

## Predictors of Alcohol and Drug-related Absenteeism in Australia

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**Introduction:** The cost of alcohol and other drug (AOD) related absenteeism has grown exponentially in Australia. There is a gap in evidence on who is contributing most to AOD-related absenteeism. This study aims to explore the demographic predictors of workers taking excess AOD-related absenteeism.

**Method:** Data from the 2019 National Drug Strategy Household Survey was analysed and limited to employees who used AOD and reported levels of absenteeism above the mean reported by abstainers. Regression analyses were performed to determine demographic predictors of 1. alcohol-related absenteeism; and 2. illicit drug-related absenteeism.

**Results:** Predictors of both alcohol- and drug-related absenteeism were being metropolitan-based and having poorer general health. Younger age (14-39 years) and higher psychological distress were additional predictors of alcohol-related absenteeism, whilst use of more than one illicit drug increased a person's odds of illicit drug-related absenteeism. Very high psychological distress emerged as the strongest predictor of alcohol-related absenteeism (OR 2.2, 95% CI 1.6-3.1) and poor/fair general health as the highest predictor of illicit drug-related absenteeism (OR 2.0 95% CI 1.3-3.2)

**Discussions and Conclusions:** The present study found select working groups in Australia are more susceptible to AOD-related absenteeism and thus contributed most to its associated costs. Workplaces wanting to reduce the cost of AOD-related absenteeism should specifically target alcohol use policies, AOD education and prevention strategies towards these identified subgroups.

**Implications for Practice or Policy:** AOD-related absenteeism costs workplaces billions of dollars annually. Understanding which subgroups are contributing most to this costs, can help inform the development of effective prevention and intervention strategies. Efforts to address AOD use within the identified subgroup via implementing strategies that promote health behaviour, educate on AOD use, and provide access to treatment and counselling may assist in reducing AOD-related absenteeism, its associated costs and improve the health of the workforce.

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