

## Can Education Programs Improve Construction Workers Alcohol and Drug Knowledge, Skills and Attitudes? Findings from a Non-Randomised Trial

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**Introduction and Aims:** Construction workers have high levels of alcohol and other drug (AOD) use facilitated by social and cultural workplace norms. Tailored training may address risks to workplace safety and improve worker wellbeing.

**Design and Methods:** A before-and-after, non-randomised trial with N=719 NSW construction workers (n=531 Training Group, n=188 Non-Training Group) of a 2-hour AOD Workplace Impairment Training. Training Group participants' AOD use, knowledge and attitudes were assessed at baseline (T1), immediately post-training (T2) and at three months (T3). Statistical analyses examined changes T1-T2, and T1-T3.

**Results:** Sample was 97% male, average age 35 years. Baseline AOD use levels: 70.3% were risky drinkers, cocaine and meth/amphetamine use were 3.5 times higher than national averages (25.0% 6.7% respectively,  $p<.01$ ), and prescribed pain killer (opioid) use 3 times higher than national average (37.6%;  $p<.01$ ). T1-T2 found significant increases in AOD knowledge, impairment awareness, perceptions of risk to health and workplace safety, and awareness/confidence accessing support.

T1-T3: 73% of sample was lost to follow up. Of the remainder, significant differences were found on 16 out of 37 outcome measures ( $ps<.05$ ), including alcohol knowledge ( $p<.001$ ), confidence talking to co-workers about AOD ( $p<.01$ ), and knowing how to get AOD-related help ( $p<.02$ ). No significant improvements found for illicit drug use, but risky drinkers decreased ( $p<.02$ ).

**Discussion and Conclusion:** Feedback from stakeholders was positive, highlighting the role for training to open dialogue, reduce stigma and encourage help-seeking. Stakeholders considered the training an essential service for construction workers and noted positive on-site benefits.

**Implications for Practice or Policy:** Moderate, but encouragingly positive effects and areas for improvement were identified even from a short 2-hour intervention. AOD use, and especially opioid and concurrent heavy alcohol use, is of critical concern. A tailored intervention approach with refresher courses is recommended and initial evidence supports continuation of workplace AOD training programs.

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