

Managers' conditions for alcohol prevention work: a focus group study in Swedish workplaces

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657

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Abstract

Purpose – This study aims to examine managers' conditions for workplace alcohol prevention in Sweden, where employers are legally required to address organizational and social risks. Despite this obligation, prevention often remains fragmented. The study investigates how organizational structures, workplace cultures and managerial practices intersect to shape prevention efforts and what conditions enable more sustained preventive action and how these conditions can be understood as part of everyday organizational practices rather than isolated policy measures.

Design/methodology/approach – Six focus groups with managers from diverse workplaces were conducted. Data were analyzed thematically, moving from empirical coding to thematic categories and theoretical abstraction. The analysis draws on social practice theory and sociological perspectives on stigma, power and gender, which were used as sensitizing concepts to interpret how prevention is enacted in practice.

Findings – Managers reported multiple, intersecting barriers, including limited time and training, high turnover and unclear routines. Policies frequently remained symbolic, functioning as formal documents rather than integrated practices. Stigma, hierarchical relations and gendered norms further constrained action and contributed to silence around alcohol use. Prevention was largely reactive, initiated only after visible problems. Variation

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across organizations showed that when alcohol prevention was embedded into routines, such as onboarding, annual cycles or alcohol-free events, more proactive practices became possible, even in challenging cultural environments, highlighting how routinization functions as a key mechanism for enabling preventive action.

Originality/value – The study contributes in three ways. First, it identifies a persistent policy–practice gap, showing how alcohol policies risk remaining symbolic without continuous reinforcement. Second, it conceptualizes alcohol prevention as a social practice sustained through organizational routines, hierarchies and generational identities. Third, it demonstrates how stigma, gender norms and power dynamics limit managers’ ability to act. By highlighting four conditions that enable preventive action – time, knowledge, supportive routines and a culture where alcohol can be discussed openly – the study provides actionable insights for human resources and leadership. While grounded in the Swedish regulatory context, the findings offer analytically transferable insights into mechanisms shaping workplace alcohol prevention across different organizational settings.

Keywords Workplace alcohol prevention, Managers’ conditions, Organizational culture, Social practice theory, Stigma and gender, Policy–practice gap

Paper type Research article

1. Introduction

Alcohol is a major global health and productivity risk, contributing to illness, absenteeism, and third-party harm. Europe carries some of the highest burdens (WHO, 2024), and the UN Sustainable Development Goal 3.5 calls for strengthened prevention and treatment of harmful use (United Nations, 2015). Workplaces are key arenas for prevention, and in Sweden employers are legally required to address organizational and social risks, including alcohol use (Martinez *et al.*, 2022), yet evidence suggests that such formal obligations do not necessarily translate into sustained preventive practices in everyday organizational life.

Organizational alcohol prevention involves both structural measures (e.g. systematic risk management) and cultural change. While structural interventions have improved employee health, norms around drinking in professional and social contexts remain influential and may undermine preventive ambitions by normalizing alcohol use in everyday routines. Despite workplaces being promising sites for alcohol prevention (Cameron *et al.*, 2019; Martinez *et al.*, 2022), research shows mixed effectiveness (Yuvaraj *et al.*, 2019; Bennett and Lehman, 2002), with several studies pointing to limited long-term impact and difficulties in translating formal policies into everyday practice. Managers hold a pivotal role (Øvretveit, 2005, 2010), yet face barriers such as time constraints, limited training, and unclear policies (Thørrisen *et al.*, 2022; Rojatz *et al.*, 2017). Remote and hybrid work further reduce managers’ visibility of employees (Schou and Moan, 2016), while drinking often remains embedded in workplace cultures (Frone, 2013; Cameron *et al.*, 2019). Recent studies confirm that managers’ preventive readiness depends not only on knowledge but also on organizational support, clarity of routines, and confidence in initiating early conversations (Elling *et al.*, 2022; Fellbaum *et al.*, 2023; Berglund *et al.*, 2025), highlighting the importance of understanding how preventive work is enacted in practice rather than assumed through policy presence.

Workplace alcohol use contributes to absenteeism and presenteeism with substantial economic costs (Aas *et al.*, 2017; Buvik *et al.*, 2018). Importantly, alcohol use cannot be reduced to individual behavior; it is part of culturally situated practices. Applying a social practice theory lens highlights how routines, contexts, and norms shape drinking (Meier *et al.*, 2018). In this study, we use social practice theory to conceptualize “alcohol prevention work” as the set of organizational routines, interactions, and expectations through which managers notice, interpret, and act on alcohol-related concerns, thereby changing focus from policy existence to how prevention is enacted, maintained, or constrained in everyday organizational settings. This shifts attention from formal policy compliance to how prevention is (or is not) enacted in everyday organizational life. It also connects to broader sociological work on how norms, hierarchies, and power relations shape managerial practice and organizational silence. Stigma and gendered drinking norms can create “unspeakable” spaces that limit managers’ ability to intervene early, even when policies are in place. Alcohol-related behaviors may thus function as ritualized practices that reproduce inclusion, conformity, or resistance.

Workplace prevention strategies are typically either universal (targeting all employees, e.g. alcohol interlocks in transport firms) or selective (focusing on high-risk individuals). Evidence suggests universal measures may be more effective, as employees without overt alcohol problems often generate greater workplace challenges (Alfred *et al.*, 2021), although findings remain inconclusive and context-dependent. The Swedish law requires written alcohol policies, but implementation is inconsistent (Martinez *et al.*, 2022). Implementation research further shows that policies alone are insufficient unless embedded in stable organizational routines, for example through onboarding, annual work environment cycles, or structured manager-employee dialogs (Thørrisen *et al.*, 2022; Aas *et al.*, 2017), indicating a persistent gap between formal requirements and enacted practice.

Effective prevention requires policies, training, cultural work, counseling, and external collaboration (Bennett *et al.*, 2009). Yet lack of time, limited knowledge, and resource constraints hinder systematic efforts (Elling *et al.*, 2022; Thørrisen *et al.*, 2022). Training programs show potential in strengthening managerial readiness (Elling *et al.*, 2020), but effects on employee consumption remain unclear (Fellbaum *et al.*, 2023; Yuvaraj *et al.*, 2019), pointing to a need to better understand the conditions under which such interventions are translated into practice. Cross-national reviews also highlight differences in regulatory frameworks and workplace drinking cultures, underscoring the need to understand what aspects of prevention are Sweden-specific and what may be generalizable across contexts (Fellbaum *et al.*, 2023).

Against this backdrop, this study examines managers' conditions for workplace alcohol prevention, focusing on how organizational structures, cultural norms, and everyday routines shape their ability to act. By analyzing prevention as a social practice involving routines, norms, stigma, and power dynamics, we address the persistent policy-practice gap identified in recent European research. The aim is to generate empirically grounded insights to support sustainable and context-sensitive strategies in Swedish workplaces. Rather than aiming for direct generalization, the study contributes analytical insights into mechanisms that may inform understanding of workplace alcohol prevention across different organizational and national contexts. In doing so, the study contributes to implementation science, organizational routine theory, and international discussions on how workplaces can move from symbolic policy to enacted preventive practice.

2. Theoretical framework

Stigma is a central barrier to workplace alcohol prevention. Employees may avoid seeking help, and managers hesitate to intervene. A dominant medical model reinforces silence by framing alcohol as an individual pathology rather than a collective concern (Frone, 2013; Babor *et al.*, 2010), thereby obscuring the organizational and relational conditions under which alcohol use is sustained. Stigma also operates subtly through organizational dynamics of "hospitality" and belonging, where some behaviors are welcomed while others are marginalized (Fraser *et al.*, 2021). Compared to other mental health conditions, alcohol dependence carries stronger stigma, further discouraging dialog (Schomerus *et al.*, 2011). This "stigma gradient" helps explain why proactive discussions remain rare, even when policies encourage early intervention. Gender norms reinforce these dynamics: alcohol often functions as a marker of masculinity, especially in male-dominated environments, framing abstinence as deviant and resistance to prevention as legitimate (Thurnell-Read, 2016). Recent workplace studies similarly emphasize that stigma and gendered drinking norms shape whether managers perceive prevention as legitimate and safe to initiate (Martinez *et al.*, 2022; Elling *et al.*, 2022), indicating that prevention is not only a matter of knowledge or policy, but of socially negotiated meanings and legitimacy.

A second barrier is managers' limited training and lack of skills for early detection. While targeted training improves competence, organizational support is essential for lasting impact (Ames and Grube, 1999; Bennett *et al.*, 2009). Managerial attitudes, organizational culture,

and policy clarity are decisive for effective prevention (Frone, 2013; Ames *et al.*, 2007). Without sustained investment in training and follow-up, prevention risks remaining fragmented. Ethical uncertainty adds further complexity. Managers struggle to balance privacy with responsibility, particularly when employees show signs of alcohol use disorder. Clear, consistently enforced policies and legal guidance are essential to avoid discrimination and ensure ethical practice (Quinlan *et al.*, 2015). Research further indicates that managers' preventive actions depend on accessible routines, supportive leadership, and opportunities to practice difficult conversations (Thørrisen *et al.*, 2022), suggesting that preventive capacity is embedded in organizational conditions rather than residing solely at the individual level.

Finally, organizational norms strongly shape prevention efforts. In alcohol-friendly sectors, cultural acceptance undermines policies unless supported by committed leadership and resources (Frone *et al.*, 2009; Ames *et al.*, 2010). Resistance to change, at both individual and organizational levels, means that prevention gains traction only when employees are involved early and perceive ownership (Mallett *et al.*, 2013). Studies of workplace interventions also highlight that routinization, for example through onboarding, team meetings, or annual work environment cycles, is crucial for moving from symbolic policies to enacted practice (Fellbaum *et al.*, 2023; Thørrisen *et al.*, 2022), pointing to the importance of understanding how preventive efforts become stabilized, reproduced, or disrupted over time.

Taken together, these strands of research point to the need for an analytical perspective that goes beyond individual behavior and formal policy. Applying a social practice theory lens (Meier *et al.*, 2018) makes it possible to conceptualize alcohol not simply as a health risk, but as a culturally embedded routine shaped by organizational hierarchies, stigma, and gendered codes. From this perspective, alcohol prevention becomes a set of situated practices enacted in everyday organizational routines, where inclusion, silence, and resistance are continuously negotiated (Wikström *et al.*, 2025), and where prevention depends on how these practices are organized, legitimized, and sustained. This framework guides our analysis of how managers navigate the interplay of formal obligations and informal expectations in everyday organizational life, by focusing on how practices are performed, maintained, and contested in interaction.

In this study, we synthesize these strands to conceptualize workplace alcohol prevention as a social practice situated within intersecting cultural and structural dynamics, where stigma limits what can be spoken, gender codes shape drinking's value, and power relations define who can intervene. By applying social practice theory, we move beyond viewing alcohol solely as a health risk or policy issue and instead analyze it as part of everyday organizational routines through which inclusion, resistance, and silence are enacted, thereby providing a framework for explaining why prevention often remains reactive despite formal policy support. This theoretical approach also aligns with implementation science by highlighting how context, mechanisms, and routines interact to shape whether policies translate into preventive action. This perspective provides a critical lens for examining how managers navigate prevention at the intersection of formal obligations and informal expectations, and how cultural and structural forces simultaneously constrain and enable their actions, thus extending existing research by linking micro-level practices to organizational and institutional conditions.

3. Methods

This study reports findings from six focus groups exploring managers' preconditions for alcohol prevention in Swedish workplaces. Each group included 3–5 participants (see Table 1 for demographics). Participants represented both public and private organizations of varying size and from different industries, providing contextual diversity rather than statistical representativeness, which is consistent with the exploratory and interpretive aims of the study.

Table 1. Study population characteristics, the CHIFA project, Sweden 2024–2025

Focus group	1	2	3	4	5	6
Number of participants	4	5	3*	4	4	4
Women	1	4	2	3	2	3
Men	3	1	1	1	2	1
Age range	35–61					
Education						
Upper secondary	1					
College/University degree	1	1	2	4	4	4
Other post-secondary	2	4	1			
Position						
Middle manager	1	1				
First-line manager	3	4	3	4	4	4
Experience <5y		3	1	1		2
Experience 5–10y	1		2	1	2	2
Experience >10y	3	2		2	2	

Note(s): *3 participants only, due to very late cancellation

3.1 Focus group design

Focus groups were selected to explore shared managerial experiences and workplace norms (Morgan, 1996; Krueger and Casey, 2009). This design enabled us to capture how norms, expectations, and constraints are collectively constructed, which is central to our social practice perspective. Focus groups are particularly effective for eliciting cultural assumptions and organizational routines that may not emerge in individual interviews (Kitzinger, 1995), and for examining how practices are negotiated and reproduced through interaction.

Groups were composed of managers at similar hierarchical levels to reduce power asymmetries, while still ensuring sector and organizational variation. This allowed participants to reflect openly on sensitive issues such as stigma, boundary management, and ethical dilemmas.

3.2 Data collection

Focus group discussions were conducted using a semi-structured interview guide developed from the research aims and prior literature. The guide included open ended questions and probes regarding universal and selective prevention, organizational routines, and ethical considerations (Stewart and Shamdasani, 2014), while allowing flexibility to follow emerging topics during the discussions.

Participants were recruited via workplace contacts ($n = 4$) and a non-profit treatment provider ($n = 2$) in western Sweden. Recruitment channels included HR departments, managerial networks, and an e-mail list held by the treatment provider, ensuring variation in sector and workplace size. Recruitment through a treatment provider may have resulted in participants with relatively higher awareness of alcohol-related issues. If so, this might contribute to the variation of experiences but is also considered in the analysis and interpretation of findings. Focus groups were led by an experienced moderator. A second researcher acted as an observer, taking detailed field notes on interaction, non-verbal cues, and contextual aspects (Morgan and Spanish, 1984). Sessions were audio recorded with informed consent and transcribed. The moderator encouraged balanced participation and explicitly addressed confidentiality to reduce social desirability bias.

Discussions covered three areas: (1) facilitators and barriers to universal prevention, (2) facilitators and barriers to selective prevention, and (3) ethical considerations related to managerial responsibility. Data collection and preliminary analysis occurred iteratively. After

the fifth group, no new themes appeared; the sixth group confirmed theme stability, indicating data sufficiency, in line with qualitative principles of thematic saturation.

3.3 Data analysis

The analytical process and its stages are summarized in [Figure 1](#).

Audio recordings were transcribed verbatim by a professional transcriber. Transcripts and field notes were analyzed using a thematic approach ([Braun and Clarke, 2006](#)), combining inductive coding with deductive sensitizing concepts from social practice theory, stigma, and gender frameworks, which guided interpretation without constraining the emergence of themes from the data. Initial open coding identified meaning units, followed by grouping codes into domains and discussing emerging interpretations within the research team. Coding proceeded iteratively, moving back and forth between data, domains and emerging themes. Two researchers independently coded a subset of transcripts, comparing interpretations and refining the codebook to strengthen code agreement.

Analytic memos and an audit trail documented coding decisions and theme development, supporting dependability. The analytic process consisted of (1) identifying empirical meaning units, domains and emerging themes, (2) developing themes and sub-themes, and (3) integrating theoretical concepts, thereby linking empirical observations to theoretical interpretation.

Six sub-themes were identified and are presented in the Findings section. [Tables 2–7](#) illustrate the coding process in each sub-theme with: (1) illustrative quotes, (2) domains, and (3) theoretical abstraction, making the analytical process visible and traceable.

Recruitment

- Workplace contacts
- HR networks
- Non-profit treatment provider



Data collection

- 6 focus groups
- Semi-structured interviews
- Audio + field notes



Data analysis

- Transcription
- Initial coding (identification of meaning units)
- Iterative coding process



Theme development and abstraction

- Meaning units
- Domains
- Themes and sub-themes
- Theoretical abstraction



Interpretation

- Social practice theory
- Stigma, gender, power

Figure 1. Methodological flow diagram

Table 2. Anchoring and implementing the policy, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
Because you don't want to end up in that embarrassing situation	Testing and informal monitoring	Informal surveillance as a preventive practice
We are very restrictive with alcohol in many contexts	Shifting policy norms	Policy evolution
Clear and firm policy: no alcohol during work	Strict workplace policies	Zero-tolerance approaches
Note(s): Theme definition: How alcohol policies are understood, enacted, and translated into everyday routines		

Table 3. Informing and awareness building, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
We don't talk about these issues unless something happens	Lack of routine discussions	Structural absence of dialog
Stigma makes it hard to speak up	Stigma as barrier	Barriers to help-seeking
We revisit policies at meetings	Policy reminders and reinforcement	Institutionalizing prevention
Note(s): Theme definition: How information, communication and dialog shape awareness and help-seeking		

Table 4. Cultural work and workplace dynamics, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
We avoid glorifying alcohol in casual conversation	Cultural shift	Norm-setting as prevention
All our events are alcohol-free	Alcohol-free norms	Inclusivity as prevention
Hard to address senior staff on alcohol use	Difficulty addressing senior staff	Hierarchy as barrier
Still expectation to drink socially	Persistent norms	Resistance to change
Note(s): Theme definition: How cultural norms, expectations and hierarchies shape alcohol-related practices		

Table 5. Difficulties and barriers in alcohol prevention work, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
We keep changing managers	Turnover	Continuity as resource
Unclear what to prioritize	Uncertainty	Competing demands
The policy gives a strong foundation	Clear policies help	Managerial guidance
Hard to act when unsure something's wrong	Intervention challenges	Balancing early intervention with concerns about overstepping boundaries
Note(s): Theme definition: Structural and relational barriers that limit managers' preventive actions		

By combining focus group methodology with a social practice theoretical lens, this approach enabled analysis of how managers collectively make sense of alcohol prevention as an everyday organizational activity. Rather than treating prevention as an individual attitude or isolated decision, the method allowed us to examine how routines, norms, and boundaries are negotiated in interaction, and how preventive work becomes enabled or constrained in

Table 6. Boundaries and alcohol in the workplace, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
Glorification of wine seeps into the workplace	Normalization	Social norms in settings
We socialize privately; boundaries blur	Blurred boundaries	Work-life spillover
Networking involves alcohol	Social drinking norm	Ambiguous settings that complicate managerial responsibility
Can't regulate outside work hours	Limits of authority	Boundaries on responsibility
Note(s): Theme definition: How blurred boundaries between work and private life complicate prevention		

Table 7. Proactive vs reactive approaches, the CHIFA project, Sweden 2024–2025

Illustrative quote	Domain	Theoretical abstraction
We don't talk unless something happens	Reactive only	Lack of early intervention
Could include alcohol in evaluations	Potential integration	Embedding prevention into existing organizational routines
Employee showed up drunk, then we acted	Crisis response	High threshold for action
Note(s): Theme definition: Differences between crisis-driven and routine-based preventive practices		

practice. This methodological combination thus provides analytical leverage for understanding routinization, silence, and managerial discretion in workplace alcohol prevention, in line with the study's aim to analyze prevention as an enacted social practice.

3.4 Trustworthiness and rigor

Trustworthiness was ensured through credibility, transferability, dependability, and confirmability (Nowell *et al.*, 2017).

- (1) *Credibility*: supported by triangulation of transcripts, field notes, and team reflexivity; coder comparison strengthened interpretive validity, and iterative discussions within the research team enhanced the robustness of interpretations.
- (2) *Transferability*: ensured by providing detailed descriptions of participants, organizational contexts, and recruitment pathways, allowing readers to assess the applicability of findings to other settings.
- (3) *Dependability*: maintained through an audit trail documenting methodological decisions and analytic steps, including coding iterations and theme development.
- (4) *Confirmability*: strengthened through memo writing and cross disciplinary team discussions, reducing the influence of individual researcher bias.

Reflexivity was practiced throughout through ongoing acknowledgment and discussion of the researchers' backgrounds in organization studies, public health, philosophy, psychology, and clinical work, particularly regarding assumptions about managerial responsibility and stigma, and how these may shape interpretation of the data.

3.5 Ethical considerations

The study was approved by an advisory opinion stating that the committee has no objections to the study from the Swedish Ethical Review Authority (Advisory opinion Dnr 2023-06820-01). Participants received written and oral information following the four principles of the Helsinki Declaration: autonomy, non-maleficence, beneficence, and justice. Confidentiality agreements were reiterated verbally at the start of each group, and participants were informed of their right to withdraw at any time without consequence.

4. Findings

The focus groups revealed how organizational culture, individual attitudes, and structural factors interact in shaping alcohol prevention. The analysis resulted in two overarching themes, each comprising three subthemes. [Table 8](#) presents an overview of these themes that complements [Tables 2–7](#).

4.1 Working with alcohol prevention

In the focus groups, alcohol policies were frequently cited as the foundation for prevention efforts while less frequently cited as providing active support in everyday practice. Policies remained more of a formal document than an integrated routine, with one notable exception (Group 2) where the policy had been more fully routinized.

4.1.1 Anchoring and implementing the policy. The findings suggest that while workplace alcohol policies exist, their enforcement is inconsistent and often dependent on managerial discretion. Managers described struggling with unclear preventive routines, limited ownership, and ambiguity about when and how to act, indicating that policies were weakly integrated into everyday organizational practices. Breathalyzer tests were cited as one tool for

Table 8. Theme overview table, the CHIFA project, Sweden 2024–2025

Overarching theme	Subtheme	Definition	Illustrative contexts/ mechanisms
1. Working with alcohol prevention	1.1 Anchoring and implementing the policy	How alcohol policies are understood, enacted, and translated into everyday routines	Policy anchoring, routinization, leadership signals, ambiguity in expectations
1. Working with alcohol prevention	1.2 Informing and awareness building	How information, communication and dialog shape awareness and help-seeking	Lack of routine discussions, stigma, policy reminders, training needs
1. Working with alcohol prevention	1.3 Cultural work and workplace dynamics	How cultural norms, expectations and hierarchies shape alcohol-related practices	Norm-setting, hierarchical barriers, resistance to change, inclusivity issues
2. Managers' prerequisites for working with alcohol prevention	2.1 Difficulties and barriers	Structural and relational barriers that limit managers' preventive actions	Turnover, uncertainty, competing demands, intervention challenges
2. Managers' prerequisites for working with alcohol prevention	2.2 Boundaries – personal/ professional	How blurred boundaries between work and private life complicate prevention	Work-life spillover, social norms, limits of authority, networking contexts
2. Managers' prerequisites for working with alcohol prevention	2.3 Proactive and early interventions	Differences between crisis-driven and routine-based preventive practices	Early conversations, embedding prevention in routines, help-seeking pathways

maintaining a sober workplace. Although managers emphasized training, policy development, and reactive interventions, these efforts were typically short lived and weakly embedded in everyday routines, reinforcing a largely reactive approach.

IP: No, we have actually never talked about it. What policy do we have, or how do we work preventively? (No6)

A recurring pattern was the absence of stable routines, leaving managers reliant on ad hoc responses. Prevention measures were described as present but fragmented, leading to frustration when actions lacked continuity or long term integration. This fragmentation suggests that prevention was not routinized, but instead dependent on individual initiative. Stricter rules for workplace events signaled progress, but were often described as driven by regulation rather than by broader cultural change.

Some managers questioned how far employer responsibility should extend, particularly when participation in preventive health programs was uneven. Concerns were raised about alcohol's normalization in workplace discussions, highlighting the enduring gap between policy and practice. A generational perspective was raised in one group, illustrating how historical drinking norms complicate preventive efforts:

IP: I think different generations have different experiences with alcohol. I grew up in the 70s, and back then, there was hardly anyone who didn't drink, who explicitly abstained. (No4)

Managers acknowledged that alcohol remained embedded in workplace social interactions, making prevention particularly challenging, as these norms shaped what was perceived as acceptable or legitimate to address. This underscored the perceived need for cultural work alongside formal regulation. Alcohol-free social events were suggested as a more inclusive alternative. Ambiguity around alcohol policies also created uncertainty:

IP: So it's really about starting to talk about it as a group and having discussions. And there were different opinions . . . should we vote on it, or follow some guideline, since there wasn't anything specific for just that workplace? (No2)

This quote illustrates how policy ambiguity resulted in varied interpretations and a patchwork of practices across units, reinforcing reliance on local negotiation rather than standardized routines. Some workplaces adopted no-alcohol policies during events, while others maintained more lenient approaches. A manager from a workplace with a zero-tolerance policy described clearer expectations, while also emphasizing the ongoing effort required to maintain adherence:

IP: We've followed zero-tolerance for alcohol in workplaces. So we haven't allowed it at Christmas parties or similar events . . . But I think we've shed more light on it recently . . . it feels like we're starting to talk about it more and more. (No2)

This example serves as a counterpoint. When policies were clearly anchored in leadership and routines, preventive practice became more normalized. A particularly routinized approach, rooted in the organization's free church heritage and work with individuals in recovery, was described in Group 3:

IP: When new employees or volunteers join, we clearly outline our alcohol policy during onboarding. This ensures everyone understands the expectations. (No3)

Here, prevention was embedded in everyday practices and repeated across activities, illustrating how stable routines can sustain preventive norms without additional interventions. Policies limiting alcohol consumption during external events, such as self-paid drink limits, provided a consistent framework, although implementation remained uneven. Managers also highlighted difficulties accessing practical resources such as checklists and templates, which further constrained the translation of policy into practice. Regular training and periodic policy

reviews were suggested as ways to keep prevention visible in everyday practice rather than treating annual reviews as purely administrative tasks.

Cultural diversity further complicated implementation:

IP: Not everyone comes from the same cultural or religious traditions, so there is some adaptation, but the policy remains consistent. (No3)

Overall, this theme illustrates a persistent policy-practice gap. Policies existed across workplaces, but without routinization, leadership anchoring, and cultural work, they largely remained symbolic rather than enacted, as they were not consistently embedded in everyday organizational routines.

4.1.2 Informing and awareness building. Alcohol-related discussions were described as largely reactive. Stigma and structural barriers limited the integration of alcohol prevention into broader workplace health initiatives, contributing to the marginalization of alcohol-related issues in everyday organizational dialog. Managers described information as the only consistently available preventive tool, yet one that was rarely embedded in everyday routines.

IP: The only preventive measure we can take is to inform. (No1)

Notices from the Alefors Foundation, the employer's alcohol support partner, provided guidance on help seeking and stigma reduction. However, managers noted that these resources were underused and not systematically integrated into regular communication channels, indicating a lack of organizational routines for sustaining awareness. Information was typically distributed after incidents or concerns rather than as part of proactive routines.

Rather than being embedded in ongoing organizational practices, communication about alcohol was episodic and event-driven. Managers emphasized that alcohol-related discussions are rare, reinforcing a reactive approach. Integrating alcohol awareness into broader workplace well-being talks, such as harassment and psychosocial safety, was seen as a way to normalize the issue and reduce stigma. Some workplaces provided reminders about policies or included policy discussions in team meetings:

IP: I go through the policy in staff meetings. Even in conversations with employees, I bring it up. (No1)

Managers highlighted training sessions and workplace meetings as useful arenas for initiating dialog, stressing shared responsibility and openness. At the same time, they noted a lack of structured and repeated initiatives, which made it difficult to sustain awareness over time, reinforcing reliance on individual managerial efforts rather than organizational systems. Some participants emphasized the importance of education focused on recognizing early signs of problematic drinking and strengthening managerial competence:

IP: I think education and prevention efforts among managers are important, being able to recognize signs of alcohol consumption is part of that. (No4)

Participants underscored that sustainability and repetition were essential, yet current efforts were described as fragmented. While workplaces often addressed safety, stress, or mental health, alcohol risks were rarely included, reflecting both stigma and organizational inertia, where alcohol remained a sensitive and partially silenced topic. Managers also identified potential in tools such as short surveys or screenings to assess attitudes toward alcohol and identify concerns early:

IP: Short surveys could be a way to periodically assess and address issues before they escalate. (No3)

Taken together, this theme highlights how the absence of routinized conversations leaves alcohol awareness sporadic, reinforcing a reactive rather than preventive pattern, and limiting opportunities for early intervention.

4.1.3 Cultural work and workplace dynamics. A recurring pattern across focus groups was the role of deeply embedded drinking norms in shaping workplace culture. Participants described entrenched expectations linked to senior staff, social traditions, and longstanding routines that resisted preventive efforts, even where policies existed, indicating that cultural norms operated independently of formal regulation. Strategies included downplaying alcohol-related comments and reconsidering cultural signals such as gifting alcohol or organizing wine lotteries. Although expectations around alcohol at work events had decreased, drinking was still widely perceived as normal, creating subtle pressure to conform:

IP: Even though it's more accepted to say no, we still have a strong culture of alcohol being normal. (No5)

Workplace culture thus reflected a duality. Norms were described as shifting, yet broad acceptance of alcohol persisted, illustrating the coexistence of changing attitudes and stable practices. Hierarchies added complexity, as senior staff were often perceived as less accountable for their own drinking, making leadership modeling central to cultural change, and shaping what was seen as legitimate to address. Social events commonly assumed alcohol consumption, even when policies discouraged it.

In one group, managers contrasted workplaces with strict no-tolerance policies with those lacking clear guidance. Gray zones surrounding after-work events, religious ceremonies, or external representation illustrated how boundaries between work and social life remain blurred, creating ambiguity about managerial responsibility. Several managers described subtle pressure to drink, especially during social gatherings:

IP: He comes along but he never drinks and must deal with comments like, "Come on, you can have a beer." [...] Being the one who stays sober isn't always okay. (No2)

This quote illustrates how micro-pressures sustain drinking culture, making abstinence socially risky and reinforcing stigma for individuals with health conditions, religious reasons, or past addiction, thereby reproducing norms through everyday interactions. Participants recognized that cultural expectations influence behaviors and attitudes more strongly than formal policies. One counterexample (Group 3) highlighted how explicit discussion of norms and a shared organizational mission could help reshape culture, demonstrating that norms can be actively renegotiated when made visible. Still, cultural diversity created challenges:

IP: Some colleagues may raise eyebrows at our strict policies if they come from different professional backgrounds. (No3)

Overall, participants viewed cultural work as essential for prevention. Without leadership modeling and repeated dialog, alcohol remained normalized and policies struggled to translate into practice, as cultural expectations continued to shape everyday behavior.

4.2 Managers' prerequisites for working with alcohol prevention

Effective managerial engagement with alcohol prevention was described as dependent on several fundamental conditions. Across groups, managers emphasized four prerequisites: sufficient knowledge and training, time and prioritization, clear organizational structures and routines, and a workplace culture that enables open discussion without stigma. The presence of these conditions varied considerably across workplaces, shaping the extent to which prevention could be enacted in practice.

4.2.1 Difficulties and barriers in alcohol prevention work. Managers frequently described structural obstacles such as leadership turnover, limited training, and unclear priorities. Without sustained institutional support or established routines, prevention became discretionary and uneven, placing responsibility on individual managers rather than organizational systems. Although managers acknowledged the importance of alcohol prevention, implementation was challenged by time constraints, skepticism regarding

effectiveness, and resistance to additional regulations. Heavy workloads meant that prevention often fell low on the agenda.

IP: Time, I would say. Knowledge . . . now we have had just this, which makes this question come up on the agenda. So, of course, that makes a difference when you get information. (No4)

This illustrates the importance of knowledge and visibility. When alcohol-related issues were not actively raised, they quickly disappeared from managerial attention, indicating that prevention depended on ongoing reinforcement rather than one-time initiatives. Some managers described structural supports that helped sustain focus:

IP: We have an annual work environment cycle . . . introducing alcohol prevention, for example, having it as a discussion topic once a year in the work team. (No4)

This example highlights routinization as a key mechanism for sustaining preventive work. In contrast, workplaces without such structures struggled to keep the conversation alive, reinforcing reactive rather than proactive practices.

IP: The advantage is also that we are such small workplaces, so there is more of a discussion climate . . . that makes it easier to keep this conversation alive. (No4)

Smaller organizations sometimes facilitated more informal dialog, while larger organizations risked fragmentation. Managers also described inconsistent training, unclear guidance, and lack of follow-up, which limited continuity in preventive efforts.

IP: One of the major challenges is that we frequently change managers. It's difficult to keep the same knowledge when leadership transitions happen so often. (No5)

High managerial turnover disrupted knowledge transfer and contributed to uneven preventive practices. Managers also described feeling isolated:

IP: You feel quite alone in it . . . you need someone, a sounding board . . . it's a big package and a sensitive issue. (No2)

Limited managerial support networks or HR follow-up made early conversations particularly challenging, increasing reliance on individual confidence and experience. Building trust was repeatedly described as essential:

IP: To build trust . . . it requires that we talk about it a lot and that employees feel listened to . . . More frequent and planned discussions so that it almost becomes an everyday thing. (No2)

Time constraints and competing priorities were major barriers:

IP: There's so much competing for our attention that alcohol prevention sometimes takes a back seat. (No3)

Some managers expressed uncertainty about evidence-based interventions, feeling that preventive efforts were expected without clear justification or measurable outcomes, which contributed to hesitation and delayed action. As a result, prevention was often reactive, initiated only when signs of problematic drinking became visible. Remote or mobile workforces created further barriers:

IP: We have staff who work remotely or travel frequently, how are we supposed to monitor their behavior? (No5)

Limited visibility reduced managers' confidence in identifying risks early, further reinforcing a reactive approach. Stigma further complicated direct conversations:

IP: It's not shameful to have poor ergonomics, but having an addiction or risky drinking is more shameful and sensitive to address. (No1)

The tension between private and professional boundaries made prevention especially delicate. Managers hesitated to intervene when problems appeared to originate outside work:

IP: It can be very sensitive . . . to sit down with an employee and say, 'I have these concerns . . . ' It can stir up a lot. (No2)

In sum, managers described barriers including time pressure, lack of routines, leadership turnover, limited training, stigma, blurred boundaries, and weak organizational follow-up, which together constrained early intervention and sustained preventive work. Uncertainty about next steps when risks were identified further discouraged early intervention. Across focus groups, managers articulated a broader tension between individual autonomy and organizational responsibility, with divergent views on whether alcohol use should be treated as a private matter or a workplace concern, highlighting ambiguity in managerial roles and responsibilities.

4.2.2 Boundaries – personal and professional, leisure and working time. A key takeaway from the findings is that the blurring of professional and personal boundaries complicates alcohol prevention work. Workplace norms, social relationships, and networking practices reinforce drinking culture, making it difficult for managers to intervene without overstepping perceived boundaries. Managers repeatedly emphasized that alcohol becomes a “work issue” only when performance is affected, yet problematic drinking often originates in private life, creating uncertainty about when intervention is appropriate, and contributing to delayed action. Alcohol’s deep-rooted role in social settings shapes workplace norms, making cultural change difficult. Flexible work arrangements and hybrid work reduce managerial visibility, further complicating early detection and limiting opportunities for informal monitoring.

IP: I’ve seen situations where after-work drinks blend into work discussions, and suddenly, professional boundaries are unclear. (No5)

These blurred boundaries illustrate how alcohol-related practices move across organizational and private domains, making responsibility difficult to define. Remote work and flexible arrangements reduce visibility, making it harder to detect alcohol-related issues. Workplace culture reinforces social drinking, blurring boundaries in networking and informal discussions. Some managers described situations in which colleagues “covered” for one another, making problematic behavior less visible and reinforcing silence, thereby sustaining problematic practices through collective inaction. Managers struggled to set clear rules when work and social interactions overlapped, highlighting the need for firm leadership and consistent expectations across contexts.

IP: We consciously avoid discussing weekend plans involving alcohol to respect those in recovery and promote a supportive environment. (No3)

These examples illustrate how boundaries were socially negotiated rather than formally defined, shaping what managers felt able to address, and limiting the scope of preventive intervention. As a result, prevention remained inconsistent, particularly in settings where social drinking was closely tied to team building or networking.

4.2.3 Proactive and early interventions. Findings demonstrate that alcohol-related issues are primarily addressed reactively, rather than proactively. Interventions tend to occur only after visible problems emerge, underscoring the need for structured, institutionalized strategies that integrate alcohol prevention into regular workplace routines and evaluations, and lower the threshold for early intervention. Managers expressed strong support for proactive approaches when they were framed as neutral, non-accusatory, and part of standard organizational procedures.

IP: When it’s preventive in a neutral way, generally, something that all teams do. I believe strongly in that. (No2)

Examples of proactive interventions included maintaining open channels for dialog and fostering a workplace environment where seeking help is normalized:

IP: We've partnered with external support services, ensuring that help is always accessible. (No3)

Several participants noted that when alcohol is visible at work, the issue is already advanced:

IP: I think it could be behavioral changes, obvious things like someone smelling of alcohol. If it has come to that point at work, then it has already gone quite far. (No6)

This illustrates how current practices rely on high thresholds for action, reinforcing reactive responses. Preventive measures were viewed as essential for reducing stigma and encouraging early help-seeking:

IP: Lift the issue. Work to make it less shameful to ask for help. (No4)

Managers emphasized the need for concrete tools, consistent training, and clear routines to address concerns early. Early detection was described as largely intuitive and infrequent, indicating that existing structures provided limited support for proactive practice, and leaving managers dependent on individual judgment. Participants highlighted that proactive prevention required both cultural work to reduce stigma and organizational mechanisms such as regular check-ins, clear referral pathways, and standardized follow-up routines, which together enable prevention to become routinized rather than reactive.

5. Analysis and discussion

5.1 Workplace alcohol prevention: a persistent policy-practice gap

In our material, workplace alcohol prevention appears primarily as something that occurs after concerns have become visible, rather than through ongoing routines, indicating a systematic tendency toward reactive rather than preventive practices. Policies were present in all organizations, yet their application varied considerably. Deterrent mechanisms, such as zero-tolerance rules, were often disconnected from everyday practices, leaving prevention vulnerable to individual interpretation rather than anchored in organizational systems. Informational strategies rarely extended beyond crisis response, echoing earlier findings that workplace alcohol policies often become symbolic rituals rather than enacted practices (Bennett and Lehman, 2002; Martinez *et al.*, 2022). Recent reviews similarly indicate that many workplace programs struggle to move from formal policy to everyday practice (Fellbaum *et al.*, 2023). In our focus groups, this symbolic character of prevention was reinforced by limited routinization, managerial discretion, stigma, and high leadership turnover, all of which fragmented knowledge transfer and weakened continuity, thereby preventing the stabilization of preventive practices over time. Alcohol prevention was seldom integrated into onboarding, team meetings, or annual work environment cycles, making it dependent on individual initiative rather than organizational support, and illustrating how the absence of routines sustains the policy-practice gap.

5.2 Organizational culture as a barrier

Workplace drinking culture emerged as a central barrier in managers' accounts. Alcohol was woven into networking, celebrations, and informal team building, and abstinence was at times subtly questioned. Three interrelated mechanisms were particularly salient in our material. First, hierarchical dynamics shaped prevention work. When senior staff engaged in drinking, intervention was perceived as socially risky, limiting managers' willingness to act (Frone *et al.*, 2009), and shaping what was considered legitimate to address. Second, generational divides influenced attitudes toward prevention. Younger employees were described as more accepting of alcohol-free initiatives, while older colleagues often drew on longstanding traditions (Cameron *et al.*, 2019), illustrating how norms are reproduced across cohorts. Third,

blurred boundaries between work and social life undermined formal strategies. After work events and informal gatherings often fell outside systematic prevention efforts, despite their central role in reproducing drinking norms (Mallett *et al.*, 2013). Taken together, these findings suggest that workplace alcohol prevention cannot be understood solely as a matter of compliance or enforcement. Instead, drinking practices are embedded in power relations, generational identities, and informal routines that shape what managers perceive as feasible and legitimate to address, highlighting the need to address culture as an integral part of prevention rather than as a contextual factor.

5.3 Managers' conditions: barriers and uncertainties

Managers described considerable uncertainty about when and how to intervene, particularly when alcohol use was perceived as linked to employees' private lives. This reflects a persistent tension between privacy and professional responsibility (Quinlan *et al.*, 2015). Resource shortages and competing demands further displaced prevention within workplace health agendas (Broyles *et al.*, 2012; Rojatz *et al.*, 2017), contributing to the deprioritization of preventive efforts. These accounts resonate with recent studies showing that managers' preventive actions depend on organizational support, accessible routines, and confidence in addressing early signs of alcohol risk (Elling *et al.*, 2022; Berglund *et al.*, 2025).

Viewed through a social practice theory lens (Meier *et al.*, 2018), our findings illustrate how drinking practices are sustained through routines, norms, and rituals that carry social meaning, and how prevention requires disruption of these established practices. Preventive interventions therefore encounter resistance not only because of limited resources, but because they challenge established patterns of collegiality, belonging, and hierarchy. Hybrid and remote work amplified these difficulties by reducing visibility and limiting informal opportunities for early detection, echoing similar challenges identified in prevention and support of mental health problems (Nordling *et al.*, 2025).

Stigma further compounded these challenges. Informal norms shaped what could be spoken openly (Fraser *et al.*, 2021), while alcohol dependence carried a double stigma, being both morally judged and perceived as difficult to treat (Schomerus *et al.*, 2011). Gendered expectations reinforced silence, with drinking described as a marker of masculinity and belonging (Thurnell Read, 2016). Many managers portrayed early conversations as emotionally charged and therefore postponed until signs of misuse became undeniable, thereby reinforcing high thresholds for intervention. Taken together, these findings help explain why prevention often remains reactive rather than proactive, even in organizations with formal policies in place, as organizational, cultural, and relational mechanisms jointly constrain early action.

5.4 Sweden in an international perspective

This study situates the Swedish case within a broader international context. Sweden assigns employers' legal responsibility for addressing alcohol-related organizational risks, yet our findings show that prevention falters when policies remain symbolic or disconnected from everyday practice. This tension is not unique to Sweden. Similar dilemmas arise wherever formal obligations intersect with entrenched drinking norms. By reframing alcohol prevention as a socially embedded practice, the analysis underscores how alcohol is intertwined with hierarchies, generational identities, gender norms, and everyday routines. This perspective opens avenues for comparative research on how cultural codes and institutional frameworks shape the enactment, adaptation, or erosion of prevention efforts across national contexts, while emphasizing analytical transferability rather than direct generalization.

5.5 Practical implications

Taken together, our analysis shows that workplace alcohol prevention is constrained by a persistent policy-practice gap, where policies risk becoming symbolic rather than enacted. Alcohol functions as a social practice woven into routines of belonging, hierarchy, and generational identity, making preventive efforts culturally and relationally complex. Stigma, gender norms, and power relations further limit what managers feel able to address.

Across our material, four conditions emerged as central for enabling preventive action: time, knowledge, supportive routines, and a culture in which alcohol can be discussed openly. By foregrounding how context and mechanisms shape the enactment of prevention, the study offers a practical and theoretical frame that can be applied across organizational and national settings, by identifying how preventive practices can be embedded and sustained.

In sum, the study points to three practical implications. First, policies risk remaining symbolic without routines that keep prevention visible in everyday work. Second, prevention must account for alcohol as a social practice embedded in organizational culture. Third, stigma, gender norms, and power relations shape what managers perceive as possible to address, sustaining silence around early intervention.

These insights shift attention from program outcomes to the lived conditions of prevention. They also point toward a practical pathway for organizations. At system level, alcohol prevention can be integrated into annual work environment cycles, onboarding processes, and team dialogs, with event guidelines that prioritize alcohol free defaults and visible leadership modeling. At manager level, organizations can provide regular training in early identification and conversation skills, ensure clear referral pathways, and embed short preventive check ins into existing meetings, supported by accessible HR follow up. Such routinized preventive practices may also have organizational benefits by reducing alcohol-related absenteeism, presenteeism, and productivity losses. By anchoring prevention in everyday routines rather than isolated policies, workplaces can move from symbolic commitments to sustained preventive practice, creating conditions in which managers can act earlier, more confidently, and more consistently, and reducing reliance on reactive interventions.

6. Conclusion

This study contributes to research on workplace alcohol prevention by clarifying the conditions that shape managers' possibilities for sustained preventive action. By grounding the analysis in managers' own accounts, the study shows how prevention is constrained not only by limited resources and unclear routines, but also by cultural dynamics such as stigma, gender norms, and power relations, which can render alcohol policies fragile and largely symbolic in practice. Together, these conditions reinforce a persistent gap between formal policy and everyday organizational life, and help explain why prevention often remains reactive despite formal obligations.

The study makes three main contributions. First, it advances theory by conceptualizing workplace alcohol prevention as a social practice rather than as a discrete intervention, thereby extending existing research by showing how prevention is enacted, reproduced, or constrained in everyday organizational routines. This perspective demonstrates how alcohol use and prevention are embedded in everyday routines of belonging, generational identities, and informal workplace interactions, helping to explain why preventive efforts often remain contested and difficult to sustain. Second, the study contributes empirically by showing how managers navigate these tensions in practice, highlighting the interaction between organizational structures, cultural norms, and managerial discretion. Third, the study offers practical insights by identifying four conditions that enable preventive work: time, knowledge, supportive routines, and a culture in which alcohol can be discussed openly.

By situating the findings within the Swedish policy context, where employers hold formal responsibility for organizational and social risks, the study illustrates how cultural and organizational conditions can reshape or undermine the reach of formal policy. At the same

time, the analysis provides a lens for understanding similar tensions in other national contexts where workplace regulations intersect with established drinking norms, emphasizing analytical transferability rather than direct generalization.

The study also draws attention to prevention in remote and hybrid work settings, where reduced visibility limits early detection and blurred boundaries between work and private life complicate intervention. By foregrounding these organizational conditions, the findings complement evaluations of program effectiveness and show how preventive strategies risk remaining symbolic unless they are anchored in everyday routines, highlighting the importance of routinization for sustained impact. Future research should further examine how workplace context, including sector, size, and national setting, shapes the possibilities for sustainable prevention, particularly as hybrid and flexible forms of work continue to expand. Future research should also include employee perspectives and multi-level organizational analyses to provide a more comprehensive understanding of how alcohol prevention is enacted across workplace actors.

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