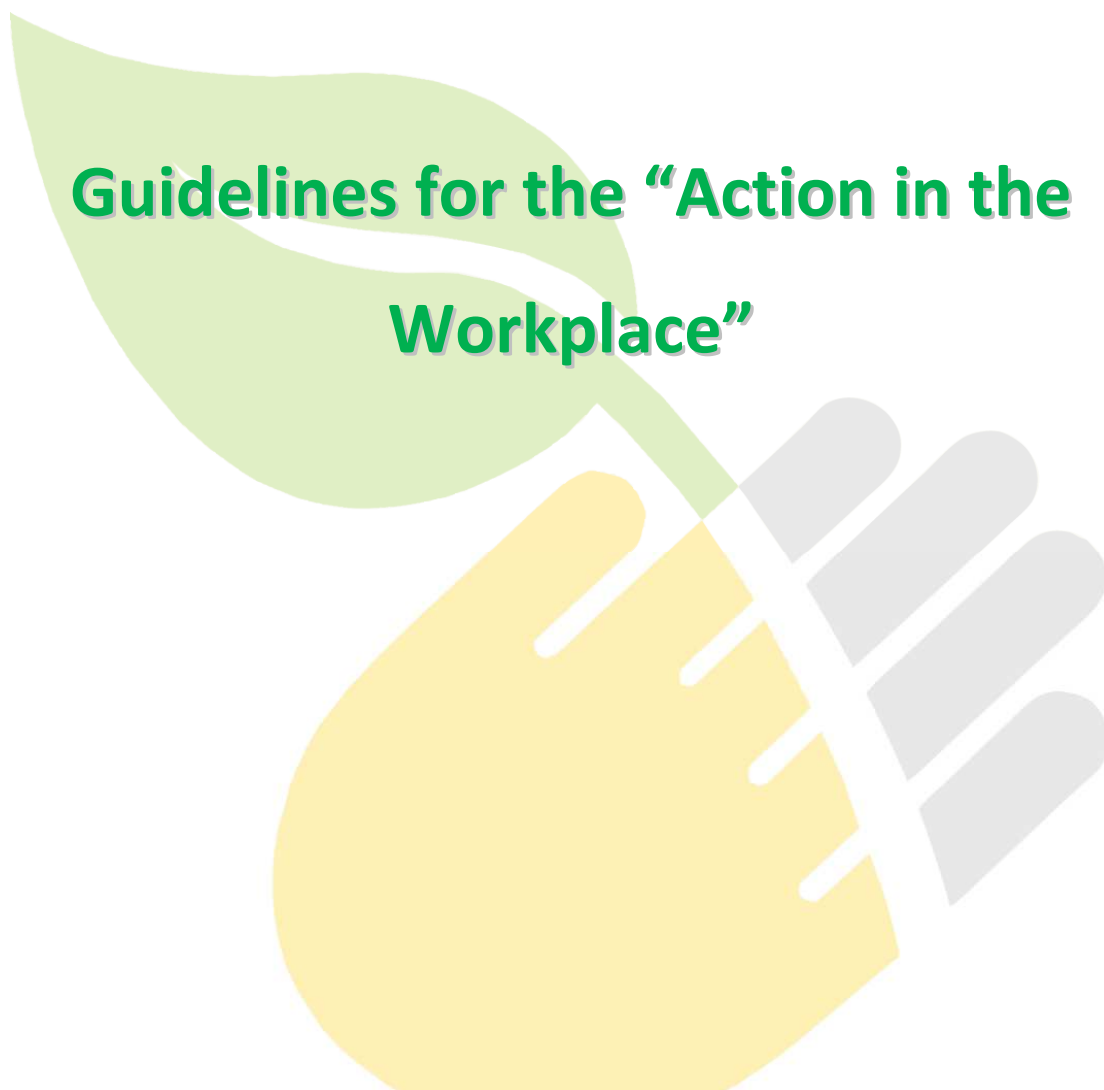


# Summary of document

**Health and safety at work and  
prevention  
of the use of psychoactive substances:**

**Guidelines for the “Action in the  
Workplace”**





Title: Health and safety at work and prevention of the consumption of psychoactive substances:  
Guidelines for the “Action in the Workplace”

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## **Use of psychoactive substances at the workplace**

The factors inherent in certain working conditions (dangerous work, prolonged working hours, shift work, excessive working rates, stress, frustration, lack of motivation, low wages, job insecurity, etc) are liable to negatively affect workers' health, creating multiple physical and psychosocial risk factors interacting with and intensifying the problems linked to the use of alcohol and other drugs.

Generally speaking, all cases of use of psychoactive substances have biological, social and behavioural consequences (Carrilho, 2002), which may:

- interfere with the exercise of the occupational activity;
- jeopardise the physical integrity of workers and equipment;
- impair health and safety at work and the ability to perform the work;
- cause administrative and financial problems;
- discredit the organisation and impair its image.

## **According to the International Labour Organisation (2003):**

- workers who use psychoactive substances are at greater risk of suffering an accident at work than the working population in general;
- up to 40% of accidents at work involve or are linked to alcohol consumption;
- workers who use psychoactive substance tend to be absent from work more often;
- they are more prone to mistakes and are absent more often on Mondays;
- they tend to arrive at work later and leave earlier than other workers;
- they display more high-risk behaviours vis-à-vis safety and security (negligence and reduced critical faculties) than the working population in general;
- they are more frequently involved in disputes, violent behaviour and thefts, and attract more complaints.

## Paradigm for the “Action in the Workplace”

In addressing the issue of the use of psychoactive substances in the workplace, the emphasis has traditionally been placed on treating and rehabilitating addicted workers. However, most workers are not addicted to psychoactive substances, although there are cases of harmful use of or acute intoxication with alcohol or other psychoactive substances.

In some countries, an estimated 10% of people have a problem with psychoactive substances, with only 3% of the latter developing addictions (Carrilho, 1987, 1991, 2002, 2007). The paradigm is currently changing, with a transition from treatment to preventing use.

**Aims of the “Action in the Workplace”** The action on problems related to alcohol and other psychoactive substances in the workplace is based on the idea that use of such substances constitutes a health and safety problem which is susceptible to early detection and treatment, minimising the time of removal of the person from the workplace.

The main reasons for implementing a programme for preventing high-risk use are:

- promoting healthy lifestyles;
- reducing accident occurrence and fostering health and safety at work.

Companies can benefit from adopting programmes for preventing problems linked to the use of psychoactive substances. Various epidemiological studies have shown that the incidence of problems related to the consumption of psychoactive substances depends on the quantities consumed: the greater the use, the greater the probability of occurrence of such problems as accidents, absenteeism, violence and harassment. Moreover, it is cheaper to run a prevention programme than to treat addicted workers or repair damage arising from use. This leads to an increase in corporate productivity and competitiveness.

So the Action in the Workplace is intended to:

- prioritise workplaces as prime areas for prevention of problematical use of psychoactive substances;
- concentrate on health and safety at work and promote healthy lifestyles among workers;



- centre strategies on the field of corporate responsibility and ethics, supporting companies and workers and extending their action to the families and communities in which they are rooted;
- help to prevent the risk of accidents at work and to raise safety levels by minimising the consumption of psychoactive substances;
- support the creation and development of corporate health and safety policies;
- promote the written dissemination of the said policies.

Participation by workers and their representatives in designing a plan to promote health at work and defining the requisite policies is a question of principle which undeniably plays a decisive role in the implementation of the prevention programmes. Such participation is vital and indispensable in terms of the legality principle.

Consequently:

- it helps ensure that workers accept the programme, as the latter themselves facilitate the creation of a positive atmosphere of genuine acceptance of the programme;
- it empowers workers’ representatives to approach colleagues in situations of substance use; they can often prevent transition from situations of low-risk to those of harmful use and addiction because of their proximity to the workers;
- it facilitates and promotes the removal of any lingering doubts about workers’ individual rights, especially in cases of treatment and re-establishment in post.

## Guiding principles for the “Action in the Workplace”

The adoption of policies and programmes to prevent the use of psychoactive substances constitutes an extension of the action to all the workers. To that extent, the correlation between the exercise of occupational duties and substance use and the emphasis on promoting health lifestyles are fundamental components to be developed in this area.

So, these are the main points to be borne in mind:

- policies and programmes in the field of use of psychoactive substances should promote the prevention and treatment of problems linked to the use of psychoactive substances in the workplace;
- information, training and qualifying programmes on psychoactive substances are required in order to foster health and safety in the workplace; these programmes should as far as possible be incorporated into broader health and safety programmes;
- a mechanism should be introduced to ensure the confidentiality of all information at all points along the chain of custody, as well as during treatment and rehabilitation;
- problems linked to the use of psychoactive substances at the workplace must be treated as health problems. Workers requesting medical intervention should not be discriminated against by their employers and should enjoy job security and the same chances of promotion as their colleagues;
- treatment and rehabilitation can only be carried out if the worker volunteers to undergo them, with respect for his or her personal liberty: such procedures cannot be imposed, especially through any form of coercion;
- drug or alcohol addiction must be considered as an illness and treated as such where temporary unfitness for work, sickness allowance and other social benefits are concerned, especially during periods when the worker is undergoing treatment;
- all information on the treatment and rehabilitation procedure must be kept strictly confidential;
- the employer must guarantee the maintenance of the worker's post for the duration of the treatment or ensure his or her transfer to another post which will not jeopardise his or her safety or that of others, without forfeiture of rights or other privileges.



# CONTRIBUTION TO CORPORATE HEALTH AND SAFETY POLICIES

## Introducing a health and safety policy in the field of use of psychoactive substances

Risk prevention vis-à-vis workers’ health and safety in a working environment involves not only addressing working conditions which are potential risk factors in terms of use of psychoactive substances, but also considering changes in the corporate culture in order to improve the quality of life at work, using an integrative approach.

Participation by workers or their representatives in designing a plan to promote health and safety and defining the requisite policies represents a legal obligation. Similarly, clear, detailed information must be circulated on the initiatives included under this plan before they are actually introduced.

The approach to implementing these procedures varies according to sectoral specificities and cultural differences in situations in flux. Companies can begin by adopting a mission statement, a code of conduct or a declaration of principles, setting out the aims, the core values and the responsibilities of the stakeholders involved.

The following are the requisite stages in defining the policy to promote health and safety at work from the drug consumption angle:

- securing a (written) policy on the subject;
- conducting a corporate diagnosis;
- assessing, by means of sampling, the level of knowledge of problems of substance use, levels of and attitudes to use and the means of tackling it;
- involving all workers, through their representative bodies, as well as members of the managerial or executive staff, employers and supervisors;
- defining the objectives of the health and safety policy with the participation of the whole company;
- devising an action plan, with extensive participation;

- proposing specific support mechanisms for persons evincing problems linked to the use of psychoactive substances, e.g. by using a PAT (Assistance Programme for Workers) or referring the person to a health service;
- fostering the dissemination and validation of the corporate health and safety policy, with which all the workers should be familiar.

## **Awareness-raising, information, education and training**

The “Action in the Workplace” programmes in the field of use of psychoactive substances should cover awareness-raising, information and training programmes for all levels of personnel within the company. Management, together with the workers’ representatives, are the key to the success of any policy geared to reducing problems linked to psychoactive substances in the workplace, since they are in direct contact with the workforce.

Management is responsible for:

- staying abreast of the policy for preventing the use of psychoactive substances, being capable of transmitting information on this policy to the workers, and knowing when to act;
- discussing work problems with the workers and seeking solutions with them;
- documenting any recurrent cases of inappropriate working or behaviour (possibly linked to high-risk consumption) and referring them to the Occupational Health Department or the Department for Health and Safety at Work.

Management must never be responsible for:

- conducting clinical diagnoses of problems of use of psychoactive substances;
- dealing with problems arising from such use;
- referring persons to medical services for treatment (they can only report them to internal Departments).

Information and awareness-raising sessions should cover:

- general aspects linked to promoting health at the workplace;

- general concepts concerning psychoactive substances and the dose-effect relationship in terms of capacity and functionality (CID-10-WHO; CIF-WHO);
- early detection strategies in occupational medicine;
- information on community resources for medical provision.

## Access to counselling, treatment and rehabilitation services

Whenever workers begin treatment for addiction, their “job stability guarantee” must be maintained during and after the treatment, as this is one of the factors facilitating the person’s recovery. Proper occupational reintegration is part of the procedure for preventing relapses: it must be borne in mind during this rehabilitation period that the worker’s commitment to the job depends on the recovery process.

Healthcare provision consonant with public needs requires the establishment of a carefully thought-out system for treating workers with problems linked to the use of psychoactive substances, corresponding to either harmful use or addiction. These services must be co-ordinated in such a way as to provide the requisite responses, whether in terms of problem detection and treatment or vis-à-vis possible rehabilitation, involving, where necessary, a wide variety of agents and different sectors in addition to the healthcare services, particularly the social security and labour sectors and the community at large, guaranteeing a network of co-ordinated responses.

In order to ensure that the worker is provided for in such a way as to meet the diagnostic, therapeutic and rehabilitation needs identified as appropriately as possible, different levels of intervention must be considered: the corporate health services (occupational medicine), primary health care, IDT units, and mental health structures.

The responses must target accessibility, continuity, prevention of relapse, complementarity and quality of care provision. Initially, the worker must contact the occupational health officer or GP for an early diagnosis, in order to determine the mode of intervention required. Cases should be reported to the IDT Integrated Response Centres or other specialised bodies such as alcohol treatment units and mental health structures.

## **Assistance Programmes for Workers in the field of use of psychoactive substances**

The corporate health and safety policy may or may not include an Assistance Programme for Workers (PAT), in accordance with the following criteria:

### **Design**

PAT co-ordinating groups must be set up after a prior viability and needs assessment study. The groups should preferably include administrative and workers' representatives from the areas of health and safety at work, human resources, and possibly, training. These persons should jointly evaluate the effects of the use of psychoactive substances in the workplace and co-operate on a policy to promote health and safety covering any modes of use considered problematical for the company.

### **Implementation and management**

In analysing a workplace intervention policy, the technical and financial conditions for pursuing the objectives must be guaranteed.

The following aspects must be covered:

- statutory or legislative requirements;
- collective labour agreements;
- any other current requirements.

If it were deemed necessary to conduct screening vis-à-vis the use of psychoactive substances, it should be the last resort on the overall programme and should take account of the legal provisions set out in this document.

## Reducing risk factors

In the epidemiological field, the risk concept is defined as the probability of the occurrence of an unfavourable event. The presence of various risk factors in the workplace and their possible interaction may intensify the negative effects on the worker’s health and safety.

Problems linked to the use of psychoactive substances, like other high-risk behaviours, do not obey any explicit causal relations. Aetiology, i.e. the occurrence of events, is multifactorial and complex and has many biological, psychological, social and cultural aspects.

The following are risk factors for the use of psychoactive substances in the workplace:

- factors relating to the occupation (repetitive tasks, long working hours, stressful activities, etc);
- individual factors (low boredom tolerance, impulsiveness, external locus of control, etc);
- organisational/psychosocial factors (intense working rates, monotonous tasks, inadequate social support, etc).

The presence of a range of risk factors can increase the probability of use. To that extent, intervention concentrating on work organisation, especially reducing risk factors for a fairly large group of workers, is an effective means of preventing or resolving the problem (Uva, 2006). In a survey conducted by *Williamson (1994, quoted by the European Agency for Safety and Health at Work, 2000)*, the author ascertained that corporate measures geared to eliminating and controlling risk factors in the working environment had been identified as the most useful, although they were the least commonly used (*Williamson, quoted by the European Agency for Safety and Health at Work, 2000*).

## Definition and implementation of the corporate health policy

The document operationalising the health policy should:

- contextualise and substantiate the health policy (safety at work, worker’s health and safety, product quality, productivity, public social responsibility, etc);

- clearly set out the rules on conduct in the workplace vis-à-vis psychoactive substances, in line with current legislation;
- establish the mode of appointment and membership of the group responsible for co-ordinating and implementing the corresponding plan;
- establish the mode of worker participation;
- explain the information, awareness-raising and training procedures, listing their addressees;
- indicate the mechanisms for ensuring that workers who have problems with substance use can obtain support from inside or outside the company;
- describe the system of periodical assessment of the implementation of the procedures;
- ensure compliance with the collectively negotiated provisions.

## **Assessment of the health and safety policy vis-à-vis use of psychoactive substances**

The aim of any assessment procedure is to ascertain the extent to which the action is achieving the original objectives. Basically, it should identify advantages and drawbacks and pinpoint positive and negative points in the various stages of implementing the health policy.

Assessment can influence:

- the procedure;
- the results;
- the impact.

## **Operationalising detection**

Testing for alcohol or drugs is permissible only in exceptional cases involving the health and well-being of the worker, the employer or third persons (Employment Code – Article 19 para. 1). However, screening can never be legally acceptable (vis-à-vis the principles of proportionality, appropriateness and reasonableness) in the absence of an objective reason for

its implementation in terms of the safety of other workers, the users of the services or the community at large, or where the risks from this angle are minimal.

As far as detection is concerned, there should be explicit regulations on a number of aspects, particularly the fact that professionals can be subjected to testing. According to the National Data Protection Committee (CNPd), which has taken on board the interpretation of the Pompidou Group’s Platform on Ethical Issues, testing should be confined to specific occupational categories carrying out tasks which involve particular risks to themselves, third persons or the community at large, such risks having been duly and concretely substantiated. Examples of jobs involving serious risks to the workers themselves or third persons include security officers, energy technicians, heavy and light vehicle drivers, commercial air pilots and merchant navy pilots, and all the activities listed in Law 102/2009 of 10 September 2009.

On the other hand, the detection procedure should be incorporated into the overall system for health and safety at work, particularly the occupational medicine sector, and it should not be used in any other context.

The CNPD has not authorised the processing of data resulting from screening or ratified the regulations on such processing.

The regulations should indicate, *inter alia*:

- the substances to be detected;
- the circumstances surrounding the testing;
- the professionals involved in the detection process (who are subject to a confidentiality requirement), with the medical officer retaining overall responsibility for implementing the testing;
- the frequency of testing;
- the need for a second opinion from an accredited body;
- the requisite procedures in the event of a positive result.

Although the measures adopted to promote health and safety in the workplace, particularly in the field of use of psychoactive substances, are no panacea, they do help improve the quality of corporate life, increasing work efficiency and effectiveness. They also encourage productivity and security and generally improve working conditions. They undeniably promote worker development, as well as the company's image in its local community.

In the current worldwide context of economic liberalisation and globalisation, all companies must have levels of productivity and competitiveness which preclude management cultures that fail to promote the development and well-being of their co-workers. This dimension is defined in the context of corporate social responsibility.

The interdependence between the economic and social systems and the regulating role played by the corporate culture in this dialectic would appear axiomatic. Management strategies and policies fostering a corporate culture that creates motivating, creative and innovative climates based on promoting solidarity and facilitating the occupational and personal development of workers would seem to influence individual and collective performances, and consequently the production levels and economic indices.

Companies which invest in qualification, development validation and promotion of the well-being of their human resources are strategic instruments for promoting change at societal level, occupying a predominant place in contemporary societies. They also represent an extremely important autonomous social universe with enormous capacity and potential for influencing the global social system. Changes effected inside the company are reflected in the overall social relationships of interdependence among individuals and groups, in the cultural framework of workers and occupational groups, and will be transposed outside the company into family, neighbourhood and social relations.