor has obvious indications for workers on extended shifts or on those who work night shifts, perform physically strenuous work, or who for other reasons are short of sleep or physically tired.

Studies have also shown that the harmful effects of alcohol consumption, apart from clear intoxication, include post alcoholic impairment which can manifest itself as follows:

- a. Slowdown in reaction time;
- b. A deterioration of motor performance which can result in clumsy movements and poor coordination;
- c. Deterioration in sight which can result in blurred vision;
- d. Mood changes which can vary and result in aggressive behaviour and depression;
- e. Loss of concentration which can affect ability to learn and remember information;
- f. Deterioration in intellectual performance, including a decreased ability to think logically.

Furthermore, studies have shown that certain patterns of alcohol consumption can indicate the development of problems, the following being the most common warning signs:

- a. Heavy drinking, indicated by a pattern of frequently drinking to change one's mood or to become intoxicated;
- b. Drinking quickly, often gulping the first drinks;
- c. Eating lightly, or skipping meals when drinking;
- d. Expression of concern about drinking, by the person concerned or his or her family;
- e. Intellectual impairment;
- f. Accidents in which alcohol is involved;
- g. Absenteeism or lateness to work due to drinking or its after effects;
- h. Most friends are heavy drinkers;
- i. Most leisure activities involve drinking;
- j. Frequent use of alcohol to relieve stress, anxiety or depression;
- k. The person concerned has attempted to reduce drinking with limited success.

In addition, studies point out that:

- a. Excessive consumption of alcoholic beverages can result in significant liver damage, and can otherwise be linked to or result in illnesses or body dysfunctions such as cancer, stroke, deterioration in muscle strength, nerve-related dysfunctions for both men and women, and that any consumption of alcohol during pregnancy can be dangerous for the foetus.
- b. Alcohol consumption in combination with legal drugs – either those prescribed by a doctor or those available without prescription – or in combination with illegal drugs can have unpredictable effects, lead to medical complications and even cause death.
- c. Drinking immediately prior to commencing work or during meal breaks while at work can impair reaction time and have other adverse physical and psychological effects, thereby potentially leading to a hazardous situation or poor decision making.
- d. Many drugs (including alcohol) cause physical or psychological dependence, and may have side effects and withdrawal symptoms.

Adapted from International Labour Office (1996)

