Difficult conversations in the workplace about alcohol

Final report: integrating the findings from two studies

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Executive Summary

This research explores the signals, barriers, and components of difficult conversations about alcohol in the workplace, with the intention of informing recommendations for DrinkAware and organisations. This paper integrates the findings from two concurrent studies relating to having such conversations in the workplace: firstly, a systematic literature review considering the literature relating to difficult conversations in the workplace more broadly[1], and secondly a qualitative study exploring the experiences of those who have had (or wish they had) a conversation with a colleague about alcohol[2].

This report provides a summary of each study, in the form of the intention, approach and results. The integration process is explained and highlights the consistent themes found in both studies.

Signals a conversation about alcohol may be required are:

- A pressurised environment
- Changes in behaviour
- Mask or persona
- Drinking at work

Barriers to a conversation about alcohol include:

- Workplace culture
- Alcohol and drinking are never discussed
- Stigma associated
- Lack of competence in how to have a difficult conversation

Components of a difficult conversation about alcohol include:

- Preparation, keeping the conversation separate from performance management
- Mindset and approach: remember it is an illness
- Asking questions
- Listening without judgment
- Follow-up aligned with mental health pathways

As a result of the integration of findings, the following recommendations are made:

1. **Development of a colleague-to-colleague framework**
2. **Evaluation of interventions**
3. **Work environment risk assessment**

There are several activities that may help to develop an open and supportive organisational culture:

4. **Storytelling activities**
5. **Training for having difficult conversations at work about drinking**
6. **Provide access to others who have had similar experience**

[1] Smith, R. and Addicott, C. (2022) A systematic review of the signals, barriers, and components of difficult conversations in the workplace.
[2] Addicott, C., Brandon, N. and Smith, R. (2022) Difficult conversations in the workplace about alcohol: learning from the experienced.

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Tables and Figures

Background

The relationship between workplace stress and excessive alcohol consumption and an increased risk of dependency has been highlighted by researchers (e.g. Anderson, 2010). In the workplace, consequences of excessive alcohol consumption include absenteeism and lateness (Bacharach, Bamberger & Biron, 2010), loss of productivity and poor performance (Carell, Hoekstra & West, 2011), poor co-worker relations, and inappropriate behaviour leading to suspension or disciplinary action (Anderson, 2010).

Organisations often have formal policies and procedures in place for managing many of these issues. Additionally, a range of interventions have been trialled, such as employee assistance programs and counselling. Despite these initiatives, employees are often not referred to interventions until they are experiencing significant problems in the workplace (Anderson & Larimer, 2002). This raises questions for how organisations and managers can identify and communicate with individuals who may be experiencing problems associated with alcohol misuse. These conversations are likely to be difficult and, without adequate training or support, avoided.

Having difficult conversations about alcohol has been addressed in academic literature in relation to medical and family contexts, but not with respect to conversations with colleagues in the workplace. Based on Miller and Rollnick's (1991, 2002) work, FRAMES is an acronym and approach recommended for medical practitioners: Feedback personal risks, emphasise the Responsibility to change drinking patterns, deliver clear Advice to change drinking patterns, provide a Menu of strategies for changing behaviour, demonstrate Empathy and alliance, and support the individual's Self-efficacy for change. This evidence-based recommendation may be difficult to apply in the workplace setting where there are likely to be added complexities relating to performance management and power-based interactions. Sawyer et al (2017) considered conversations between parents and children. They recommend considering modelling healthy drinking habits, timing of conversations, taking an informal approach to the conversation and specific recommendations about what to talk about, such as avoiding mixing alcohol and drinking at a steady pace. Whilst providing sound advice to parents, interactions in the workplace need to focus on adult-to-adult conversations.

This research aimed to highlight the signals, barriers, and components of conversations in the workplace about alcohol. Two separate studies were undertaken: a systematic literature review of difficult conversations in the workplace, more broadly; and a qualitative study seeking the lived experience of those who have had conversations about alcohol within the workplace.

Study 1: A systematic literature review of the signals, barriers, and components of difficult conversations in the workplace

Research Intention

The intention of this study was to explore the organisational literature around difficult conversations, specifically to identify evidence for signals a conversation is needed, barriers to conversations and components of conversations (how to approach them). Difficult conversations in the workplace are undertaken for a variety of topics and learning from the guidance and evidence about these was sought. It was noted that there were recent reviews from the healthcare settings relating to having difficult conversations. These were in relation to 'breaking bad news' or end of life planning. We used these reviews to identify the frameworks recommended for healthcare practitioners but given they were not peer-to-peer or management related conversations, articles relating to the medical field were not included in this review.

Systematic review approach

The review adopted the processes and best practice recommendations from Daniels' (2019) guidance on conducting a systematic review. Search terms were developed through some initial dummy searches. The initial search produced 2161 articles (after duplications were removed). These were found in Scopus, APA, and Business Source databases. Grey literature searches were also performed to explore policy, industry guidance and recommendations from: Harvard Business Review (HBR), Chartered Institute of Personnel Development (CIPD), British Psychological Society (BPS) and Chartered Management Institute (CMI).

Screening inclusion and exclusion criteria were developed using a PECOS framework (outlining the population, exposure, context outcomes and study design criteria). Table 1 outlines the inclusion criteria used. Screening removed 2050 articles based on their title or abstract. 111 Full text articles were reviewed. 67 of these were excluded based on the wrong topic, population, related to medical conversations or not in the workplace.

Finally, included in the review were 44 articles. Figure 1 shows the PRISMA flow diagram illustrating the number of studies considered at each stage of the review. The quality of each article was evaluated. The data from these studies was interrogated for themes relating to the signals, barriers, and components of difficult conversations in the workplace.

Table 1: PECOS Framework for including articles

	Description for inclusion
Population	- Working age adults, >18 years of age - Any gender, ethnicity, location, organisations, business/sector/industry - Conversations between professionals (managers, employees & colleagues)
Exposure	- Having (or not having) difficult conversations on any topic considered sensitive or difficult - Any conversation between two or more (adult) parties on any topic - Work-based conversations / conversation that happen in the workplace
Context / Comparator Outcome	- Not Medical Conversations / Healthcare conversations - The signals of, barriers to, components of difficult conversation - Recommendations relating to having difficult conversations
Study Type / Design	- Any published quant, qual. or mixed methods, case study, large n study, peer-reviewed journal - Peer-reviewed journal articles including conceptual papers, intervention evaluation studies - Grey literature which includes Professional & Regulatory Body Policy and Best Practice guidance, recommendations, or research. Editorials or articles published in Industry or Professional Edited Magazines - Other grey literature may include PhD papers, other industry professional advice

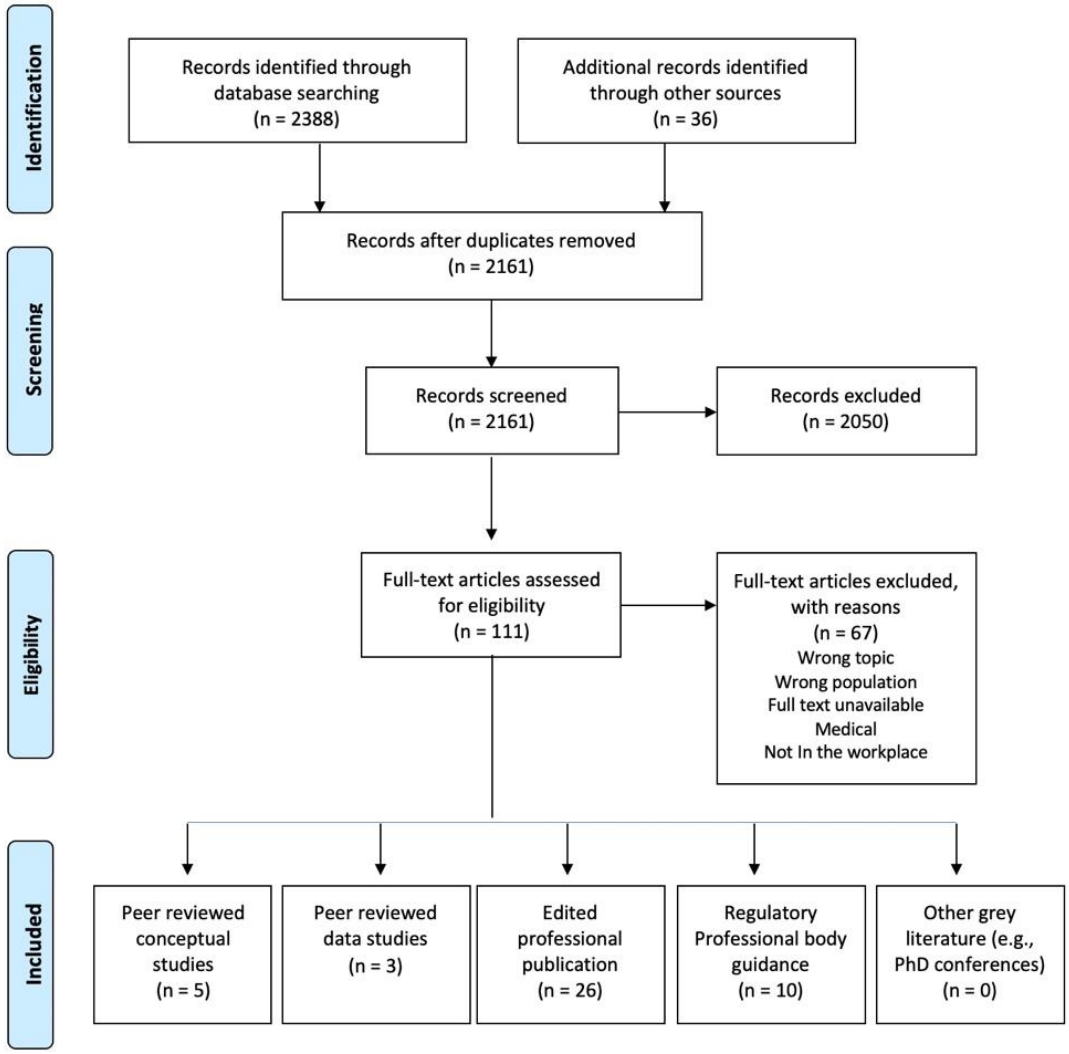


Figure 1 PRISMA Flow Diagram

Results

1. There is very little primary data or evaluation data related to the topic. Of the 44 articles, 5 were peer reviewed conceptual studies, 3 were peer reviewed data evaluation studies, 26 were edited professional publications, 10 were regulatory body guidance documents.

A visual summary of the themes and sub-themes from the review can be found in figure 2. This shows the themes identified across the literature:

2. *Signals* were often assumed in these articles. There was indication that difficult conversations may be required when changes in behaviour are observed, conflict in the team is noted, individuals lose the trust or respect of others, and those who need to have a conversation are feeling stressed or nervous.
3. *Barriers* were clearer in the review: there was very strong evidence that fear often stopped conversations along with concerns about the potential negative impact on relationships. There was also strong evidence that individuals were anxious about having such conversations and concerned about their competence to have them.
4. *Components* were also clear. There was strong evidence that preparation is required in terms of planning intentions and goals for the conversation, considering the practical arrangements and even practising the conversation to anticipate challenges. There was very strong evidence that the conversation should take a collaborative approach, one where listening, and clarity is provided. There was also strong evidence for emotional awareness of self and others when having difficult conversations and ensuring a non-judgemental mindset. Finally, some articles highlighted it is unlikely to be a one-off conversation and some follow up or next steps is likely.

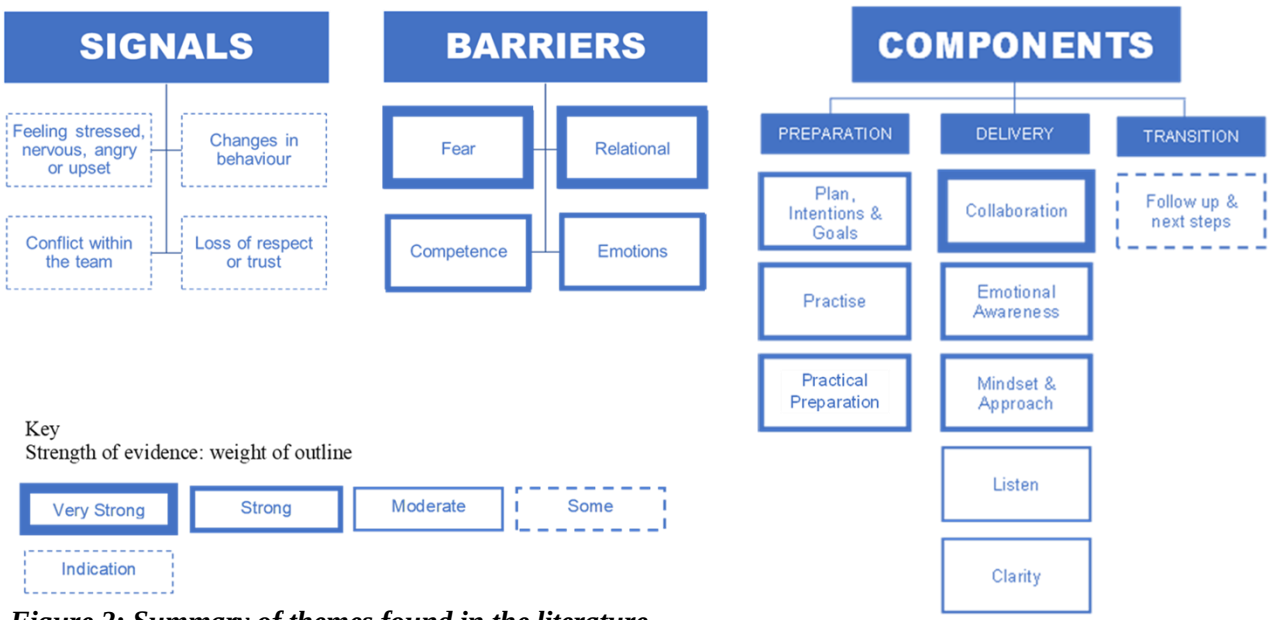


Figure 2: Summary of themes found in the literature

Study 2: Difficult conversations in the workplace about alcohol: Learning from the experienced.

Research Intention

This qualitative research explored the lived experiences of individuals who have had a conversation about alcohol with a colleague. The intention was to gain specific signals, barriers and components of difficult conversations about alcohol based on real life situations. Accessing and reviewing the lived experiences provides insight around context relevance for this specific type of difficult conversation.

Qualitative approach

Advertised on LinkedIN and DrinkAware websites, participants responded to an advert to share their experiences of having a conversation at work about alcohol. A snowball sample of participants (n=14) was achieved. These conversations ranged in how long ago they took place – from very recently to 20 years (an average of 8.7 years ago). Participants shared experiences of conversations about their own alcohol use, or other's drinking or a combination.

Interviews took place online and were recorded on Zoom. They were then transcribed and interrogated for themes using, Braun and Clarke's (2006) six stage approach to thematic analysis. The transcripts were analysed inductively for emerging themes and deductively to identify signals, barriers, and components of these difficult conversations at work about alcohol. Nvivo software was used to evaluate the content of the themes and identify word similarity and coding similarities.

Results

After transcription of the interviews and ongoing familiarisation by the researchers, 58 initial codes were identified. These were grouped by signals, barriers, components, and 'other' themes. Themes and sub themes were reviewed for frequency of reference, content similarity, word frequency and coding similarity. Table 2 below shows common words found in the interviews and coded within each of the overarching themes of signals, barriers, and components. Figure 3 provides a summary of all the themes and sub themes, illustrating those that were most prevalent – all themes were referenced by a minimum of 5 individuals in the study. Appendix I provides detailed quotations for each theme.

Table 2: Word frequency analysis: most common words in themes

Themes	Common words
All interviews	people, drinking, manager, support, culture
Signals	arrogance, attitude, behaviour, blaming, irritable
Barriers	office, drinking, encourage, culture
Components	wellbeing, healthcare, people, relationship, resources

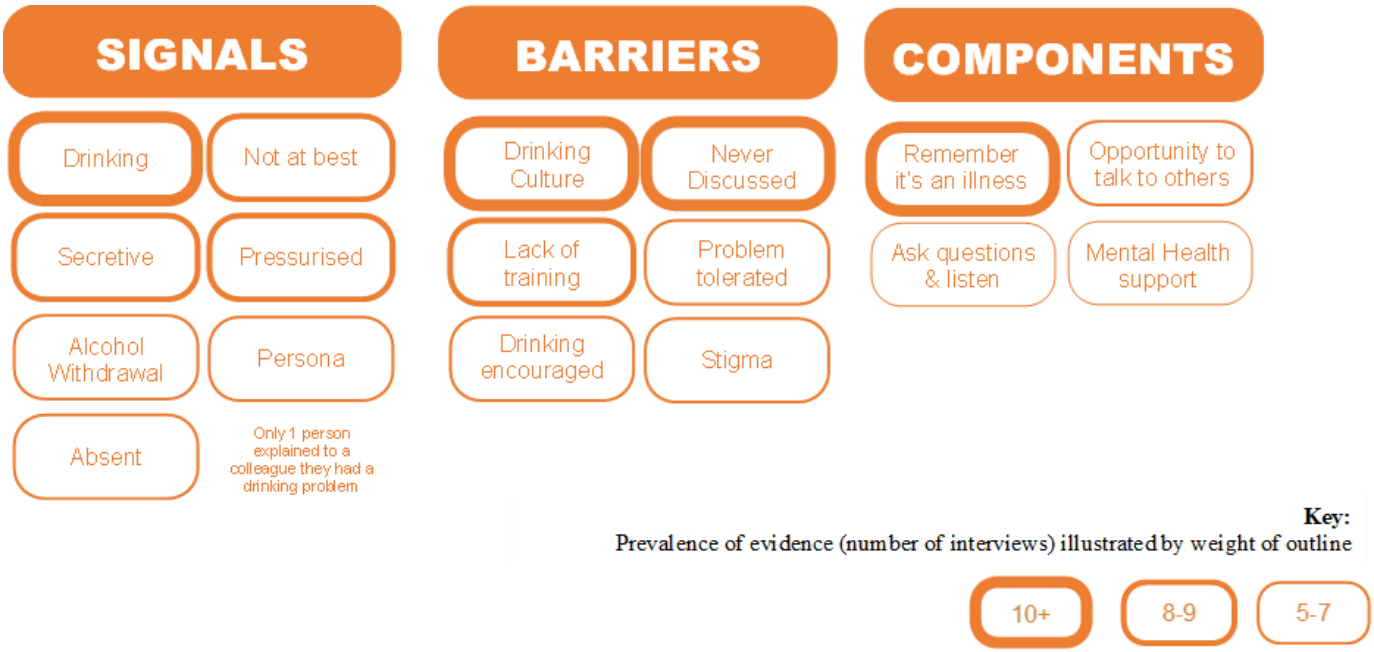


Figure 3: Visual summary of interview themes

There were a variety of **signals** a conversation in the workplace about alcohol might be required. Alcohol specific signals noted by individuals included drinking in working hours and observing alcohol withdrawal such as hangovers, shaking, lethargy and smelling of alcohol. Individuals sharing their own experiences of drinking noted that they were adept at hiding their drinking or seeking out others who also drank. This secretive behaviour may make identifying alcohol related problems more challenging and may mask the alcohol specific signals. Some individuals also reflected on the work persona they had developed – some talking about an over confidence or arrogance and others talking about being excessively defensive and blaming others. There were also more generalised

performance issues highlighted – not being at their best, reacting to pressures of work and absences. These could be signals of other issues aside from drinking but do highlight a conversation would be useful, nonetheless. All these signals highlight the complexity of identifying potential alcohol related problems at work

The strongest theme related to the **barriers** of having a conversation about alcohol concerned the influence of the workplace culture, where drinking is seen as part of the job and drinking excessively is normalised. Some commented on how drinking was actively encouraged by colleagues and management while not drinking was ridiculed. In some circumstances, individuals observed those who clearly drank to excess were tolerated or even protected by colleagues. Other themes relating to the barriers concerned the wider work environment and provide some further detail about how this can stop conversations happening. Individuals reported excessive drinking as something that was never discussed. For some, there was a stigma about alcoholism that individuals wanted to avoid talking about. Some of the participants who were recovering alcoholics commented they were not comfortable being open about their experiences. For those talking about approaching a colleague about alcohol use, it was common that they felt ill-equipped to start the conversation or to know how to deal with it.

The themes relating to **components** of conversations mostly came from the parts of the interviews where individuals shared their recommendations, having had some experience. Individuals were keen to emphasise alcoholism is an illness. Approaching it as an illness and showing respect for the individual is essential. Taking a supportive approach, involving asking questions and listening was also highlighted as vital. Alongside a supportive approach, individuals consistently recommended that it is helpful to have an opportunity to talk to others who have had similar issues. This of course is quite difficult if they are in a work environment where excessive drinking is not discussed, as noted in the themes related to the barriers. Individuals also recommended aligning responses with mental health pathways as they felt that those with engaging in excessive drinking are often self-medicating in response to other issues. Avoiding making the conversation about alcohol a performance management conversation was also recommended. Only one person shared an experience where they had initiated a conversation about their own drinking. In this example, the individual was immediately given a written warning. Individuals emphasised the importance of responding with support and kindness.

The **most common themes** (those mentioned in more than 10 of the interviews) across the signals, barriers and components highlighted the role played by the work environment. The most common signal noted was drinking during working hours. Individuals talked about "*drinking at lunchtimes and drinking after work*" [P7] often with clients and colleagues. The most common barriers were a culture of drinking in the workplace, and drinking or problems associated with drinking, never being

discussed. Individuals talked about "*a work hard, play hard*" [P2] culture and highlighted the role senior managers play in encouraging that atmosphere saying "*management were going out for parties … and there was booze in the office*" [p5]. Where signs of drinking were noticed, individuals shared they were "*relying on someone else*" [P12] to address the issues. Others observed that alcohol use was noticed but tolerated, "*as long as I delivered the work, they tolerated it*" [P8].

The components of having a helpful conversation highlighted by participants, could be used to address the issues in the work environment. Individuals recommended a supportive approach, asking questions and listening - "*something along the lines of oh I noticed something*" [P2]. Keeping conversations separate to performance management and proving opportunities to talk to others who have been through similar issues were other recommendations that could help. Recognising that alcoholism is an illness was the strongest theme in the components of conversations, noting "*it is an illness… not something they can switch on and off themselves*" [P6]. Participants also highlighted the value of aligning the response to drinking with providing mental health support. This represents an opportunity for organisations to learn from the recent increase in focus on wellbeing and mental health.

Integration of study 1 and study 2

Study 1 provided an overview of guidance around difficult conversations in the workplace and the interviews in study 2 added the specific context of alcohol use. An expansion integration strategy (Greene et al 1989) provides the opportunity to consider what was added to the broad advice on difficult conversations in the workplace, which evidence was strengthened, and which evidence was different.

The expansion integration strategy involved three stages. Firstly, we reviewed the interview themes and identified which related only to conversations related to alcohol and which related to difficult conversations more generally. Themes were split accordingly and the relative strength of each theme (or prevalence in the interviews) was annotated.

Secondly, we considered the themes from the systematic review and identified which were also reflected in the interviews and which were not, again annotating the relative strength of the evidence from that study. Evidence relating to the signals a difficult conversation might be required predominantly came from the interviews, though many of these were supported by the indicative themes identified in the literature review. Figure 4 provides an illustration of the integration of themes from both studies in relation to the signals. The barriers highlighted in the literature review were all supported by themes in the interviews. Three further alcohol specific themes were identified in the interviews, the strongest of which was a drinking culture in the workplace. Figure 5 provides an illustration of the integration of themes from both studies in relation to the barriers. The literature review provided a greater number of themes around the components of a difficult conversation, organised around preparation, delivery and transition. The interview themes supported the delivery and transition themes and provided two further alcohol specific themes. Figure 6 provides an illustration of the integration of themes from both studies around the components.

Finally, an evaluation of the overall strength of evidence from both studies was established for the general themes based on the scale descriptions in table 3. For alcohol specific themes, the strength of evidence identified in the interviews was kept as a descriptor.

Table 3: Descriptors of combined evidence for themes in both studies

Strength of evidence	Description
Very strong	Both studies produced strong and/or very strong evidence
Strong	Both studies produced strong and/or moderately strong evidence
Fairly strong	One study produced strong or very strong evidence & the other study some evidence
Good evidence	Both studies provided good evidence or moderately strong evidence
Clear evidence	One study provided moderately strong evidence and the other study some evidence
Some evidence	Both studies provided some evidence

Signals a conversation about alcohol may be required

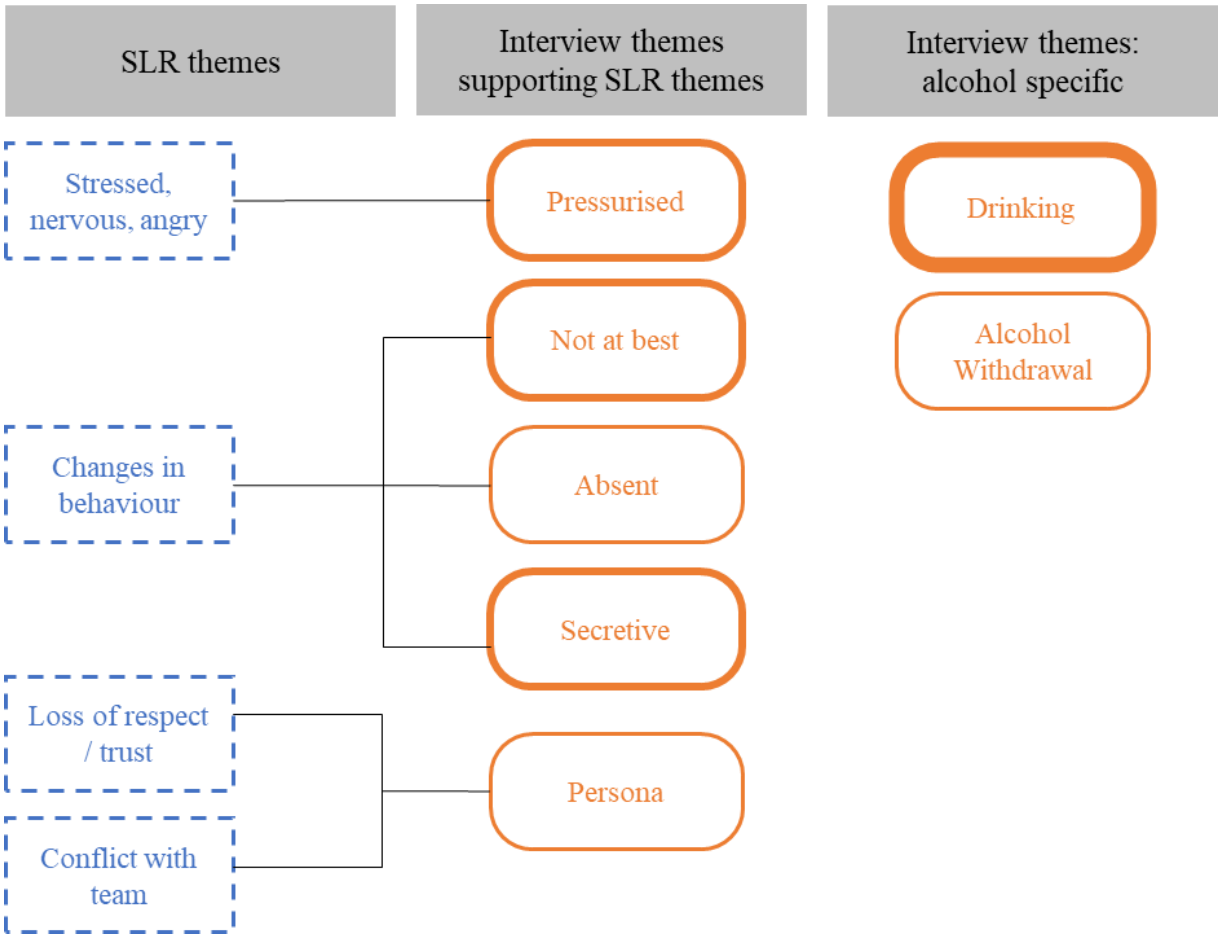


Figure 4: Integration of signals themes across the two studies

The integration of the themes from both studies indicates five key signals a conversation about alcohol may be required:

1. **A pressurised environment** – there is clear evidence this may exacerbate alcohol use and a conversation may be required.
2. **Changes in behaviour** – there is clear evidence that changes in behaviour may signal alcohol use and the need for a conversation, in particular changes in performance, absence levels or being secretive behaviour.
3. **Mask or Persona** – there is clear evidence that individuals may show lower self-esteem or conversely, arrogance resulting in conflict and loss of respect. This may signal alcohol use and a conversation is required.
4. **Drinking at work** – there is some evidence that drinking in work hours may signal alcohol use and therefore a conversation is required.

5. **Alcohol withdrawal** – there is some evidence that hangovers or other alcohol withdrawal signals might signal alcohol use and the need for a conversation.

Barriers to a conversation about alcohol

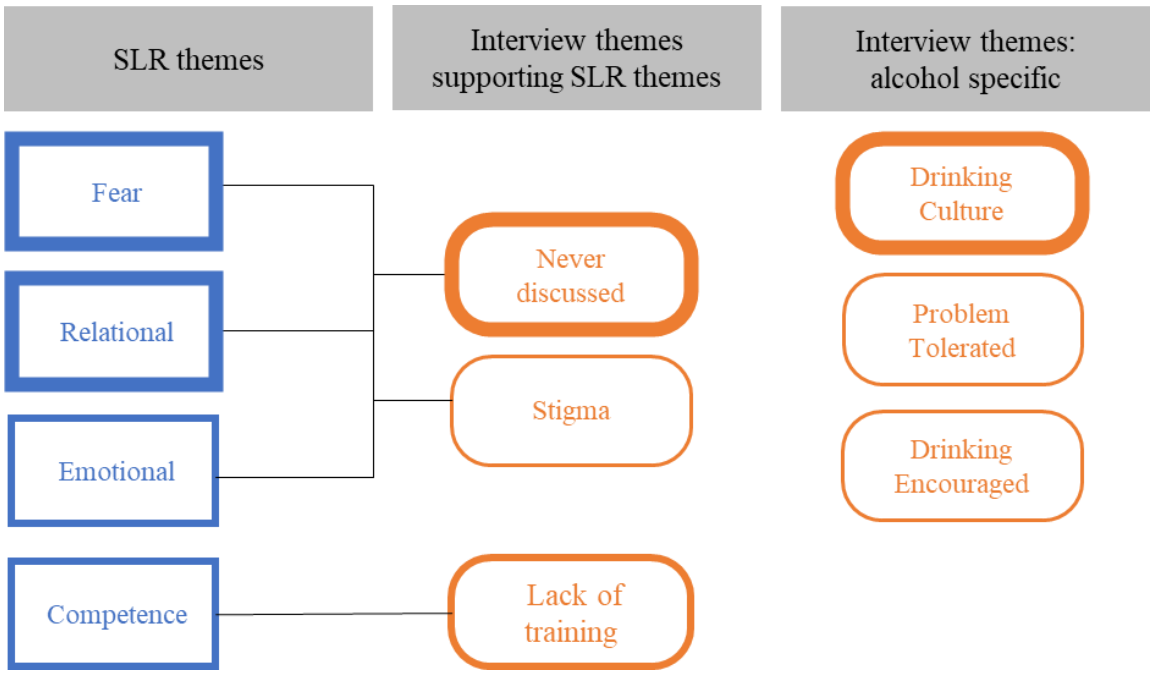


Figure 5: Integration of barrier themes across the two studies

The integration of the themes from both studies indicates four barriers to having a conversation about alcohol may be required:

1. **Workplace culture** – there is very strong evidence from the interviews that a drinking culture present in the workplace is the most common barrier to having a conversation about alcohol. The interviews also highlighted some evidence of drinking being encouraged or a key part of activities at work; and where there was an observed problem, it was tolerated and not acted upon.
2. **Alcohol use or drinking is never discussed** – there is very strong evidence from both studies that conversations about alcohol are avoided and this may be for a range of reasons including fear, concern for the impact on relationships and anxiety around how to have the conversation.
3. **Stigma associated with alcohol use** – there is fairly strong evidence to indicate some shame attached to alcohol use and concern about the implications of talking about it.

4. **Lack of competence in how to have a difficult conversation** – there is strong evidence that individuals feel ill-equipped to have a conversation with a colleague about alcohol. This can be in relation to whether it is necessary, how to approach the situation or what to say and do when they do notice the signals.

Components of a conversation about alcohol

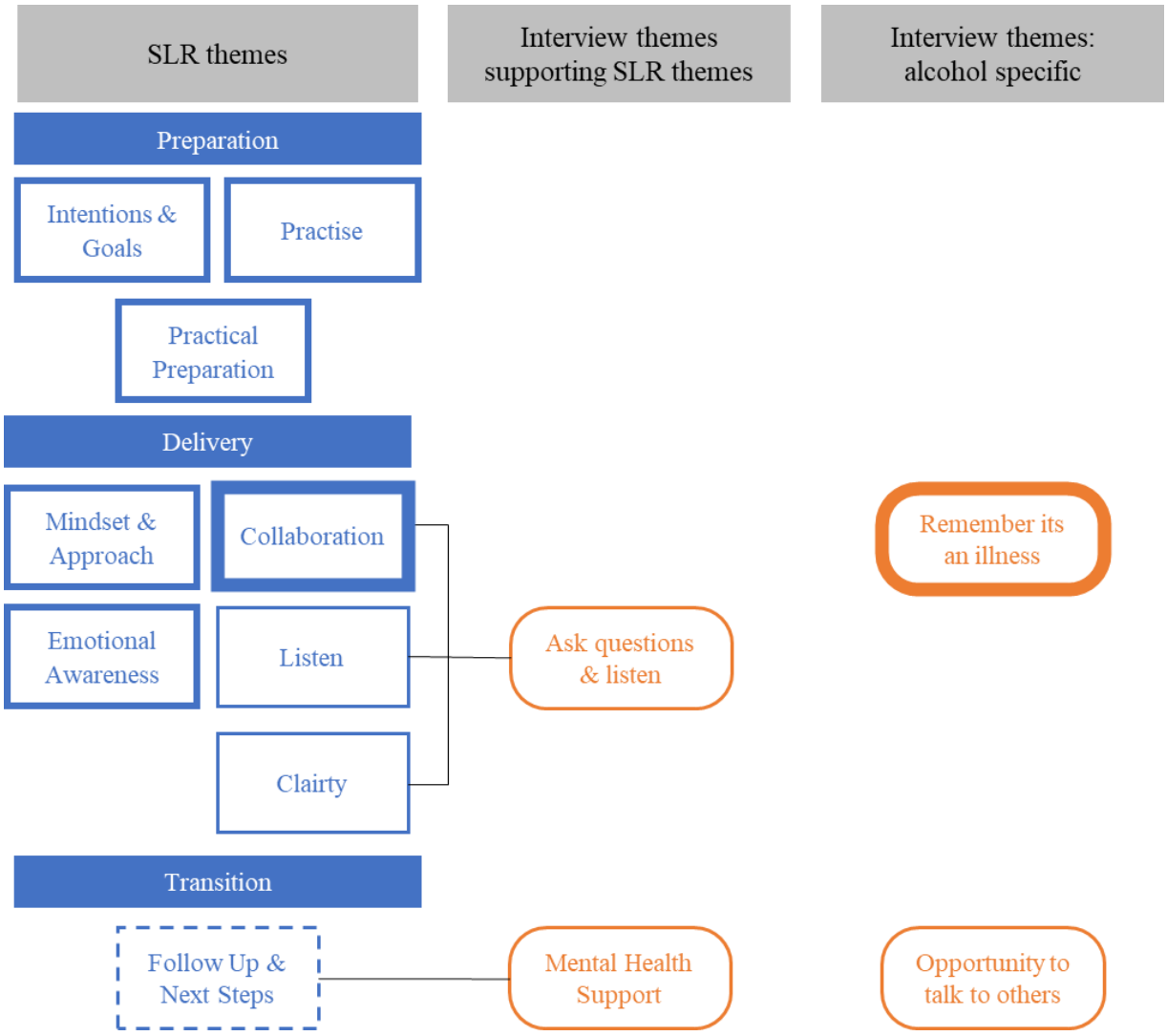


Figure 6: Integration of component themes across the two studies

The integration of the themes from both studies indicates five core components to having a conversation about alcohol:

1. **Preparation –** involves being clear about one's own intentions, considering how and when the conversation takes place and planning or practising what will be said. There was clear evidence of

this from the literature review. One element of the 'mental health' theme in the interviews might provide some specific guidance to preparation for conversations about alcohol. Here participants recommended keeping the conversation separate to a performance management conversation.

2. **Mindset and approach: Remember it is an illness** – there was very strong evidence from the interviews that it is helpful to keep in mind that alcohol use may be related to other problems and alcoholism is an illness that an individual does not choose. Checking one's mindset and avoiding judgement was also advice from the systematic review of difficult conversations more generally. Overall, there is very strong evidence this is an important component of a difficult conversation about alcohol.

3. **Asking questions** – there is very strong evidence that questions are an essential part of a conversation about alcohol. The systematic review highlighted a collaborative approach was best in difficult conversations and the interviews highlighted questions rather than broadcasting information was more valuable as it demonstrates seeking to understand.

4. **Listening** – there was strong evidence that listening was an important component to these conversations. Whilst it seems obvious, the literature review highlighted the need to actively listen, without agenda and the interviews highlighted that it helped to build trust and demonstrate a supportive approach.

5. **Follow up aligned with mental health pathways** - there was some evidence that follow up was an important component. The literature review noted that difficult conversations are rarely one-off and the interviews recommended a similar approach to supporting mental health in the workplace. Interviewees highlighted the value of talking to someone else who had experienced problems with alcohol use.

Limitations & future research

Whilst there is support for themes in interviews within the wider literature about difficult conversations there are several limitations to this research that are worth highlighting. The lack of peer reviewed data and research papers limits the quality of the evidence and subsequent recommendations. Many of the articles were written by practitioners with years of experience so their knowledge is valuable. There is a challenge to practitioners and those working in the field to evaluate approaches and understand the contexts that impact the success.

The systematic literature review focused only on colleague-to-colleague conversations in the workplace. There is advice and specialist guidance available (from DrinkAware and elsewhere) that is both relevant and important to integrate with these findings. Building future interventions will need to draw on the guidance.

Our interviewees were so helpful in sharing their experiences. The nature of our snowball sampling approach meant we were introduced to individuals of similar ages/generations. Notably we lacked individuals in their twenties. There may be value in exploring generational differences in terms of behaviours, attitudes and responses to alcohol use.

Many of the examples shared took place a number of years ago. The workplace is ever changing. The recent demands of the pandemic and subsequent increased use of technology and changes to working patterns may mean there are further signals and barriers to conversations. Components of conversations about alcohol will need to consider responding to those who are working remotely.

Recommendations

The signals, barriers, and components of difficult conversations about alcohol highlighted the need for specific action to support individuals having these conversations. Five recommendations are highlighted below.

1. Development of a colleague-to-colleague framework to help individuals navigate difficult conversations about alcohol. Although the content is likely to draw on frameworks such as FRAMES in the medical field, making it applicable to the workplace will require some further research and evaluation evidence. This research has indicated the following needs to be included in such a framework:

a) Guidance for preparation, delivery and follow up
b) Starting the conversation separately from performance management processes
c) Attention to keeping an open mind and remembering it is an illness
d) A focus on asking questions and active listening skills
e) Linking into mental health pathways as follow up
f) Providing access to others who have experienced problems associated with alcohol use.

2. Work environment risk assessment: to help organisations identify higher risk environments and prioritise training for conversations about alcohol. This research has highlighted a number of conditions are likely to increase drinking behaviour and highlight a difficult conversation may be required with some individuals:

a) Highly pressured workload (and wider pressures/changes) may mean drinking gets out of control for some individuals
b) Where alcohol is part of everyday activities or entertainment, the risk of drinking excessively increases
c) Where drinking is actively encouraged and no alternative provided, there is likely to be increased issues associated with alcohol use
d) How excessive drinking is talked about signals whether it is normalised
e) A clear sign a conversation is required is when excessive drinking is observed but not addressed.

There are several activities that may help to develop an open and supportive organisational culture:

3. Storytelling activities – Stories form part of the symbolism of organisational culture. They create a narrative of what is accepted as normal and how people respond to each other. They also provide

reference points and vocabulary for talking about difficult or complex situations. This draws on learning from wellbeing and mental health conversations.

Sharing stories of what excessive drinking looks like and how it is experienced by individuals could help individuals to notice when a difficult conversation might be required. In study 2 several stories were shared by interviewees. Some vignettes are provided in the appendix as a summary of these stories and could be helpful starting point.

Creating opportunities for individuals to share their own experiences demands high levels of trust. In some organisations this may not be present. Where it is possible, bringing alcohol use into the wellbeing conversations will be valuable in helping individuals notice, act, and ask for support.

4. Difficult conversation training to include guidance about alcohol. Some organisations already provide training for difficult conversations but the specifics around alcohol use are rare, what might signal such a conversation and how to have that conversation.

This training will require clarity around when alcohol use may be an area of concern. Recommendations from the medical field and stories from the workplace can be drawn on for this. The training will also require clarity around the signals and barriers to conversations identified in this research alongside the framework for having such difficult conversations.

5. Provision of mental health support to include links to alcohol related support. Some organisations have clear mental health pathways to support employees (e.g. employee assistant programmes, counselling etc). Highlighting alcohol support within these pathways, will be an essential part of bringing alcohol use into the conversations in the workplace. This research specifically highlighted the value of providing access to others who have had a similar experiences.

Appendix I: Interview theme quotations

Quotations from themes relating to SIGNALS a conversation is needed

Sub-theme	Description	*Quotations*
Drinking	Drinking at work – lunchtimes and after work.	*"So yeah, drinking at lunchtimes and drinking after work for years and years" [P7]* *"I've seen people sit down and edit a video with a bottle of Jack Daniels" [P12]*
Not at best	Drinker may show signs of low self-esteem or not performing but still 'just enough'.	*"I was unable to function at my best" [P1]* *"feelings of low self-esteem and you know feelings of shame" [P10]*
Secretive	Drinker is hiding their drinking and may find others who drink to hide within group	*"People who have a problem with alcohol, we are incredibly good at hiding it" [P5]* *"I'd hide drinks, take drinks in the drinks, cans of wine, cans of gin tonic in my briefcase" [P7]*
Pressurised	Drinker is 'self-medicating' in response to stresses and pressures of work (& life)	*"It became obvious that she was having lots of personal problems" [P3]* *"I used to deal with stress by drinking" [P10]*
Alcohol withdrawal	Hangovers are common, there may also be shaking, lethargy or alcohol odour	*"He would wreak of alcohol but again, it was just part and parcel of him" [P2]* *"Shaking, you know physically with the withdrawal from alcohol" [P10]*
Persona	Drinker puts on a front – maybe arrogance or defensiveness	*"I was arrogant, I was blaming everyone else" [P4]* *"Very kind of over the top, built excuses" [P5]*
Absent	Drinker is often late or absent from work, particularly on Mondays	*"Absence – there's a joke in recovery that we never did Mondays at work" [P5]* *"the signals were lateness and unrealistically explained sickness" [P6]*

Quotations from themes relating to BARRIERS to conversations

Sub-theme	Description	*Quotations*
Drinking culture	It is normal to drink – it is part of the work activities and social time.	*"This was a work hard play hard culture" [P2]* *I put myself in positions where you know I had jobs where I could drink, I found the jobs where drinking was part of it [P7]* *I think there's this notion that certain careers or industries are drinking cultures but every industry that I've ever been involved in there's always been a drinking culture per se [P9]* *there has been a culture of sort of , like from, from management of going out for parties and sort of, and booze in the office for time to time [P5]*
Never Discussed (Originally coded as avoiding the conversation)	High levels of anxiety about having a conversation and assuming others will do it; Uncomfortable talking with more senior individuals or other differences	*I guess I was just relying on someone else to do it, maybe not senior enough to do [P12]* *And then I went back after the two weeks and, at the end it was never discussed, [P10]* *he worked very hard to the organization and he obviously sacrificed a lot,[P2]*
Lack of knowledge/ training	There is ignorance around what drinking and how to deal with it	*I think you should speak to them, which I found quite difficult, having had no training [P10]* *felt like I didn't really have the tools to kind of know if I should have confronted her or what was the right thing to do in that situation, [P3]*
Problem tolerated	Drinking is excused, ignored, or sometimes protected by senior teams	*"It was dismissed a lot of the time by people in authority" [P1]* *"His line manager was very protective of him" [P2]* *"As long as I delivered the work they tolerated it" [P8]*
Drinking encouraged	Those not drinking are not part of the 'in group'; not drinking is ridiculed	*the sales guys would take clients out for boozy lunches to seal the deal, [P13]* *the fridge in the kitchen was just always full of alcohol [P14]* *If you weren't in the club you were an outsider.[P5]*
Stigma	Alcoholism is not discussed or acknowledged; Individuals will not share they are in AA	*the parody in America, if you say you're on a 12 step program they can see that as a plus because they see it as it means you're going to be reliable, honest you're not going to try and not come in but I still think in this country, there is, there is still, however much we talked about it in sort of more woke ways, there is still a stigma attached to it [P1]* *I'm not comfortable, not currently comfortable being completely open about my drinking in a work environment,[P6]*

Quotations from themes relating to COMPONENTS of conversations

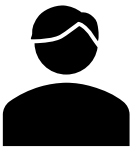
Sub-theme	Description	*Quotations*
Remember it is an illness (Originally coded as disease)	It is important to respect that it is an illness and approaching it like that will help show respect	*it's an illness it's not great it's not something that's they can switch on and off themselves.[P6]* *I see it as an illness now so it's hard it's hard for me to talk about it,[P7]* *no thought of her or other people, it's all about me, it's a selfish condition and illness and that ruined my life [P9]*
Provide opportunity to talk to others	It is really helpful to talk to others who have been through the same. This needs to be kept separate from performance management	*I approached it from the point of view as a friend rather than a supervisor role…. I think you know somehow that the performance management needs to be separate from the help. [P11]* *What really helped me was hearing stories from people who had been there done it got the t shirt [P5]* *somebody to talk to who's not a doctor, who's not a psychiatrist, who's not know your line manager or HR etc. [P6]*
Ask questions & listen (Previously coded as Friendly & supportive)	Allowing individuals to talk, listening without agenda, and identifying routes to support	*I just ask supportive questions that make people think about what they're going through [P5]* *something along the lines of Oh, I noticed something [P2]* *always approach it with a helpful constructive manner rather than aggressive manner [P5]*
Provide mental health support	Use mental health pathways and support; Don't ignore	*my current organization's private healthcare has an addiction package you could call [P10]* *they look after our physical and mental wellbeing.[P12]* *it would be helpful to have kind of professional kind of you know, proper counsellors and mental health workers [P11]* *there's a lot of shame around it as well, so you know to change that conversation without that perception, reducing the shame around it would be really useful.[P6]*

Appendix II: Story Vignettes

Devi is in her mid-thirties. She works longs hours with high sales targets. She is one of only a few females in her department. She loves her job and gets a buzz from being one of the top sales team members. There is lots of banter between the competitive sales team. She is seen as 'one of the lads'.

Many of her evenings are taken up with entertaining clients. She feels she has to drink at these occasions as questions would be asked and she doesn't want to be the odd one out. She feels she needs to keep up with the rest of the team, drinking is just part of the job.

She heads out for lunch one day with a colleague and orders a double vodka and coke. The colleague brings the drinks to the table, and she takes a sip. "That's not a double" she responds without thinking.



Al is in his late fifties, a senior manager for a firm of actuaries. He is seen as a higher performer and is often in the office early to ensure he can meet his deadlines. He feels stressed by the responsibility of maintaining his high performance. He is known as a hard hitter and can be aggressive and confrontational with his team members.

His colleagues notice he often comes back from lunch smelling of alcohol and slurring his speech. Other senior managers simply say, "that's just Al being Al – he brings in the money".

Perry is in his late twenties working in retail. He has had a string of retail jobs over the last few years. He has left previous jobs quite quickly and without much explanation. He now works with a nice team of people and enjoys chatting with them and customers too.

The store manager notices Perry starts to be late regularly. He is turning up to work unshaven and smelling of alcohol. Initially nothing is said, just an eyebrow raised.

One day after turning up late, Perry is missing from the shopfloor. He is found asleep in the staff toilet. His manager is very angry and issues Perry with a formal warning. Perry starts looking for a new job.

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