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MODIFYING EFFECTS OF EMPLOYMENT GRADE ON THE ASSOCIATION BETWEEN LONG WORKING HOURS AND PROBLEM DRINKING

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Introduction The association between long working hours and alcohol drinking has been inconsistent, which may be due to an imprecise categorization of working hours and different drinking norms among occupational groups. This study aims to examine the association between working hours and drinking in different employment grades.

Methods Data from a national survey of randomly sampled Taiwanese workers in 2013 was utilised, consisting of 16 598 employees aged between 25 and 65. A total score of two or more in the CAGE questionnaire was used to identify problem drinkers. Weekly working hours were categorised into 5 groups: <40, 40, 41–48, 49–59, and ≥60. Prevalence of problem drinking was examined and compared across employment grades (i.e. managers and professionals, skilled workers, and low-skilled workers) by chi-square tests. The associations between working hours and problem drinking in different employment grades were examined by logistic regression models.

Results The prevalence of problem drinking in managers and professionals didn't differ between working hour categories. The prevalence of problem drinking was 3 times higher for skilled workers with <40 working hours compared to general workers. Skilled workers had the highest prevalence of problem drinking and those with 41–48 working hours had the highest odds ratio for problem drinking. The prevalence of problem drinking increased with working hours in low-skilled workers.

Conclusion The association between working hours and problem drinking is not linear and differs by employment grade. Interventions and studies for problem drinking in the workplace should take employment grade into consideration.

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18 YEARS' EXPERIENCE IN TOBACCO CESSATION PROGRAMS IN THE WORKPLACE. PERSONALISED APPROACH

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Introduction Smoking has been identified as a risk factor associated with increased morbidity and mortality. Is itself one of the most widespread addictions and one of the most social accepted.

Methods We report results and experience of 18 years work in the workplace in Argentina. We selected 300 medical records. We also describe the therapeutic framework and the protocol used during the different phases.

Result 75% were included in group sessions and 25% in individual. 63% abandoned the program. Those who abandoned 4% quit smoking, 65% controlled and made a significant

reduction of smoking, 22% improved other healthy life style factors and 9% didn't change. Those who finished the program 50% quit smoking, 32% controlled and made a significant reduction of smoking and 18% improved other healthy life style factors.

Discussion Results achieved by the participants included in group sessions were better than the achieved by participants in individual sessions. This situation remarks the importance of group dynamic in this kind of habit change process.

Results achieved by the participants that started the process with low motivation were similar than the achieved by the participants with high motivation. We can assume that it is no necessary to be highly motivated to start this kind of process.

We could observe high presence of anxiety and depression co morbidity (71%) in the participant population. This situation remarks the importance of the participation of the mental health professionals in the tobacco cessation programs.

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MANAGERIAL ROLE AS A RISK FACTOR OF PROBLEM DRINKING VERIFIED BY AUDIT

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Introduction In Japan, people scoring 8 to 14 points by the Alcohol Use Disorder Identification Test (AUDIT) are recommended to receive the health guidance to avoid risk of alcoholism and those scoring 15 or higher are considered to need the specialised medical treatment of their problem drinking. There are many risk factors of alcohol related disorders among workers such as a managerial role, a shift work, smoking (Brinkman index 400 or more) and the result of the alcohol patch test; however, they have not been verified by the scores of AUDIT.

Methods We conducted a survey using a self-administered questionnaire including AUDIT among 2915 employees of a manufacturing worksite who received a periodic medical examination in fiscal 2015. We used binomial logistic regression analysis to explore the risk factors to predict development of the condition scoring 15+points by AUDIT among various independent variables: age, managerial position, shift work, smoking, the result of the alcohol patch test to screen variant aldehyde dehydrogenase. Statistically significant level was set at $p < 0.05$.

Result We analysed the data obtained from 2299 male employees under 60-year-old who answered to all questions, and found 183 workers (8.0%) scored 15+points by AUDIT. The significantly increased risks were found with managerial roles (OR: 1.74), with negative result of the alcohol patch tests (OR: 6.87) and with smoking habit (OR: 1.71); however, the significant relationship was not found with shift work.

Discussion Our result may reflect the tendency that managers are likely to excuse their drinking habit as a means of business practice and communication, and people with high social standing can afford to drink. There may be a synergistic effect between drinking and smoking. Occupational health should be more cautious to prevent problem drinking based on personal and social characteristics.