

**Co-operation Group to Combat Drug Abuse
and illicit trafficking in Drugs**



P-PG/Work(2013)6rev2_en

PREVENTION IN THE WORKPLACE WITH REGARD TO ALCOHOL AND DRUG USE

Drugs and alcohol at the workplace

Inventory of national legislation

**Resolutions adopted by the
Pompidou Group**

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Foreword

The presence of addictive behaviour in the workplace – something long denied by managers and employee representatives – is dealt with differently according to each member country's legislation and work culture. The overview offered by this study bears witness to this.

However, this diversity is tending gradually to give way to more convergent approaches under the dual influence of European directives and the gradual realisation of the need to promote a healthy working environment conducive to prevention of the harmful consequences of alcohol and drug use.

In the current state of flux, the goal pursued by the Pompidou Group's French Presidency has been to help consolidate those trends which support the promotion of balanced policies based on responsibility, respect for individual and collective freedoms and solidarity within working communities. That was the aim behind the final declaration and reference framework adopted in May 2012. The latter is to be adapted to national contexts and implemented in such a way that the prevention of addictive behaviour is placed at the heart of social dialogue on the improvement of working conditions and the analysis of occupational hazards.

I realise that this approach challenges certainties which, for a long time, allowed politicians to adopt an attitude of comfortable complacency. The debate is ongoing, therefore. It is to our credit that we are contributing to it by seeking to develop a form of recognition certifying a set of good practices in workplace health and safety for the prevention of risks associated with addictive behaviour. The purpose of this distinction would be to provide concrete and operational content to the reference framework by recognising, through practices in keeping with the principles of the framework, the ability of certain enterprises and all their stakeholders to move on from a declaration of intent to a concerted prevention policy. In addition to this, risk analysis that correlates addictive behaviour and psychosocial risks will make it possible, in the years ahead, to monitor these issues more closely and even to incorporate them as a matter of course into prevention strategies.

It is therefore particularly gratifying for me to preface this publication which, as well as taking stock of the situation in each country, offers an analytical view of the convergences which should be built on and the divergences which should be respected and overcome. It should be noted that it includes data supplied by contributing countries which are not members of the European Union and that it is therefore complementary to the study conducted in 2012 by the European Foundation for the Improvement of Living and Working Conditions <http://www.eurofound.europa.eu/pubdocs/2012/231/en/1/EF12231EN.pdf>.

I hope that this work carried out in continuous partnership between corporate stakeholders and international organisations active in the field will help to reinforce workplace prevention strategies and create a healthy environment for personal development.

Danièle JOURDAIN-MENNINGER

Chair of the French Interministerial Mission against Drugs and Addictive Behaviour
Chair of the Council of Europe's Pompidou Group

FINAL DECLARATION

Representatives of States and international organisations participating in the above conference:

- examined the new challenges resulting from increased prevalence of alcohol and drug use, as well as polydrug use, by employees in the workplace, and also in their private lives, as reported in national and international research;
- recognised that these increased prevalence rates may arise as a result of personal, family or social factors but may also arise as a consequence of reasons linked to the working environment itself, such as stressful working conditions, shift work, excessive workloads, frustration, lack of motivation, job insecurity and instability, etc.;
- recognised that the risks and dangers resulting from such use of psychoactive substances inside and outside the workplace jeopardise the physical integrity of workers and equipment, impairing health and safety and performance in the workplace, harming the enterprise and its image and causing financial damage and injury to customers.

In order to address these challenges, they:

- invite all stakeholders (governments and public authorities, enterprises, occupational health services and staff) to define the outline of a policy to prevent the risks of alcohol and drug use;
- advocate the adoption and implementation of a consistent and comprehensive prevention policy following a balanced approach, respecting cultural and national differences, taking into account the procedures and measures proposed by the reference framework for the prevention of drug use in the workplace as submitted to the conference participants, attached;
- underline the necessity of taking into account, in such a prevention policy, existing legal provisions protecting the individual integrity and human dignity of everyone on an international, European and national level, in particular the European Convention of Human Rights and the right to privacy, the European Social Charter and the right to health, the EU Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health and the Charter of Fundamental Rights of the European Union as well as relevant ILO Conventions and Codes of practice, in particular, the ILO code of practice on the management of alcohol and drug-related issues in the workplace and previous work undertaken by the Pompidou Group in the field;
- highlight, with regard to such a prevention policy, the responsibility and general duties of all concerned: governments and public authorities, enterprises, occupational health services and staff as a collective entity and individually;
- encourage debate and dialogue in enterprises on occupational hazards linked to the use of alcohol and drugs and insist on the necessity to articulate health and safety considerations;
- suggest that the prevention of risks linked to addictive behaviour be integrated into a general process of assessing and managing occupational hazards.

Appendix

FRAME OF REFERENCE

established by Mr Massacret, Mr Parquet and Mr Windey

Alcohol and drug use is a relatively widespread but still insufficiently recognised phenomenon, particularly as regards its effects in the workplace. Employers today must be able to address the problem of drug-taking, as they have had to address the problems of tobacco and alcohol. It is a fact that addictive behaviour has increased in the general population, and it is logical to find employees who display addictive behaviour or are being treated for it. While drug or alcohol use is an aspect of an employee's private life that may intrude into his or her working life, it may at the same time be the consequence of excessive pressure in his or her working life, which in turn puts the employee's private life under pressure. Whatever the determinants may be – personal, societal, work-related – the risks associated with alcohol and drug-using behaviour are present.

Faced with health and safety needs, denial of such behaviour in the work and company spheres is no longer acceptable, nor is the development of employee monitoring and/or dismissal practices, which give rise to discrimination. The issue needs to take on a higher profile, both in states' policies and in the proposals, activities and recommendations of the international organisations working in this field.

In this context, greater collective awareness would be promoted if the prevention of risks associated with addictive behaviour were made central to the social dialogue on improving working conditions and taking into account occupational hazards.

In order to work towards this, it seems appropriate to model a framework for workplace intervention for the benefit of the stakeholders (governments and public authorities, enterprises, occupational health services and staff) who, in their diversity and complementarity, wish to introduce, pursue and evaluate a workplace drug and alcohol prevention policy. On a national level, elements should be considered individually and in combination as a basis for choices in the formulation and implementation of a policy for preventing alcohol and drug use in the workplace.

With an obligation to achieve results and with the resources made available, this framework relies on approaches based on the principles of responsibility, transparency, respect for individual and collective freedoms and solidarity within working communities.

Points to be considered individually and in combination as a basis for choices in the formulation and implementation of a policy for preventing alcohol and drug use in the workplace

The frame of reference highlights identified good practices.

It provides material for a shared policy by showing in what ways the different countries are similar, however specific their laws, regulations and cultures may be. Each country has a specific structure, legal scene and approach. The collective approach and prevention should be integrated into this structure and account should be taken of the legal scene in all its facets.

- General anti-drug policy, sector-specific policies
- Prevention policy in public health
- Responsibility for prevention and care by social security bodies
- Rights and obligations of employers and workers (national law, contractual law, work contracts, internal rules)
- Right to the protection of private life
- Health policy and health/safety at work
- Occupational safety, health policy and workplace health promotion

It points ahead, depending on the choices made for the implementation of collective or individual prevention projects, to the possible consequences in terms of their impact and sustainability.

In order to achieve this:

It postulates that addictive behaviour in the workplace has specific determinants, which justifies the introduction of specific prevention arrangements other than those deployed in standard situations and in everyday life and that the workplace can have an impact in developing such behaviours.

It aims, as part of the general objective of preventing drug use in the workplace, to:

- preserve the health of persons, viewed as individuals or as employees, within a working community;
- prevent damage and dysfunction in the workplace, and damage to equipment;
- clarify each stakeholder's rights and obligations;
- move on from an exclusively safety-oriented approach to one geared to the optimisation of work as a value, at the intersection of multiple obligations and fundamental freedoms.

It includes issues to be addressed, including:

- the determinants of drug use, in private and working life;
- analysis of the situation, leading to findings accepted by all;
- the integration of the consequences of drug-taking practices into the evaluation of risks;
- the analysis and evaluation of the resources and skills that can be used within the company and in the outside environment in order to prevent alcohol and drug use;
- the referral of employees with problems to counselling and health care and their reintegration into the workplace after treatment;
- the identification by employees of individual problems on the basis of warning signs and the introduction of collective preventive measures,
- joint drawing up of a list of safety and security posts for which screening may be carried out;
- the conditions and methods of identifying (detecting) and screening for drug-taking;
- the approach to adopt for the prevention and management of alcohol and drug-related problems in the workplace: interlocutors, managerial, support network

It presents this shared policy as being desirable because

- it contributes to the smooth running of the enterprise, as well as to economic development;
- it contributes to the employees' health, personal development and well-being.

It shows that addictive behaviour is harmful to individuals and all the functions they perform within the enterprise, which justifies action driven by health and safety concerns aimed at all employees, whatever post they hold.

It asks questions about the prevention arrangements to be promoted in the safety and health-oriented approaches and a combination of these approaches.

It thus determines the place and the usefulness of the different identification and screening methods.

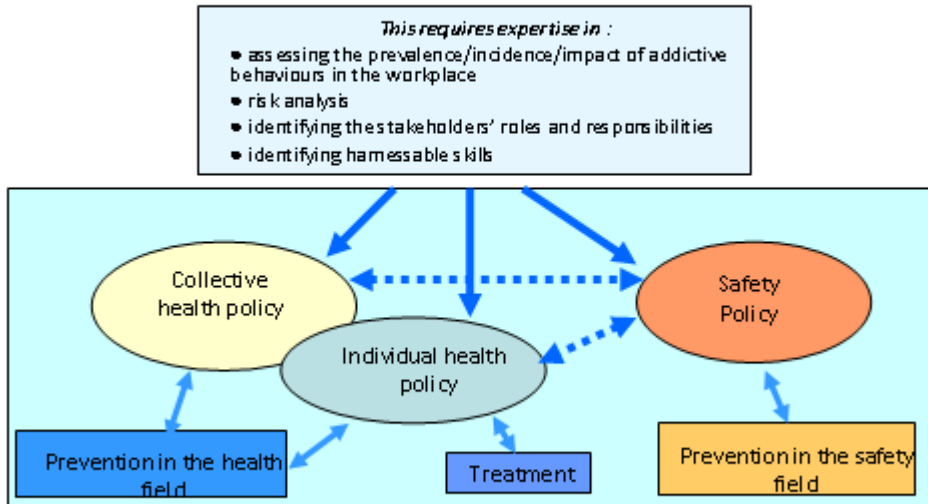
It identifies certain crucial elements as keys to success:

- clear commitment to achieve shared objectives
- assumption of responsibility for the project by management
- participation of all stakeholders according to their competences
- how the running of the project is organised, taking account of the size of the company and the nature of its activities
- shared evaluation: formulation of objectives, means and results

All these elements taken together, and their possible combinations, constitute the frame of reference.

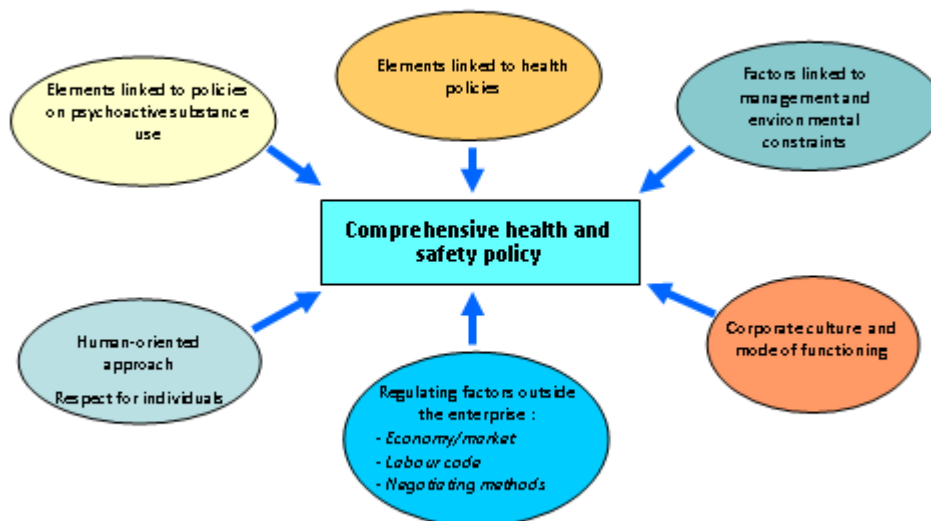
Aim : To construct a Policy combining the health and safety approaches

This Policy must be appropriate, relevant and efficacious in the professional environment



The aim is to develop a comprehensive approach combining health and safety

There are some external constraints to be taken into account



References

This proposal is based on:

- the recent work of the Pompidou Group on the question of prevention of drug use in the workplace (Expert Committee on Ethical Issues and Professional Standards) on 'Drug testing in the workplace: inventory of European national legislations' (P-PG/Ethics(2006)4rev2) and drug testing by insurance companies in Europe (PG/Ethics(2009)9)
http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Ethics_2006-1rev2_en.pdf
- ILO Conventions 155 (Occupational safety and health) and 161 (Occupational health services) and the code of practice of 1996 built around an essentially preventive approach
- the work and recommendations of the WHO on public health, the joint ILO/WHO guidelines, in particular the European Action Plan to reduce the harmful use of alcohol 2012-2020
- the Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work:
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1989:183:0001:0008:EN:PDF>
- the work of the European Foundation for the Improvement of Living and Working Conditions (EUROFOUND-Dublin), particularly work relating to data and analysis derived from comparative research
<http://www.eurofound.europa.eu/>
- the work of the European Agency for Safety and Health at Work (Bilbao) in providing technical, scientific and economic information in the field of health and safety at work
http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11110_en.htm
- processes in relative convergence between states, including the activities of the social partners at sector level (branch agreements, agreements within the company); monitoring procedures implemented in several member states (cf. P-PG/Work(2011)7), (P-PG/Work(2011)5)
http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Work_2011_9rev1_MeetingReport_en.pdf

Questions submitted for consideration after the meeting in Paris on 30 June 2011

1. What are the foundations on which a prevention strategy that is acceptable to all concerned can be based?
2. What are the stakeholders' roles and responsibilities?
3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there reflection on the process of social change that the phenomenon reflects?
4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

Subsidiary questions

5. What are the principal national studies carried out in your country on the use of alcohol and drugs in the workplace?
6. What emerged from these studies about the use of alcohol and drugs at work, according to the sector of employment, occupation, level of education achieved and the professional situation of consumers?
7. What are the reasons for the use of alcohol and drugs in the workplace and their consequences?
8. What are the main laws and national agreements on the prohibition, restriction or prevention of the use of alcohol and drugs at work (including screening)?

Consolidated report

A matter of perspective

Overall, from a cross-reading of all 17 contributions submitted, it is easy to see that **thinking and action in this field are for the most part based on common acceptance of:**

- the values to be upheld. Respect for individual freedom, which depends on transparency of rules and procedures; promotion of a sense of individual responsibility; solidarity; respect for anonymity; treatment.
- the primacy accorded to prevention.
- recognition of different types of use: occasional use, excessive or not, and chronic use.
- the fact that problem use is linked not only to the substance, but also to the environment in which it takes place and to the individual concerned.

Nevertheless, some appreciable differences emerged. The group of experts was concerned to work on them and find answers to them. They have to do with the way this question is tackled and addressed. How it is viewed is a matter of perspective:

- the perspective adopted is specific to each country's culture and depends on whether the primary goal is protection of the health (or well-being) and safety of the employee/citizen or protection of the enterprise;
- the sharpness of this perspective depends on how far our societies and our enterprises are prepared to go. Where the cursor is placed differs according to how freely it is possible to talk about this subject. It can still cause unease in the workplace. For a long time it was masked by male or professional bravado (especially where alcohol is concerned) and by denials regarding the impact of psychoactive substances. But nearly everywhere people have begun to talk more freely, the media have taken up the subject and exchanges of practice have made it possible for the risks to be addressed more clearly.

This perspective largely determines the state of co-operation between corporate partners committed, or not, to clarifying their positions.

There is relative consensus on the following points:

- Because of the effects associated with the various psychoactive substances, drug use can alter the employee's behaviour in the workplace, even if the drug use takes place during the employee's private life. Performance may be impaired and the employee may potentially become a source of danger to himself, his colleagues, third parties and/or corporate property.
- The obligation on the employer to ensure effective safety in the workplace leads him to take up this issue. Many of the countries involved in this project started from this premise and put the focus on disciplinary action.
- Disciplinary action based on the prohibition of drug use contained in various codes (public health code, labour code, maritime code, criminal code etc.) and regulations is insufficient. While drug use may in some cases originate in the work context, it may also be individual behaviour falling within the scope of private life and unconnected with the person's working conditions.
- Preventive action, as a collective, non-stigmatising response to this specific risk, must be prioritised in conjunction with the occupational health services, whatever their official title and status in each of the countries represented.
This approach needs to be adopted at all stages of the risk: at its source, in order to avert it (observing health and safety rules, putting procedures in place, awareness-raising measures, etc.) or when it occurs (removing an employee who is *manifestly*

not in a state to do his job, etc.). It is where the term “manifestly” is concerned that there may be some debate as between clinical observation, or “spotting signs”, and “screening” based on urine and saliva testing.

This approach must be guided by the principles of respect for the individual under which *“no one may place restrictions on the rights of persons and individual and collective liberties which are not justified by the nature of the task to be accomplished and proportional to the objective sought”*.

A policy of this kind makes it possible at one and the same time to pursue a collective prevention strategy and address an identified individual situation.

Characteristics specific to each country

1 - Foundations

What are the foundations on which a prevention strategy that is acceptable to all concerned can be based?

The divisions between countries are reflected more in the priorities set than in the goals pursued, which, in practice, are shared. These priorities shape the policy line adopted. That is why it was proposed throughout the project to focus mainly on this point (foundations), from which the replies to the other three questions logically follow.

A choice may be made not to tackle drugs directly but to base prevention primarily on safety, thus opening the way to risk assessment. The tool used for this is analysis of dysfunctions, proceeding on the basis of observed dysfunctions; the enterprise has the function of detecting and identifying dysfunctions. In this category we find, among others, by way of example, and not exclusively:

- **Belgium**, where explicit procedures have been put in place. The recommended approach is to question persons with a possible alcohol or drug problem based on how they function, i.e. on their performance and their working relations. Problems of functioning can be identified more easily and with greater certainty than the problem of alcohol or drug use that may be their cause.
- **The Republic of Cyprus**, which has chosen to include this issue in its general risk prevention legislation, with all that entails in terms of goals and tools.
- **Lithuania**, for which it is a societal problem requiring the adoption of appropriate measures (specific prohibitions, system of penalties), for which responsibility lies clearly with the employer and close colleagues.
- **Russia**, which, basing its prevention policy on the consequences of alcohol and drug use in terms of productivity, has opted for a disciplinary approach which is framed, however, by a medium-term prevention plan based on demographic and epidemiological data and actual patterns of use.
- **Serbia**, where a raft of legislation on education and health and safety at work, together with implementing decrees, sets out the respective rights and obligations and provides the means of enforcing them.
- **Israel**, where employers preferred to take disciplinary action in the case of at-risk jobs until the recent introduction of a comprehensive prevention policy covering all aspects.

These contrasting approaches prompt the following questions: is it possible to produce descriptions of functions that are accepted by all and can be used as a reference framework? Should the alcohol and drug risk be considered and treated as a different problem in safety terms from those with other causes?

If a problem is confined to the workplace, what place should be given to aspects relating to private life?

Or prevention may be based primarily on the health aspect, account being taken of the

effects of substance use on the individual, the citizen and the employee.

From this perspective, behavioural disorders have medical causes. Employees who use psychoactive substances are regarded primarily as sick people in need of care (**Iceland**). Testing can therefore form part of a prevention policy.

In this category we find, among others, by way of example, and not exclusively:

- **Italy**, which, as part of its health policy, includes testing for workers with “risky jobs” in its legislation and considers that substance use is a medical condition that can occur in the working environment in the same way as other types of human conduct. A medical perspective predominates.
- **Israel**, which incorporates alcohol and drug prevention into all its health policies relating to nutrition and work-related stress and also encourages all possible forms of mutual assistance in the workplace.
- **Sweden**, where stress is laid on the justification for testing and the use of testing only by occupational health doctors as an additional tool forming a counterpart to an overall prevention policy aimed at all personnel.

In this more health-oriented approach, the question arises of the use of testing by the various corporate stakeholders and of whether it is an approach that can be extended to all working environments and all categories of personnel. The purposes of testing include compulsory treatment, punishment and prevention in the form of increased awareness of the risks incurred by users.

Or prevention may seek to combine all the factors.

In this category we find, among others, by way of example, and not exclusively:

- **Croatia**, which seeks to strike a balance between respect for individual freedom, employers’ rights and their obligation to protect staff health and guarantee a work-friendly environment. To achieve this, Croatia has chosen to analyse and take into account both individual and organisational factors and to make a distinction between jobs with special working conditions and sensitive occupational settings.
- **Luxembourg**, whose national strategy combines public health, public safety and social cohesion aspects under the umbrella of the Ministry of Health. Luxembourg has chosen not to produce legislation targeting the workplace only, but to authorise testing of workers in certain jobs in order to end a potentially unsafe situation.
- **France**, which operates a policy designed to guarantee the health and safety of employees at work. Even if the question of illicit drugs is not dealt with explicitly in the labour code, a set of good practices and procedures based on the application of the European Directive and relevant ILO Conventions, together with the regulatory apparatus of the health code, the highway code, the maritime code and related case law, defines each party’s rights and obligations and the respective control measures.
- **Portugal**, whose approach, centred on the promotion of healthy behaviour, combines health and safety and brings together all stakeholders in the world of work. Both types of determinant – individual and organisational – are taken equally into account.
- **Switzerland**, which sets down methodological markers for its prevention policy and gives priority to the contractual agreement between corporate stakeholders. The arrangements in each enterprise conform to a strict protocol: identification of contact persons, setting up of working groups, assessment of the situation, choice of the most appropriate time for awareness-raising or training, drafting of a prevention project, implementation etc.

This attempt to combine the safety-oriented and health-oriented approaches prompts two questions: when assessing the risks associated with alcohol and/or drug use, how does one choose between those related to the performance of work, those related to the individual performing the work and those related solely to the substance? When determining responsibilities in the event of an accident, and also in the area of prevention, what are the differences between at-risk jobs, safety jobs, sensitive jobs, etc., whatever their title may be?

2 – Approach advocated and responsibility of the different stakeholders

Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community? What are the stakeholders' roles and responsibilities?

The approach advocated exhibits significant differences depending on whether substance use is regarded as being linked specifically to the individual or to the enterprise.

None of the countries claims to have found the solution: many are seeking a prevention policy that is at one and the same time coherent, transparent and effective, whose mechanisms are tailored to the practical reality of the workplace and which is in tune with the dominant culture; most are seeking to remedy the shortcomings they see in prevention practices and to give the different stakeholders greater legal and administrative security.

This approach involves using prevention as a lever to show each stakeholder in the world of work what he can or cannot do, help him to clarify his obligations and determine what may fall within the sphere of shared responsibility. Thus conceived, prevention requires co-ordination between all concerned and ensures that thinking on drug use is not limited to its specific components, be they technical, epidemiological, health- and safety-related or economic.

In this spirit of co-operation and shared responsibility, **Norway** offers an example of a broad strategy permeating all layers of the enterprise and its environment. All stakeholders play a part in developing prevention tools and strategies. The respective roles are as follows:

- employers and managers must foster a climate of openness and trust. They have a statutory responsibility for promoting a culture of prevention. They are required to intervene from the first suspicion in accordance with a precise protocol which, depending on the circumstances, may range from a personal interview to a warning, or even sending the employee home.
- trade unions are required to promote a favourable environment, ensure compliance with procedures when individual prevention measures are taken, and provide assistance.
- the occupational health services act as advisers and resource persons, operating independently at all levels of prevention.
- safety representatives have a statutory responsibility for protecting the working environment. Alcohol and drug problems fall within their remit.
- HR departments have a specific role in promoting collective drug and alcohol prevention.
- health and safety departments have a statutory responsibility for drug prevention in the wider context of risk assessment.

This way of approaching the issue, in its totality and its different manifestations, raises questions about what the procedure might be for early reporting and how it might be implemented for everyone, from the top to the bottom of the hierarchy, in order to ensure the credibility and acceptability of the policy.

It also raises questions concerning the need to be pragmatic about how we operate in widely varying situations: a standard approach would be ineffective and go against the process advocated. How can we develop instruments and procedures tailored to each type of situation?

Viewed from a different angle, because the focus is on the organisation of work and working conditions and requirements, **Slovenia** emphasises the joint responsibility of employers and employees for assessing the working context and the effects of substance use, drafting a

prevention plan and identifying situations contributing to addiction and possible remedial action.

This approach, combined with a National Prevention Programme directed at all spheres of public life, offers enterprises a prevention module that takes into account the effects of substance use on the individual, the working community and the enterprise. It is used as a management tool for assessment of the effects of information and awareness-raising on job performance and absenteeism.

Sweden, for its part, gives employers primary (but not sole) responsibility for safe and healthy working conditions, which therefore includes prevention of addictive behaviour. But above and beyond the statutory obligation, employers, employees and unions are fully aware that it is in their interests to show solidarity. In **Russia**, prevention policy operates on this tripartite basis. **Iceland** assigns responsibility for prevention mainly to management. **Israel** brings management and employees together on the basis of a company policy to which dedicated resources are allocated. It regards this as a societal issue, and it is regularly dealt with as such by the media. **France** brings together all the relevant stakeholders in the world of work so that everyone knows what they can and cannot do, can clarify their obligations and can determine what falls within the sphere of shared responsibility.

Because the world of work interacts with different environments, some countries opt for a specific policy, others place the issue in the framework of their health policy or an anti-drug policy, and others still make it a component of personnel policy and deal with it at the level of each enterprise's human resources department. In this category we find, among others, by way of example, and not exclusively, **Belgium**, where the two potential sources of dysfunction and malaise are combined in this way. This means that both the employer and the workers are responsible for prevention and/or management of problem substance use in the workplace. This leads to a systemic approach incorporating technical aspects, the organisation of work, working conditions, social relations and the factors surrounding work.

Three main points for discussion emerge from this:

- In such cases, what can be done to ensure feedback, and how can feedback be shared? How can it be used at enterprise, sector or country level?
- What can be done to ensure that alcohol and drug prevention becomes an issue within the enterprise, that no enterprise neglects it and that it becomes, as it were, "part of its genetic heritage" in all fields: health and safety, but also ethics, social responsibility, the economy?
- Where this issue is concerned, can one talk about a societal responsibility?

3 - A societal or an entrepreneurial process?

Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there reflection on the process of social change that the phenomenon reflects?

At least two scenarios and their variants are submitted: starting from the bottom, the workplace, and moving up or, conversely, introducing legislation and applying it on the ground:

A perfect example of the first scenario is the case of **Belgium** (deliberately described here in condensed form in order to emphasise its spirit), where consultation between enterprises led to the signing of a collective agreement for the private sector, subsequently officialised by a Royal Decree. This process involves at least two strands, defining the employer's responsibility and that of the other stakeholders.

The second scenario takes on a particular consistency in **Sweden**, where the workplace is regarded as a setting to be prioritised for drug prevention in society as a whole. There is accordingly a need to secure the commitment of all concerned to have a chance of achieving an effect within the enterprise or in people's everyday lives. This process calls for a combination of different approaches based on a written protocol encompassing, in terms of

action and targeting, all categories of personnel and providing for testing and treatment. But, in contrast to the situation in Belgium, this process is initiated at governmental level: **the obligation is set down in legislation**. A new process is under way, covering the period 2011-2015. It is managed by the occupational health services and the trade unions using such tools as early identification.

The situation is almost the same in **Norway** where, on the basis of a White Paper showing the interaction between social life and working life, the process currently under way gives the **national level** a clear responsibility for supporting early intervention approaches and mounting prevention campaigns. The recent Work Environment Act specifies the conditions for drug screening. **Enterprises** have the possibility to set out clear rules and to promote a specific prevention policy for illicit drugs that clearly targets the work-related consequences of substance use and clearly reflects the employer's point of view, whatever the circumstances of substance use. Legislative and regulatory processes are currently under way in other countries. For example, Italy recently gave its legislation greater coherence with a presidential decree on testing supplementing an agreement signed by the local and regional authorities.

To sum up, while many countries use a European Directive as the basis for risk prevention in the workplace, it may be seen that there is a plethora of texts with differing goals. The perspective may be societal (**Sweden**), economic (**Lithuania, Russia, Switzerland**), strictly preventive (**Slovenia**), or general and embracing a range of issues.

But in cases where the texts are very broad in scope, it may be observed at the same time that few initiatives are taken in enterprises to introduce measures geared specifically to alcohol and drug prevention. How can this be remedied?

To maintain a certain degree of objectivity on the question, should surveys be conducted? Are figures needed to stimulate reflection?

Is it conceivable, as suggested by **Cyprus**, to have prevention campaigns implemented at national level under the umbrella of the Council of Europe?

This latter suggestion throws open the debate and leads to the realisation that the prevention of alcohol and drug use in the workplace is in a profound state of flux: nothing has yet been firmly established and in most of the countries involved in the project significant developments are at work, challenging certainties which for a long time allowed politicians to adopt an attitude of comfortable complacency.

For example, we are seeing an explosion in data collection, even in countries where, until recently, the debate was illustrated mainly by data extracted from general surveys (**France, Greece, Portugal**, among others), which for a long time stood in the way of a workplace-based approach (**Slovenia**, for example). Among the profusion of studies, **Israel**, with a survey conducted in 2004, produced an initial classification of vulnerable occupational categories and proposed improvements to preventive measures in place. A similar objective informed the survey conducted in **Serbia** in 2011. In a health survey of a sample of managers carried out at national level in 2007, **Russia** sought to quantify the effects of alcohol and illicit drug use and HIV contamination on productivity. In 2010, **Switzerland** undertook a cost-benefit analysis of the prevention of alcohol use.

At the same time, laws, regulations and agreements reflect profound changes and increased awareness of the risks entailed by the lack of a sufficiently well-framed and well-respected prevention policy. Without any claim to exhaustiveness, several examples can be quoted.

A case in point is Law 101 in **Belgium** (see below 3 – Societal process) adopted after negotiation and testing of an agreement; under legislation on testing protocols enacted in 2007, **Italy** grants the regions a wide degree of discretion; **Lithuania** codified the responsibilities of employers and staff in 2006 and issued a decree in 2008 stipulating almost methodically the requirements to be observed when removing an employee from his post; **Slovenia** did likewise in 2011 when adopting new legislation; **Luxembourg**, for its part, has chosen to implement the European Directive on health and safety at work under the

oversight of the Ministry of Health; **Norway**, one of the pioneering countries in this field with over fifty years' experience, nevertheless redefined its health policy in 2012 in terms of the effects of alcohol and drug use in the workplace and in people's everyday lives; in 2009, **Israel** opted for a good-practice approach supported by a strategy rather than a legal decision, but the aims are the same.

In fact, whatever the country, we are currently seeing a real profusion of texts, which lends increased legitimacy to the Pompidou Group's efforts to identify convergences, gain a better understanding of specific national characteristics and propose models which, although not prescriptive, aim ultimately to bring about a change in practices.

Michel MASSACRET
Chair of the Group of Experts

**State of drugs and alcohol prevention
policy in the workplace
provided by contributing countries
in 2011 and in 2013.**

BELGIUM

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

In the interprofessional agreement for the period 2007-2008, the social partners sought to include, within the National Labour Council, a collective labour agreement on the theme “alcohol and drugs”. They did so with the aim of giving employers and workers greater responsibility and preventing alcohol and drugs from being consumed during working hours or in a way that would affect people’s work. According to the social partners, in order to be acceptable, a prevention strategy must have four key elements:

- prevention: good practice, models and procedures for preventing alcohol and drug use;
- rules on alcohol/drug use during working hours;
- procedures for dealing with problematic behaviours related to alcohol/drug use and procedures governing the use of tests, where necessary;
- support and assistance for individuals.

There is no single alcohol and drugs policy that applies to all companies. Each company has its own specific features. There needs to be a consensus within the company if the policy is to be effective.

2. What are the stakeholders’ roles and responsibilities?

Any policy designed to prevent the use of alcohol and drugs in the workplace must firstly be grafted on to the existing staff policy. From the employer’s perspective, the concern should be less with ascertaining what type of beverage or drugs has been consumed and more with determining whether or not the individual concerned is fit for work. If they are not, action needs to be taken. What matters to the employer, therefore, is how the worker functions in the workplace. Dysfunction can occur in various areas: psychomotor skills, cognitive functions, personality changes, behaviour and relationships with colleagues. The individual concerned can be approached about failures of this nature rather than focusing on their use or non-use of drugs or alcohol. Monitoring how employees function is a major responsibility of the company’s management team. The use of job descriptions and talking to staff about how they function in the workplace are an important factor in supporting and monitoring workers, therefore.

Under the Contracts of Employment Act of 3 July 1978, moreover, employers are bound to observe decency and moral conduct during the performance of the contract of employment (Section 16). In addition, they must “see to it, carefully and diligently, that the work is carried out in appropriate conditions of worker safety” (Section 20, 2°).

Workers, meanwhile, have an obligation to act in accordance with the orders and instructions given to them by the employer, their agents or employees, with a view to performing the contract (Section 17, 2°). They are further required to refrain from

anything that might jeopardise their own safety, or the safety of their colleagues, their employer or third parties (Section 17, 4°).

With regard to alcohol and drug use, this means employers are bound to prohibit any worker whom they believe to be intoxicated or under the influence of drugs from resuming or continuing work if to do so might pose a danger to the safety of the worker or the safety of others.

A policy to prevent alcohol and drug use in the workplace is also part of a well-being policy. Well-being policy cannot be delivered by the employer alone. Everyone in the company must play their part in the process. Ultimately, however, responsibility always rests with the employer. It is up to them to set the policy and issue instructions to the management and workers about how to implement it. The job of the line managers is, *inter alia*, to make suggestions and to advise the employer. The Well-being Act of 4 August 1996 further stipulates that employers are required to have an internal service responsible for prevention and protection at work and that if this internal service is unable to meet all the requirements relating to well-being, the employer must enlist an external prevention and protection service. These services actively co-operate in assessing risks and developing prevention measures. Work-related risk prevention is carried out with a multidisciplinary team of experts in safety, ergonomics, industrial hygiene, occupational medicine, psychosocial risks, etc. Each one advises the employer from their own particular perspective and contributes to the well-being policy which is mainly collective in nature. Lastly, the workers themselves also have a responsibility to contribute to occupational well-being where possible.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives to take the problem into account?

The collective labour agreement (CCT No. 100) on the implementation of a preventive alcohol and drugs policy in companies was concluded on 1 April 2009. This agreement was rendered mandatory by the Royal Decree of 28 June 2009. It applies only to the private sector (for details, see the National Labour Council website www.cnt-nar.be).

Under this agreement, every employer was required to have in place by 1 April 2010 a preventive alcohol and drugs policy, drawn up in consultation with its committee on prevention and protection at work or the trade union delegation. The focus of such policies must be not on punishing workers who fail to function properly because of alcohol or drugs, but rather on prevention (through information and training, communication and the introduction of rules and procedures to avoid alcohol- and drug-related dysfunction as far as possible). The agreement affords employers the opportunity to include strict rules in their workplace regulations, which may even lead to a zero-tolerance approach to alcohol and drug use. If preferred, however, they can simply include a general policy statement in their workplace regulations, without making detailed rules.

Employers also have certain obligations under the Occupational Well-being Act of 4 August 1996 and its implementing decrees (for details, see www.emploi.belgique.be, under “*Bien-être au travail*”). This key piece of occupational health and safety legislation requires employers (in the public and private sectors alike) to implement a well-being policy. The first step in any such policy is risk assessment. The employer

must then take the appropriate prevention measures to prevent or mitigate these risks as far as possible. That means risks related to alcohol and drug use in the workplace must also be assessed and, if necessary, prevention measures adopted. If the risk assessment uncovers specific, job-related risks, the employer must take due account of these when determining the starting points and objectives of their alcohol and drugs policy. In such cases, prevention measures will be needed.

Is there reflection on the process of social change that the phenomenon reflects?

Alcohol and drug use is a well-known phenomenon in our society. Although alcohol is a widely accepted stimulant, responsible drinking can sometimes develop into dependence, with adverse effects on health, relationships and work.

The Securex Research Center carried out research on alcohol use among Belgian workers over the period from July to December 2007 (available on the website of the *Service public fédéral Emploi, Travail et Concertation sociale*, www.emploi.belgique.be, under “bien-être au travail – principes généraux – politique préventive en matière d’alcool et de drogues”). It was found that 13% of workers used alcohol in an unsafe way, and that just over one worker in a hundred failed to perform properly at work at least once a month because they were under the influence.

More generally, reference can be made to the 2008 health survey which focused on alcohol use:

https://www.wivisp.be/epidemio/epifr/CROSPFR/HISFR/his08fr/r2/7.la%20consommation%20d'alcool_r2.pdf

and on use of illegal substances (cannabis, cocaine, amphetamines, heroin, etc.):

https://www.wivisp.be/epidemio/epifr/CROSPFR/HISFR/his08fr/r2/6.l'usage%20de%20drogues%20illicites_r2.pdf

The questions about alcohol use in the health survey provide useful insights into consumption patterns in the population at large. Compared with other data (e.g. sales or output figures), they have the advantage of being able to identify users within a population, but also sub-groups of high-risk users, based on consumption pattern and characteristics such as age, gender, socio-economic background, etc. The survey looks at the percentage of users and non-users in the population, the frequency and amount of alcohol intake in an average week, the frequency of binge drinking (defined in the European questionnaire as the consumption of 6 or more drinks in one sitting), and any problems that might be caused by heavy chronic drinking and/or dependence (problem drinking). As regards the use of illegal drugs, analyses based on age, gender, education, region and degree of urbanisation of place of residence have sought to discern patterns of drug use among the Belgian population.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

Companies in Belgium are covered by regulations (CCT No. 100, social welfare legislation) which take a preventive approach directed mainly at the employer, rather than focusing on punishing the worker who drank alcohol or took drugs.

In addition, the issue of alcohol and drug use is incorporated and addressed at various policy levels in Belgium. For example, the federal policy document of 19 January 2001 emphasises the need for an integrated approach to drugs. Following the approval of this document, all kinds of measures were taken at various policy levels, including notably the signing of a co-operation agreement on 2 September 2002 between the central government, the Communities, the Common Community Commissions, the French Community Commission and the regions. The first practical step taken under this agreement was the setting-up of the General Drug Policy Unit and the Interministerial Conference on Drugs.

It is fair to say that in Belgium, policies are conducted at both national level (e.g. alcohol- and drug-related crime prevention, prosecution policy on illegal drugs) and company level (policies on alcohol and drugs at work), as well as at an individual level (e.g. anti-alcohol and drug campaigns to promote health, assistance for drug addicts).

CROATIA

Questions taken into account by Croatia:

- 1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?**
- 2. What are the stakeholders' roles and responsibilities?**
- 3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there a reflection on the process of social change that the phenomenon reflects?)**
- 4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?**

The majority of drug users have permanent or temporary jobs; in other words, a vast number of addicts participate in some form of work, so special attention should be paid to preventive and therapeutic interventions carried out in occupational settings. This also calls for the establishment of coherent addiction prevention policies applicable to occupational settings, thereby showing due respect for personal rights and freedoms of each and every individual, but also taking account of employers' rights and occupational safety.

Whereas drug abuse affects the health status of the workforce, in order to provide for and maintain safe working environments employers should be bound by the obligation to implement preventive programmes in their working environments. Testing for drugs among the workforce should be carried out in line with the principles of constitutionality, expediency and proportionality, to the ultimate goal of preservation and maintenance of safety at work and the improvement of workforce efficiency. In order to enable as efficient preparation and implementation of working environment-oriented addiction prevention programmes as possible, employers, physicians and other concerned parties should be duly educated and informed about preventive measures and testing procedures.

Prevention of addictive substance abuse in working environments and testing of employees for drugs and alcohol are governed in Croatia by general labour-related regulation (the Labour Act, the Safety-at-Work Act, the Public Servants Act), as well as by a set of rules and regulations covering the subject matter. In line with their provisions, employers are bound by the obligation to implement addiction prevention programmes, define the protocol of collaboration and the code of conduct of the employer or his authorised representative, as well as the code of conduct of Safety-at-Works experts, Occupational Health service providers, workforce representatives entrusted with safety-at-work issues, and take measures aiming at addictive substance abuse prevention or testing capable of establishing whether a certain worker is or is not under the influence of alcohol or other addictive substances (the

testing in reference should be initiated consensually with the worker, should have its established protocols, and should make use of pre-established test methodology and testing devices, while the test results should be recorded and confirmed in a validated manner).

Since drug abuse affects an employee's health ability, certain measures are set out in the National drug control strategy in the Republic of Croatia and in the Action Plan for Combating Drug Abuse. The measures established under these documents are aimed at additionally developing programmes for the prevention of illegal and legal drug abuse in the workplace, especially workplaces with special working conditions and workplaces with higher drug abuse risk (army, police etc.). Objectives of the measures are related to additional harmonisation and updates of the current legal regulations and elaboration of professional protocols which will more precisely define the conditions of establishing health ability; define the ways of testing respecting ethical and human individual rights; the co-responsibility of employees, employer and trade union in the development and application of the addiction prevention programmes in the workplace.

In case of drug use that affects an individual's work in the workplace, activities such as informing, counselling and medical check-ups are required, as well as the treatment and rehabilitation of those individuals. Furthermore, additional legal conditions to ensure the addiction prevention programme in the workplace should be provided, together with the conditions for evaluating the employee's health, regarding the addiction substance abuse and the way of defining the presence of addictive substances in an employee's body whilst respecting an individual's ethical and human rights.

Through a health plan operational priorities such as the following should be set out. Further development of preventive programmes aiming at prevention of illicit and legal drug abuse at workplaces, especially those tagged as 'extraordinary working conditions' or 'at increased risk for drug abuse'. In order to identify risky behavioural patterns across the workforce, capable of affecting occupational safety and safety of other employees, risk analyses striving for an assessment of factors capable of inducing risky behaviours should be carried out in occupational settings. Special attention should be paid to the development of preventive measures and the implementation of preventive programmes envisaged to be carried out in the Ministry of Defence and Army, the Ministry of Interior and other services requiring extraordinary performance conditions. Establishment of the system through which persons identified as having addiction issues shall be referred to counselling or treatment so as to be provided with the possibility to reassume their former posts following successful completion of their treatments. Also specific additional education (in the form of informative lectures, round tables, etc.) of each and every participant in the working process should be provided.

<p style="text-align: center;">Appendix</p> <p style="text-align: center;">Seminar</p> <p style="text-align: center;">Combating drug abuse in the workplace with a focus on drug testing policy</p>
<i>26 - 27 November 2007 Zagreb, Croatia</i>

Information on main conclusions

The seminar was organised by the European Commission / DG Enlargement TAIEX unit, in cooperation with Croatian Office for combating drug abuse for relevant national stakeholders. The seminar focused on items concerning Croatian national drugs policy in the workplace and drug testing policy with presentation of EU model examples; Portugal and Finland.

The main pillars of the discussion were questions related to strengthening the existing model of Croatian legislation in the fields of prevention of drug abuse in the workplace and drug screening process.

It stressed that employers have the main role in the implementation of the prevention programmes on consuming drugs in the workplace and that there is a need for a more comprehensive screening process in line with protecting human rights and individual personality. If employers want to do testing, the testing procedure has to be defined in advance. Employers should be bound by the obligation to implement preventive programmes in their working environments. Drug testing should be implemented in the framework of the medical examination before employment and during the working period for jobs that are tagged with 'extraordinary working conditions' or 'at increased risk for drug abuse' (military, police, customs, special services etc.). This requires definition of funds and institutions that are authorised to do the testing, but also definition of the criteria for drug testing, protection of personal data, methodology and guidelines for drug testing.

After discussion about the existing Croatian legal framework, it was concluded that there is a need for additional harmonisation and updates of the current legal regulations and elaboration of professional protocols which will more precisely define the conditions of establishing health ability; define the ways of testing that respect ethical and human individual rights; the co-responsibility of employees, employer and trade union in the development and application of the addiction prevention programmes in the workplace. One of the conclusions concerned the necessity for more workshops for employers, occupational staff, trade unions about prevention policy on the workplaces, but also about raising awareness that workers with the drug problem are ill and they need counselling and treatment which need to be supported by employer's expert service because the main goal should be returning to the work after the treatment is completed.

Based on the conclusion of this seminar, the Office for combating drug abuse took the initiative to amend the legislation in that the employee has the obligation to take prevention measures. The measures are: checking that alcohol, drugs and other addictive substances are not brought to work and that they are not abused in the workplace; informing and educating the employees about the influence of drugs on the ability to work; implementing the prevention programmes in the workplace

according needs; adopting the protocols of the cooperation between employers, services for work safety, occupational health services; defining the procedure for drug testing (consensus of employee, adequate instruments and devices for testing, confirmation). The employer has no authority to do the testing of those employees who are in the process of treatment for addiction, outpatient treatment or substitution therapy, but he can send the employee for a medical examination in order to evaluate the employee's health abilities for performing the job.

CYPRUS

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

A prevention policy can be based on:

- The existence of a suitable Institutional Framework
- A suitable Inspection System with inspectors trained on the prevention of drug use
- Operation of suitable Supporting Institutions
- Operation of a suitable Health Surveillance System of the workers
- Promotion through awareness raising, information and training
- Close cooperation of the competent authority with the Social Partners and other stakeholders
- Implementation of targeted Awareness Campaigns

2. What are the stakeholders' roles and responsibilities?

Tripartite cooperation and general cooperation among all stakeholders is an essential requirement for the solution to the problem of drug use at the workplace. Provision of technical assistance to the Organisations of Social Partners aiming at the upgrading of their capacity to promote training and guidance to their members is of great importance. Expert advice to the organisations can be given by stakeholders such as Anti-Drug Councils and non-profit organisations dealing with drug use. After having the expertise, the Organisations of Social Partners can effectively deal with the subject of drug use at the workplace by disseminating information, organising seminars and other activities as well as publishing articles in their newspapers.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there a reflection on the process of social change that the phenomenon reflects?

Current occupational safety and health legislation deals with the problem of drug use in the workplace indirectly, as the employer is obliged to prepare risk assessment for all risks for his employees and third persons. Addition of a specific article in the legislation prohibiting the use of drugs at the workplace could be examined, while bearing in mind that testing for drugs can go against the responsibility of the employer to protect the personal data of his employees.

The health protection of workers who are using drugs in the workplace can be promoted within the framework of the health surveillance system of employed persons which is currently under development. Specific Draft Regulations for the surveillance of employee health have been prepared and are currently under discussion with various stakeholders.

4. Through which methods should the problem be taken into account: health plan, role of the enterprise, role of the working community, etc.?

Governments should commit to providing political and financial support to Stakeholders involved.

A policy Statement can be signed by stakeholders at national level expressing their commitment to work together to face the problem.

At the enterprise level it should be useful for the safety committees to set internal rules concerning the use of drugs at the workplace.

Risk assessment conducted by the employer has to take into account all risks, including the risk of drug use at the workplace. To this effect employers must have proper advice by Inspectors and by the Employer's Organisations.

The media can play an important role, as they can organise debates on the problem and host specialists to give information and advice to employers and employees.

National Campaigns can be implemented under the umbrella of the Council of Europe involving all stakeholders from the public and private sector. Information material and assessment tools can be provided by the relevant European Ad-hoc expert group to National Authorities in order to achieve a uniform campaign in all member states.

FRANCE

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

The general principles governing prevention:

- Respond in ways that reflect actual conditions in companies and any other places where professional activities are carried on.
- Involve all stakeholders in the world of work so as to show them what they can or cannot do, help them to clarify their obligations and determine what may fall within the sphere of shared responsibility.
- Co-ordinate prevention efforts in order to deal in a comprehensive manner with all the technical, epidemiological, health, safety and economic issues.
- Consider the ethical aspect. That means moving from an exclusively safety-oriented approach to one geared to the optimisation of work as a value and of individuals in the workplace. It also means observing the principle laid down in Article L. 1221-1 of the Labour Code which provides that any restrictions on the rights of persons and on individual and collective freedoms which are not justified by the nature of the task to be accomplished and proportionate to the aim sought are unlawful.

Developing an in-house prevention strategy requires the following steps:

- enlist the support of all the contact persons within the company and in particular the management and all the employees, staff representatives, the health, safety and working conditions committee (CHSCT) and the supervisory staff;
- make use of specialised outside resources and consultants selected according to their experience;
- set up a steering committee that is representative of all the staff. This steering committee will be responsible for developing the policy and for communicating at every stage along the way. It is formed in agreement with the company's internal contact persons, is run by the management and includes members of the supervisory staff, staff representatives, members of the CHSCT, one or more representatives from the occupational safety service and jointly designated employees;
- make a preliminary finding that is accepted by everyone so as to preclude the possibility of denial. **The aim is to reach a consensual diagnosis of the risks related to addictive behaviour in the company;**

- work with the staff bodies, the occupational physician and the steering committee to draw up a comprehensive prevention charter to guide the company's prevention activities;
- determine or clarify everyone's role within the company. That means the role of the managers and the services in charge of protection and occupational risk prevention and collective support structures (welfare services, self-help or support groups, etc.), and also the role to be played by each employee in raising the alarm;
- identify the warning signs. There are no universal indicators but incidents such as repeated, short absences, frequent lateness, a decline in the quality of work and/or productivity can be a red flag;
- specify what steps should be taken in case of individual problems: the interlocutors, managerial action, support network, etc. Each stage in the process should be described in detail, including notably the terms and conditions on which employees are to be removed from or allowed to remain in their posts, and a list of external contact persons who can provide support and follow-up;
- jointly draw up a list of safety and security posts for which medical screening may be carried out. The list of safety and security posts must be compiled within the company.

2. What are the stakeholders' roles and responsibilities?

The employer:

Employers must take the necessary steps to ensure workers' safety and to protect their physical and mental health. They have an obligation to achieve results. In the event of failure to fulfil this obligation and an accident at work, they may be prosecuted for gross negligence.

Employers are also liable for any damage or loss their employees may cause to third parties. They could therefore be held liable if, in the course of their duties, one of their employees were to cause an accident because they were under the influence of illegal drugs or alcohol.

The employer likewise has a responsibility regarding prevention.

The employee:

Employees must also play an active part in ensuring their own safety. They too are stakeholders in the prevention policy put in place by the company. It is the responsibility of each worker to take care as far as possible of their own safety and health and that of other persons affected by their acts or omissions at work in accordance with their training and the instructions given by their employer

Since 2002, the Court of Cassation has been drawing attention to the legal responsibility of the employee in its rulings on cases involving dismissal on the

grounds of blood alcohol levels. This responsibility also extends to the colleagues of the employee, with the Court finding, for example, that employees who allowed a co-worker to drive off in his car after an end-of-year dinner were guilty of failing to render assistance to a person in danger.

The health, safety and working conditions committee (CHSCT):

Any establishment with 50 employees or more must have a health, safety and working conditions committee, the CHSCT, whose task is to contribute to protecting workers' health and safety and to improving working conditions. The head of the establishment, the staff delegation and, acting in an advisory capacity, the occupational physician, the head of the safety and working conditions department and, if necessary, any qualified person from the establishment sit on the CHSCT. In establishments with fewer than 50 employees, the CHSCT is not mandatory and responsibilities relating to health, safety and working conditions can be discharged by the staff representatives and the employer.

The CHSCT is fully involved in the design of the prevention policy, putting forward suggestions and passing on information to staff. It can also call on various experts, such as the occupational physician, the labour inspector or prevention consultants. It is therefore ideally placed to raise issues relating to working conditions and occupational risks related to illegal drug use.

The occupational safety services

The role of the occupational health service is purely preventive. Its sole task is to avoid any deterioration in employees' health caused by their work. The occupational health services monitor employees' health on an individual basis and conduct prevention activities in co-ordination with the employer, staff representatives and external prevention workers. Each occupational health service comprises one or more multidisciplinary teams led and co-ordinated by an occupational physician and made up of occupational risk prevention workers, nurses and, in some cases, an occupational health service assistant and other health professionals.

The occupational health service acts as an adviser to everyone involved in the company: the employer, the employees, the staff representatives and the welfare services. It also has a specific responsibility to give advice in order prevent alcohol and drug use in the workplace. It is completely independent in the opinions it issues, both in its activities in the workplace and in monitoring the health of employees on an individual basis.

The occupational health service, of which the occupational physician is a part of, can enlist the help of occupational risk prevention workers such as ergonomics experts, occupational social psychologists, addiction counsellors and toxicologists.

If he or she feels that an employee needs to be screened for illegal drug use, the occupational physician will decide what kind of test is to be used, after informing the employee. He or she will then make a decision about the employee's fitness, having regard to the job concerned and the goal of continued employment to which the occupational health service contributes. The occupational physician may refer the individual concerned to various facilities for treatment and support.

The labour inspectorate

As part of their wider task of overseeing the implementation of the labour regulations, labour inspectors are responsible for ensuring improvements in working conditions and compliance with the health and safety rules in companies. In this capacity, they may inform and advise employers, workers and staff representatives and recommend improvement measures, as well as noting any infringements and demanding that dangerous situations be remedied. Labour inspectors also record any infringements of the prevention measures imposed by the regional sickness insurance funds.

They have no direct responsibility for preventing drug use, their role being rather to support or complement other responsible persons or agencies:

- they review the provisions of the internal rules, and can ask for certain provisions to be amended or removed;
- they must be notified in advance of any meetings of the CHSCT and are entitled to attend such meetings. They receive copies of the meeting agendas;
- in the event of problems or disagreements concerning the opinions and suggestions of the occupational physician, the employer or employee can appeal to the labour inspector, who will make a decision after consulting the Labour Inspectorate's medical officer.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account?

France has a policy designed to ensure the health and safety of workers in the workplace. Although the issue of illegal drugs is not specifically addressed in the Labour Code, a number of good practices and procedures based on the transposition of a European directive and the ILO conventions completes the regulatory apparatus comprising the health code, the highway code, the maritime code and relevant case-law (...) to frame the rights and obligations of each party and supervisory measures.

This policy, which is currently facing problems, is moving towards increased prevention. The Act of 20 July 2011 on the organisation of occupational health services accordingly assigns occupational physicians a specific role in preventing alcohol and drug use in the workplace.

Two types of internal company documents can contribute to drug use prevention:

- **The prevention charter** brings together all the provisions relating to drug use prevention. There is no statutory requirement to have such a charter, however.
- **The company's own internal rules** which include measures for implementing the health and safety regulations, in particular the conditions governing the use of work equipment, means of protection and hazardous substances and preparations.
They also include disciplinary rules, indicating, for example, the type and scale of the sanctions.

The internal rules are where companies can set out their policy on drug use, methods of identifying cases and situations and monitoring, forms of support, how to deal with individual problems and the conditions under which employees may be removed from their post.

The internal rules can also provide for screening and list high-risk jobs where screening may be carried out without prior warning. They should also mention:

- the fact that it is prohibited to enter company premises while under the influence of drugs or to bring or consume drugs on company premises;
- the procedures for testing for possible drug use;
- the appropriate sanctions.

Internal rules are a statutory requirement and are subject to approval by the Labour Inspectorate. The decision about whether to include specific provisions on drug use is left to individual companies, however.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

The issue of drugs in the workplace poses a number of specific challenges:

- Depending on one's position, the concerns raised will differ. For the general practitioner, drug use in the workplace is essentially a health issue. For the occupational physician, however, there is also the question of employment to be considered. In the case of a lawyer, the focus will be on liability, while the company itself will be concerned primarily with safety and cost. This wide variety of concerns needs to be recognised. That is why the French system calls for everyone involved in the company, within a framework designed to ensure co-operation, thanks notably to the steering committee, whose members are drawn from a broad range of stakeholders, to participate in the drafting of a charter covering all aspects of prevention, and the establishment of a preliminary diagnosis, on which there has to be a consensus. **This system reflects the high priority accorded to a comprehensive, collective approach to the problem.**

- Is the drug use linked to the working environment and conditions or is it an activity that falls entirely within the scope of the person's private life but which also impinges on their professional life? While, most of the time, it is almost impossible to answer this question, it is clear that drug use has an adverse impact on both private and professional life. That being the case, a punitive system can seem inappropriate or even unfair, bearing in mind, too, that employers have to respect their employees' personal freedoms and must not, therefore, interfere in their private lives. **These difficulties serve to reinforce the view of the medical establishment that the focus should be on prevention.**

- These difficulties also call for a cautious response as to the possibility of legislating on such an issue (labour code). For the time being, this is not the option chosen by France. The choice made is to adopt a dual approach combining risk prevention with the overall protection of health in the workplace. This depends on gaining a better knowledge of the effects of drug and alcohol use on health and safety at work and working relations. It means stepping up communication and information efforts, aimed in particular at employees in the sectors most at risk. It means making better use of legal provisions and strengthening existing regulations on the prevention of work-related risks associated with the introduction and use of drugs and alcohol in the workplace. In fact, these arrangements already make it possible to develop a prevention policy and take account of individual situations which may arise.

GREECE

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

- National survey on the phenomenon of drug and alcohol use in the workplace or smaller studies that will expose at least part of the problem.
- A Wide Public Dialogue with the participation of every involved group/stakeholder in order to adopt relevant international conventions.
- Production of new legislation or amendments where needed and establishing the strategic targets of a specific plan that will be part of the nationwide anti-drug plan.
- Record and utilisation of all existing institutions, partners or other organisations (public or private) that are already implicated within the working place in Health and Safety programmes (e.g. occupational doctors). Institute of Health and Safety in the workplace or in the field of drug and alcohol Prevention (e.g. Greek Organisation against Drugs – Prevention in order to develop or to adopt procedures, for example screening tests or prevention programmes).
- Endorsement of a strategy for the adoption of quality standards that include criteria for drug and alcohol risks by enterprises.

No matter what policies will be implemented, one should be considerate of the sensitive personal data that lie within the workplace and the assortment of all measures with the national policy in collaboration with the Hellenic data protection authority.

2. What are the stakeholders' roles and responsibilities?

At the present time there are three main contributors in any discussion that leads in forming the legislation, regulations or generally the institutions that the working environment, namely the Ministry of Labour, the Confederation Workers Unions (of both the Private and the Public sectors) and the Employer Unions. Technical assistance or other kinds of contribution provided occasionally from a number of other institutions such as the Greek Institute for Health and Safety in the workplace. The main objective of the Ministry of Employment is to form and promote the relevant legislation and to monitor implementation with its respective auditing institutions (e.g. Workplace Inspectorate).

The unions of workers or employers are present at any negotiation and have a decisive role in the formation or the acceptance of any new policy. None the less, any accountability concerning employees' health and safety within the working environment lies with the employer. Therefore, all these partners should be addressed, informed, sensitised and motivated in order to act.

OKANA (The Greek anti drug organisation), research institutions or occupational doctors should be considered as a fourth partner to provide information and

technical knowledge or suggest best practices. As a result Prevention and Therapeutic services will be able to support the implementation of any given policy. Last but not least, the Hellenic Data Protection Authority should be consulted in any action that provides all kinds of testing procedures.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there a reflection on the process of social change that the phenomenon reflects?

There are no initiatives regarding issues of alcohol or drug use and their potential consequences or effects on health and safety in the workplace, although a few isolated firms or employers might incorporate some regulations, mainly disciplinary, in their contractual agreements or disciplinary plans. All these initiatives are on most occasions fragmentary and moreover of dubious legitimacy since they frequently contradict the national legislation. In the past there were also isolated initiatives from large companies of the Public Sector that implemented primary prevention programmes in collaboration with Prevention Centres. Despite their initial positive evaluation from both the employees and the prevention specialists, they were short-lived, as they did not meet the active interest of either the adjacent workers unions or the employers.

A Memorandum of OKANA (the Greek Anti-drug Organisation) with the Ministry of Labour (similar to the other two Memoranda of collaboration with the ministry of National Defence and the Ministry of Education) could be a good way to start, since the existing Memoranda describe the obligations of the two institutions and also a strict timetable of actions. Consequently they act as a contractual agreement. This kind of contract could be made with individual firms or companies or even with large working unions without the need for a central agreement, which regardless will provide its support and facilitate any initiative.

The code of laws 3850/2010 that generally regulates Health and Safety issues in the workplace incorporates all the relevant national legislation and the international conventions. However it does not include specific regulations or procedure descriptions for issues concerning drug and alcohol use, testing, and consequences for employers and employees.

This lack of initiative from all parts (Ministry, Employee Unions, and Workers Unions) could reflect the fact that drug and alcohol use is still considered taboo within Greek society, including institutions of the State, syndicalists and Employers. In all fairness, we should also mention that although there is an extensive network of therapeutic services for dependence in the country, there are still no provisions in the various insurance funds for covering the expenses of treatment. Addiction itself is not considered a condition or illness that would allow an employee to benefit from sickness leaves of absence, or special working hours attending a therapeutic programme. As a final point, this period of financial and thus social crisis might not be the best period for such issues to arise.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

All the methods that are given as an example, explicitly disciplinary plan, health plan role of the enterprise and the working community, should be the final targets of a policy that would address the problem. Furthermore, all these, and in addition the production of specific legislation, should be the end point of a national dialogue process that could start concurrently with a national survey or smaller scale research projects that will reveal the necessary data to support any action. The existing institutions, legislation and organisations are enough to tackle the problem and to support any policy, provided that they are empowered with clear targets, tools, a strategic plan and specific regulations.

ITALY

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

Given as widely agreed that:

- drug and alcohol abuse are important co-factors of morbidity and mortality in the population, and that prevention policies are needed to contrast this phenomenon,
- in many occupational sectors, drug and alcohol abuse is a growing problem in recent years,
- a relevant percentage of accidents, misconduct, absenteeism and conflicts at work are reported to be interlinked with substance abuses,
- the safety of the community can be affected by employees' misconducts, particularly in case of safety sensitive jobs;
- occupational medicine offers to the employed people a unique opportunity of constant medical survey of the employee's health,

the basic foundation in the Italian legislation of workplace prevention of drug and alcohol abuse can be found in:

- the Italian Constitution, stating that health is not only a right of individuals but also an interest of the Italian Republic (art. 32) and that the private economic enterprise is free, without harming human safety, freedom and dignity (art. 41),
- The Law on Protection of Health and Safety in the Workplace (D.Legs. 81/08, to art. 41 para. 4 and 4 bis regulating the medical assessment of the fitness to work,
- The Consolidated Text of the Law on Drugs, Prevention, Treatment and Rehabilitation of Drug Addiction as set out in Presidential Decree no. 309 of 9 October 1990 providing for controls to prevent drug addiction among employees in safety sensitive jobs are established by public institutions (art. 125).

2. What are the stakeholders' roles and responsibilities?

Person/Body/Organisation	Responsibilities/Rights
Worker with a 'risky job'	They must be informed of the risks that they are running during their specific duties. They have the right/duty to be subject to drug testing; in case of self-exclusion (refusal), they are exempted from doing the risky job. They are accountable for resulting positive to a drug test following an accident.
Employer	They guarantee the worker security and health referring to every aspect of their activity. They provide for the list of employees to examine, for both ordinary control and reasonable suspicion. They can be accountable in the case of an accident.
Doctor in charge	They convene the worker; they attest to the fitness for the execution of the risky activity; they dispatch towards the relevant health structure (II level) in case of positive drug test or suspicion; they test workers after their return and after a positive drug test or under justified suspicion; they exempt definitively the workers in the case of a positive drug test after their return.
SERT – (Community-based addiction treatment services or other health structures in charge)	It follows the II level check; in the case of a negative drug test, it certifies the fitness for the execution of the duty; in the case of a positive drug test, it activates the treatment and rehabilitation process in SERT; in the case of occasional drug use, it monitors for 12 months as a precaution and, subsequently, it dispatches to the relevant doctor.
Regions and self-governing Provinces	They must enforce the Government/Regions Agreement, deliberating at local level recommendations on the procedure to implement according to the Agreement.
Trade Unions	They safeguard the workers in the workplace; in the case of law amendments, it must be considered the opinion from those most representative in the area of expertise.
Bodies (Associazione Nazionale Medici d'Azienda, Società Italiana Medicina Lavoro ed Igiene Industriale, Associazione Trasporti, Confindustria).	They monitor the phenomenon among their associates; they have the right to orient the legislator (power of lobby).
Working Group established in the Department for Anti-Drug Policies	It is mainly composed of different Central Administrations (including the Department for Anti-Drug Policies which operates as coordinator) and it proceeds with the check and the amendment of the Agreement in force; it proposes potential amendments to the Government-Regions Conference.
Technical Group established in the Department for Anti-Drug Policies	It supports the Working Group activities with elaborations and technical proposals.
Government/Regions Conference	It evaluates and approves proposals of law amendment.
Privacy Guarantor	It checks the compliance of all the procedures with the privacy of the concerned individuals.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there reflection on the process of social change that the phenomenon reflects?

In Italy, according to the State-Regions Conference, order no. 99/CU of 30 October 2007, the Agreement on testing for drug addiction was approved, pursuant to article 8, para. 6, of Law no. 131 of 5 June 2003.

Subsequently, in implementation of the provisions of the order in question, the procedures were defined for workplace medical and toxicological controls to test for illicit drug use/drug addiction, in order to activate safety procedures and measures aimed at protecting the safety of the worker and others, with the aim of preventing accidents while undertaking a 'risky job'. The act in question is the State-Regions Agreement of 17 September 2008.

The State Regions Agreement of 30 October 2007 on testing for drug addiction de facto implements the provisions envisaged by art. 125 of the Consolidated Text of the Law on drugs, prevention, treatment and rehabilitation of drug addiction as set out in the Presidential Decree no. 309 of 9 October 1990. Art.125 envisages that those workers with duties which entail risks for the safety, security and health of the community, as identified by the decree of the Ministry of Labour and Social Security, in accordance with the Ministry for Health, undergo drug testing at public structures of the National Health Service before being recruited and are subsequently tested periodically.

Due to the coming into force of the constitutional law no. 3 of 18 October 2001 modifying Chapter V of the Constitution, the creation of a ministerial decree to be used to identify the categories of workers with a 'risky job' has taken the form of an agreement between the State, Regions and the Public Administration.

Hence, with the aim of creating a single legal framework for alcohol and drugs, approval was given within Leg. Decree 81/08 to art. 41 para. 4 bis, which regulates the complete review of the legal arrangements for alcohol and drugs for workers with risky jobs.

The procedures for medical checks on workers to test for drug addiction and the illicit use of drugs are primarily aimed at preventing accidents connected to the undertaking of risky duties in order to protect the health of the person, as well as the health of the other workers and the safety of the community.

The mandatory testing concerns the categories of employees exerting safety sensitive jobs ('risky jobs') listed in Attachment 1 of the State-Regions Agreement no. 99/CU of 30 October 2007, which includes: use of toxic gases, civil manufacture, distribution and use of explosives, running and direction in nuclear plants, professional use of vehicles and transportation means, air traffic controllers [a revision of these categories is in progress at the moment]. Testing of employees is required to take place at least once a year, or in the case of justified suspicion, before resuming work after an accident or after a period of suspension from work for drug abuse. The direct responsibility of testing is held by a MD specialist in occupational medicine, who, in this matter, is the only person entitled to interact between employer and employees.

The testing process is divided into two macro-phases: a first compulsory medical visit with urine screening test, followed, in the case of positive results, by confirmation by a certified laboratory using mass spectrometric techniques. The employee resulted positive at the confirmation testing is immediately suspended from the 'risky' activity and entrusted to a Addiction Treatment Centre of the public Health Service, where after specific clinical and laboratory investigations he is classified as addicted to substances or as an occasional user. In the first case he or she is enrolled in a detoxification programme, in the second case he or she is dismissed and can resume the job, but not the 'risky' assignment until an adequate series of toxicological test is concluded.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the working community etc.?

In Italy, the interventions on illicit drug use, drug addiction, controlled drug distribution, controlled drug prescription, illicit drug trafficking and substance abuse prevention are regulated by a comprehensive law (Presidential Decree no. 309 of 9 October 1990 and further modifications).

The general concepts at the basis of this law are the following:

- drug addiction is a problem of the highest interest for the country;
- drug addiction and dependence, although illicit, are forms of illness and per se not prosecutable by the Penal Law unless connected with other illicit activities;
- the State allocates resources for prevention and treatment of substance addiction by public and private institutions;
- the condition of the drug addict cannot cause dismissal from his or her job, but only suspension, if the employee joins a rehabilitation programme;
- drug addiction is not compatible with safety sensitive jobs.

LITHUANIA

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

The foundations of any policy are the collection of data concerning the problem, analysis of the situation and legislation. Having identified the needs to reduce the problem it is necessary to draft legislation and to budget for and allocate human resources for the implementation of the regulated policy, evaluation of the achieved results, and removal of the shortcomings. Thus, for the policy implementation the legal foundations should exist, financial and human resources should be foreseen and communication and cooperation between different stakeholders should be enhanced. All the above concerns may be ensured only when this problem is recognised as important by the country's politicians and is being solved at the highest level.

The objective of drug prevention in the workplace is promotion and protection of health and safety of working individuals and providing treatment, rehabilitation and reintegration services for the users. According to psychoactive substance use the employees of companies and organisations may be divided into three groups:

- a healthy group, i.e. without risk factors (not using alcohol and drugs, or using alcohol very rarely, in small quantities);
- a risk group, i.e. individuals possessing risk factors encouraging use of psychoactive substances more often, or using alcohol, trying other drugs, having short-term health disorders and social problems;
- those dependent on alcohol and other drugs who need treatment and rehabilitation.

Various groups of employees need different measures of drug prevention in the workplace.

Multipurpose prevention should be based on good practice and expert recommendations, and focused on the promotion of a healthy lifestyle, raising awareness of the harms related to psychoactive substance use, development of the ability to resist social pressure conventionality of drinking in the workplace, and the influence of advertising. The implementation of this prevention needs people in authority: directors of companies and enterprises, senior management (chiefs of divisions, foremen).

For the second group, i.e. groups with increased risk, it is necessary to implement selective and targeted prevention measures. Selective prevention is applied when the work or environment of employees is related to such risk factors which may encourage use of psychoactive substances, for example, work of a stressful nature such as that of a policeman, a surgeon, a judge, or work related to the production of alcohol. According to the statistical data of the Republic of Lithuania, professional risk correlates highly with negative consequences of alcohol use. This may have a higher negative impact on the finances, social costs and psychosocial welfare of the employees. It is essential to exclude certain legal entities' operating areas where the highest negative impact on companies' activities and damage may occur due to the

use of alcohol or drugs: potential occupational accidents or incidents, poisoning, the chances of mutual tensions and conflicts causing destructive groups. In such cases the following measures should be used: establishment of healthy and safe work conditions unfavourable to the use of alcohol and drugs, testing, preventive health checks. It is also important to identify potential alcohol hiding places as well as places where there is a chance that employees may use alcohol or work affected by it; opportunities to bring alcohol into the workplace, the potential use of an excuse (payday, birthdays, etc.).

Targeted prevention and early intervention is carried out to render help to employees with symptoms of use. It is of major importance to spot and prevent such phenomena before they bring bigger problems. These preventive measures are implemented by medical staff, psychologists, and social workers who carry out checks, tests, and provide individual counselling aiming at use reduction.

The objective of measures required for the third group is the treatment of individuals with dependence disorders, to provide them with medical, psychological and social help. This work is carried out by administrations in cooperation with experts in addiction treatment, rehabilitation and reintegration. It includes prevention of relapses and complications. The employers have to ensure that after treatment and rehabilitation the employee will be able to return to the same workplace.

2. What are the stakeholders' roles and responsibilities?

The **employers'** responsibility in the area of psychoactive substance use in their companies should be particularly high as they are responsible for the intramural processes. The employers should ensure observance of the work discipline rules in their companies. This responsibility should be regulated in the highest legislation, i.e. laws. In Lithuania, it is prescribed in the article 123 of the Code of Labour: 'If an employee comes to work intoxicated with alcohol, narcotic or toxic substances, an employer shall not allow him to work on that day (shift) and shall suspend his wage. In other cases an employer may suspend an employee from work (duties) only on the grounds established by laws'. The responsibilities of employers are also prescribed in the article 41¹² of the Code of Administrative Offences of the Republic of Lithuania (see question 3 below): 'non-removal of a worker intoxicated with alcohol or drugs and toxic substances from his work incurs a fine on the employer or a person authorised by him/her amounting from 500 to 1000 Litas (~150-300 Euros), and non-removal of a worker engaged in dangerous work and intoxicated with alcohol or drugs and toxic substances from his work incurs a fine imposed on the employer or a person authorised by him/her amounting from 2000 to 5000 Litas (~600-1500 Euros)'. The employers have to establish work rules prohibiting use of psychoactive substances. Also, they have to provide working conditions which prevent opportunities to use psychoactive substances at work.

Article 41 of the Code of Administrative Offences also prescribes responsibility for the **employees**: 'Presence of a worker intoxicated with alcohol or drugs and toxic substances in the workplace, premises of enterprises, institutions, organisations or on the territory during or beyond the work hours, also evasion of a worker to be tested for intoxication with alcohol or inebriation incurs a fine imposed on the worker amounting from 100 to 300 Litas (~30-90 Euros)'. The Code of Administrative Offences of the Republic of Lithuania imposes considerably higher fines for

intoxicated employees who work in such responsible areas as railway, waterways and road transport sectors, also for those commanding aircrafts. For such employees having been identified as intoxicated or if they avoid intoxication tests a fine amounting from 1000 to 3000 Litas (~300-900 Euros) is imposed (article 112¹⁵ of the Code of Administrative Offences), while for ship captains – from 3000 to 5000 Litas (~900-1500 Euros) (article 117² of the Code of Administrative Offences). Also, the Code of Administrative Offences establishes that they are deprived of the licence to steer a vehicle, vessel or train or to fly as a crew member for a certain period of time. The article 255 of the Code of Labour indicates that an employee must compensate all damage if damage is caused by an employee under the influence of alcohol or narcotic or toxic substances. In Lithuania, use of alcohol is one of the main reasons for the gross breach of work duties (article 235 of the Code of Labour), for which the employee can lose his job.

The employers may not in all cases notice an employee intoxicated with psychoactive substances or having problems related to psychoactive substance use. An **employee** or **co-worker** next to him/her may notice this more easily. Employees should be aware of their responsibility to report on their co-worker who is intoxicated or needs help (counselling, treatment, etc.). However, such cases are rare in Lithuania. This is due to positive public attitudes towards drinking and conventional use of alcohol in Lithuania. Employees should be encouraged by their employers through cooperation and good initiatives instead of being fined for not reporting their intoxicated co-workers.

At the **government** level universal prevention should be implemented leading to a public negative attitude towards psychoactive substance use. The government should form legislation, promote implementation of the regulated policy and evaluate the achieved results. The **State Labour Inspectorate** of the Republic of Lithuania performs prevention of accidents at work and professional illnesses in businesses, monitors the observation of legal acts regulating health and safety at work, provides consultations to employees, their representatives, labour unions, and employers, as well as to employee health and safety services and committees.

Speaking about the responsibility of different stakeholders, one should not forget the responsibility of **professional health care providers** and **experts**. They should advise, consult and raise awareness of other stakeholders. With their help **employers** should instruct and inform their employees about existing legislation and ensure their qualification and training in the field of drug and alcohol prevention at work.

The communication and cooperation of different stakeholders is essential. The **Tripartite Council** of the Republic of Lithuania brings together representatives of the government, trade unions and employers to discuss social, economic and labour issues and to reach consensus on them. Based on a tripartite agreement, the Tripartite Council is made up of equal numbers of representatives of national trade union organisations, employer organisations and the government, all with equal rights. At meetings of the Tripartite Council, the government and social partners discuss social, economic and labour issues and submit proposals on how to tackle them, consider draft laws and other regulatory norms within the Tripartite Council's sphere, submit findings and recommendations to parliament and the government, and carry out a number of other functions.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take problem into account? Is there reflection on the process of social change that the phenomenon reflects?

Psychoactive substance use arouses health, psychological and social problems, and its solution requires legal acts in all areas. Punitive measures are established in the **Code of Administrative Offences** of the Republic of Lithuania. The responsibilities of employers and employees, and fines, are described in question 2 above.

Paragraph 11 of article 11 of the Law No. X-694, of 15 June 2006, of the Parliament of the Republic of Lithuania on the **Support to Employment** of the Republic of Lithuania establishes that persons dependent on drugs, psychotropic and other psychoactive substances, having accomplished psychological social and/or professional rehabilitation are considered on the labour market as additionally supported persons provided they contact a territorial labour exchange within six months of the date of their accomplishment of psychological social and/or professional rehabilitation and the labour exchange was unable to offer suitable work for them. For work placement of the above persons, placement subsidies are provided, i.e. subsidies are paid to employers to cover partial costs of remuneration to the employed persons referred to by the regional labour exchange. The employers having engaged such persons are paid subsidies for their remuneration up to six months amounting to 50% of the remuneration received by such persons.

For the implementation of the articles of the **Code of Administrative Offences** of the Republic of Lithuania secondary legislation was adopted, i.e. rules and methodological regulations approved by the Government or a respective Ministry. Thus, reacting to changes such legislation may be amended in an easier manner, as necessary. For example, following the Law on **Safe Road Traffic** and respective articles of the **Code of Administrative Offences** of the Republic of Lithuania the Government of the Republic of Lithuania approved the **Rules Concerning a Set of Lectures on Harm of Alcohol and Drugs on Human Health** (No. 20, of 8 January 2004). The Rules establish as follows: 'The set of lectures on harm of alcohol and drugs on human health must be attended by persons which based on laws of the Republic of Lithuania have been incapacitated to steer a vehicle, a vessel, to fly as a crew member, to carry out technical maintenance of aircrafts, to work as a flight captain, to hunt or fish, to steer inland and small vessels (hereinafter – special right) due to offences made in the state of intoxication by alcohol or drugs, pharmaceuticals or other intoxicants'. The Rules establish that the above persons are educated according the set of lectures on harm of alcohol and drugs on human health in the course of four academic hours, and the Rules establish the topics to lecture in the Programme.

Decree No. V-132, of 7 May 2008, of the State Labour Inspectorate of the Republic of Lithuania approved **Methodological Recommendations Concerning Removal from Work Due to Intoxication with Alcohol or Psychoactive Substances**.

The secondary legislation includes legal acts in the health area regulating conditions and methods to identify intoxication.

Resolution No. 452, of 12 May 2006, of the Government of the Republic of Lithuania on Approval of **Regulations for Identification of Intoxication (incl. Intoxication with Alcohol) of Persons Steering Vehicles and Other Persons** was adopted.

Decree No. 505, of 20 June 2006, of the Health Minister of the Republic of Lithuania on Approval of **Methodologies for Procedure of Medical Examination to Identify Intoxication with Alcohol or Psychoactive Substances and Evaluation of General Condition of an Individual** establishes as follows:

- 10.3. The level of psychoactive substances in blood and/or urine is identified by various chemical analysis methods, i.e. gas chromatography, liquid chromatography, mass spectrometry, TLC and others identifying a specific substance and rejecting 'false' positive results of the primary test.
- 10.4. Rapid analysis instruments (tests) can be applied solely as the initial method. For verification of the examination results the methods established in paragraph 10.3 must be applied. Positive results obtained through immunoassay also must be verified by the examination methods established in paragraph 10.3.
- 10.5. Psychoactive substance use must be verified by examining the test substance from the same sample using at least two different methods established in paragraph 10.3.

A person can be tested only upon committing an offence. In the absence of an offence specialists can test the environment for the presence of psychoactive substances.

Article 12 of the Law No. IX-1672, of 1 July 2003, of the Parliament of the Republic of Lithuania on **Safety and Health at Work** establishes that 'in order to ensure employees' safety and health, the employer assigns one or more employee health and safety specialists or establishes an employee health and safety service'. The **Model Regulations on the Employee Health and Safety Services** (approved by the Ministry of Social Security and Labour and the Ministry of Health of the Republic of Lithuania) establish the order of the foundation of the employee health and safety services, functions, rights and responsibilities of the employer's assigned persons.

For the implementation of the measure 3.7 (to inform employers and employees about the negative consequences of alcohol use at work on the safety and health of the employees and to disseminate information about the accidents at work caused by intoxicated employees) of the **Alcohol and Tobacco Control Programme** for 2012–2014 (approved by Resolution No. 1080 of 14 September 2011 of the Government of the Republic of Lithuania) the State Labour Inspectorate of the Republic of Lithuania updated the **Recommendations for the Elimination of Alcohol at Work as a Risk Factor in the Institutions and Organisations** of the Republic of Lithuania and prepared a questionnaire for the employers to check the scope of the implementation of the measures preventing occupational accidents caused by intoxicated employees. In 2012 guides for employers ('If the employee is intoxicated at work') and employees ('Consequences of being intoxicated at work') were also prepared by the State Labour Inspectorate of the Republic of Lithuania.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of enterprise, role of the working community, etc.?

As mentioned in question 3 above, psychoactive substance use leads to consequences in all areas, i.e. health, social, economic. A solution regarding drug

use at work should therefore be integrated into reduction of all consequences; thus, it is necessary to pay attention to all areas, i.e. penal, health and economic (to assess losses due to efficiency shrinkage, truancy, irrational insurance pay-outs for accidents, etc.). It is necessary to ensure that profit from selling alcoholic beverages does not outweigh human health. The politicians, the Government, the employers, the courts, the trade unions, the local communities and general public should contribute to that. For the implementation of prevention in the work place, the public attitude is of major importance. In Lithuania, it is very difficult to combat promotion by alcohol producers, and alcohol accessibility has been increasing. Therefore, along with demand reduction, i.e. prevention, supply reduction is also a matter of relevance in Lithuania.

The prevention policy carried out in Lithuania underlines that in the implementation of prevention children and youth should be prioritised. In Lithuania, general prevention does not include individual measures for prevention at work nationally. Prevention at work is not singled out in the approved Alcohol and Tobacco Control Programme, but is recognised as an integral part of general alcohol use prevention. Individual measures for alcohol use prevention at work can be included in the implementation plan of the Alcohol and Tobacco Control Programme on demand. The Ministry of Health and the Ministry of Social Security and Labour in cooperation with the Confederation of Employers, trade unions, NGOs should engage in this issue. Moreover, international cooperation should be developed and best practice of other countries should be used.

At the company level It is possible, with the help of professional health care providers (physicians, psychologists, etc.), to organise lectures, consultations, discussions about alcohol and drugs related harm to health and the social environment, as well as the possible negative consequences to the company's activities, to encourage employees (maintaining their confidentiality) to express problems related to psychoactive substance use.

LUXEMBOURG

1. Introduction:

In Luxembourg, overall co-ordination of the government's anti-drugs and addiction strategy is carried out by the "drugs unit" under the auspices of the Ministry of Health. This governmental strategy currently covers the period 2012-2014.

The general aim of this strategy is to ensure a high level of health protection, public security and social cohesion.

The action plan associated with this national strategy revolves around four core areas:

- supply and demand reduction,
- risk, damage and harm reduction,
- research and information,
- international relations and co-ordination.

To help employers and employees become more involved in a national anti-drugs strategy, the Directorate of Health / Occupational Health Division has been taking part in the Pompidou Group's expert group on drug use in the workplace since 2011.

2. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

The various parties concerned, i.e. employers' and trade union representatives and occupational physicians, believe that an effective drug prevention strategy accessible to all workers in the workplace should be supported and encouraged by a governmental national plan.

The current national plan, however, makes virtually no mention of preventing drug use in the workplace, except for targeted action related to primary prevention. In the absence of a national policy regulating the workplace, the *Union des Entreprises Luxembourgeoises* and the Chamber of Employees believe that companies should adopt a general and collective prevention policy, involving the employer, workers and their representatives.

In the absence of a national strategy, one solution for companies wishing to do more to prevent drug use in the workplace would be to introduce internal rules of their own.

At present, only a handful of large companies (generally multinationals, or companies operating in the transport sector, such as railway or civil aviation companies) with more than 150 workers have policies on illegal drugs. Most large companies, however, do have clear guidelines regarding alcohol.

The policies in question are set out in the company's internal rules, which are circulated to all workers. In these companies, issues related to illegal drugs are treated as an illness and the social partners work together to ensure that the worker concerned receives the best possible care.

By contrast, companies with fewer than 150 workers do not usually have a drug prevention policy, and tend to take the view that before tackling illegal drugs, they should concentrate on the issue of drinking in the workplace, where it is easier to secure a consensus. For most of these companies, indeed, illegal drug use remains a sensitive subject, not to be discussed with the outside world.

3. Position taken by employers' and trade union representatives

At the end of 2011, the health minister Mars di Bartoloméo wrote to employers' and trade union representatives, asking them for their views on preventing illegal drug use in the workplace and in particular on workplace drug testing.

In its reply, the *Union des Entreprises Luxembourgeoises* (UEL) drew particular attention to the statutory framework. In its view, drug use in the workplace is directly a matter of health and safety and, despite the plethora of relevant instruments, none deals specifically with this issue. The UEL is aware that the employer, as the party responsible for workers' health and safety, is liable to incur criminal sanctions if there are any failures in this area.

The UEL also points out, however, that the European directive on health and safety in the workplace stipulates that it is "*the responsibility of each worker to take care as far as possible of his own safety and health and that of other persons affected by his acts or omissions at work in accordance with his training and the instructions given by his employer*".

The UEL accordingly takes the view that if an employee is under the influence of drugs while at work, they too should be held liable in terms of occupational health and safety.

The UEL welcomes positively the fact that the Ministry of Health publishes a special guide on alcohol and the workplace. This guide contains pointers as to how to prevent and deal with situations where employees are found to be under the influence of alcohol.

As regards screening, the UEL stresses that screening for drugs should be carried out only by the occupational physician. Because this leaves its members, i.e. employers, relatively powerless, however, the organisation is also calling for wider opportunities for monitoring, and believes that the occupational health services should be more responsive in this area. The UEL further considers that a balance needs to be struck between the need to protect privacy and the need to ensure the health and safety of people in the workplace.

To conclude, the UEL takes the view that drug use is a complex issue and that employers should not be left without any recourse. They should be given more resources to enable them to meet their obligations in terms of protecting employees' health and safety in the workplace, and there should be more opportunities for screening.

In their reply, the Chamber of Employees points out that, unfortunately, the use of drugs, alcohol and medicinal substances is embedded in our culture, affects all sections of the population and also impinges on the workplace. The Chamber is aware that this is not simply a public health issue but that it also has implications for occupational health and safety and that the social partners should work together to find appropriate ways of combating substance abuse and helping the employees concerned.

The Chamber of Employees welcomes the moves by the Ministry of Health to involve the social partners in developing a national strategy to prevent the use of drugs in the workplace. This is particularly helpful for small companies which have no internal strategy or rules of their own regarding the prevention of legal and illegal drug use.

On the subject of workplace drug screening, the Chamber of Employees goes on to say that, if screening has to be carried out, it must not be used to systematically expel drug users from the workforce, but merely to prevent users from holding certain posts, where their diminished ability to act or react could endanger their own safety or the safety of others. Furthermore, any drug screening must be carried out according to a specific procedure under the sole authority of the occupational physician. Medical confidentiality must be ensured throughout the procedure. The occupational physician cannot be required to carry out testing for illegal drugs by the employer and must be free to decide which examinations are required in order to assess a person's fitness.

The Chamber of Employees also draws attention in its replies to the need for companies to adopt a three-tiered approach to drug prevention, with primary, secondary and tertiary prevention.

To conclude, the Chamber of Employees reiterates that it is actively committed to promoting health, safety and well-being at work and that it runs numerous trade union courses on alcohol and drugs and promoting well-being in the workplace.

4. What are the stakeholders' roles and responsibilities?

Many illegal drugs cause changes in employees' behaviour and decreased alertness that can jeopardise safety at work.

The issue with regard to occupational health and safety and the responsibilities of the various stakeholders are clearly set out in the framework directive 89/391/EEC on the safety and health of workers at work.

Although this directive makes no mention of alcohol or drugs, it does state that the employer has health and safety responsibilities "in every aspect related to the work", which naturally includes issues related to alcohol, drugs, abuse of medicinal products, etc.

- Occupational physician:

When determining an employee's fitness for certain jobs, the occupational physician is required to consider the consequences of legal or illegal drug use and to assess the impact. The occupational physician may be held liable if it is later discovered that he or she failed to carry out the additional examinations available to him or her, in order to determine the employee's fitness (obligation of means and not of result).

The aim is not to systematically expel all substance users from the workforce but rather to prevent them from doing jobs where their diminished ability to act or react might endanger their own safety, the safety of others or safety in general.

Drug screening is therefore necessary in certain cases, both at the time of the pre-recruitment medical examination and during routine check-ups. The purpose of screening should never be to have the worker dismissed or to show that he or she is guilty of wrongdoing, but rather to put an end to unsafe conditions in the workplace and encourage the employee to seek specialist help.

- The employer:

Employers have a major role to play as they are the ones who determine the broad lines of the company's health and safety policy. No drug prevention policy will be effective unless it has the employer's consent.

With regard to health and safety at work, Council Directive 89/391/EEC clearly provides that employers are responsible for the health and safety of workers in every aspect related to work and that they cannot easily absolve themselves of these responsibilities. An indication of the magnitude of the responsibility placed on employers can be seen in the fact that employers who fail to fulfil their obligations are liable to criminal penalties under the Labour Code.

In the absence of national legislation in this area, the only effective way for companies to frame an in-house drug prevention policy is through internal rules.

- The staff delegation:

It is crucial that the staff delegation encourage and promote any company policy on drugs which is basically aimed at improving occupational health and safety, which respects workers and encourages them to seek specialist help. Continued employment, adaptation of the workplace, continued payment of salaries and reintegration are vital if the company's policy is to secure the backing of the employees, staff representatives and the trade unions.

In any case, the staff representatives and/or, failing that, the worker concerned also have certain occupational health and safety obligations, as provided for in the framework directive 89/391/EEC. Accordingly, it is the responsibility of each worker "to take care as far as possible of his own safety and health and that of other persons affected by his acts or omissions at work in accordance with his training and the instructions given by his employer".

5. Initiatives (legislative and regulatory texts, including conventions) and reflection on the process of social change

In the absence of legislation, the prevention and use of drugs in the workplace is directly a matter of occupational health and safety, covered by the framework directive 89/391/EEC and incorporated into domestic law through the Labour Code.

The following texts deal with the subject of drugs, legal and illegal:

- A recommendation from the *Association d'Assurance contre les Accidents* (A.A.A) on alcohol use (formerly Clause 36). This clause applies to all companies in Luxembourg, whether they are in the private or public sector.
- An instruction on drugs in the workplace recently issued (2013) by the Ministry/Directorate of Health, Occupational Health Division, for all occupational physicians practising in Luxembourg. This instruction essentially deals with the responsibility of the occupational physician, indicating when to carry out screening (pre-recruitment medical examination and/or routine check-ups) and the procedure and purpose in the event that the test proves positive.

The various collective agreements rarely if ever address the issue of illegal drug use in the workplace. Any companies wishing to move further down this path will thus do so through their own internal rules.

Pre-recruitment screening, for example, is practically only carried out by the occupational health services of big companies which have a large number of high-risk jobs and/or jobs that are subject to special rules provided for in specific legislation (such as civil aviation, security services, railways, steel industry, police, firefighters).

While legal or illegal drug use in the workplace is not a topical issue, it can nevertheless be observed that there has been a change of attitude in Luxembourg regarding the importance of investing in occupational health and safety, and even in disease prevention and health promotion. The public authorities, i.e. the Ministry of Labour and the Ministry of Health and their respective departments, work together closely and encourage any moves by the social partners to improve health and safety at work.

A few years ago, for example, most occupational health services in Luxembourg began investing more in large-scale training and awareness campaigns for designated workers (occupational health and safety officers). These occupational health services conduct prevention campaigns in relevant companies and sectors.

The numerous training courses run for designated workers, staff representatives and/or employees mean that in many companies, health and safety management is effectively incorporated in the day-to-day running of the organisation.

A growing number of companies would like to go, or are already going, beyond the statutory obligations in order to improve working conditions, promote health and prevent occupational diseases. Increasingly, large companies are taking an active interest in corporate citizenship, marrying good human resource management with the concern to create good working conditions and improve well-being in the workplace.

On the subject of social change, I would like to mention two national events that reflect companies' commitment to raising the standard of occupational health and safety:

- the annual "Health and Safety at Work Day" organised by the *Association d'Assurance contre les Accidents* and the *Union des Entreprises Luxembourgeoises*, in association with the Ministry of Labour, the Ministry of Health and the Chamber of Employees. This event includes numerous talks and workshops and brings together in a positive and participatory way companies and other organisations and individuals involved in this task. It provides a platform for Luxembourg companies that wish to share their experience, check that their current health and safety practices are sound or simply learn about the latest developments in protection and prevention.
- Since 2007, the Ministry of Health has been awarding the "Health in Companies Prize" to companies which, in the interests of social responsibility and good management, go beyond their statutory requirements and take meaningful action to improve occupational well-being. To be considered for the prize, companies have to submit a whole dossier to the Ministry of Health. To date, some twenty companies have been awarded the prize for achievement in the field of occupational health. The relevant good practices are published on the Ministry of Health's website. The prize, which has great symbolic significance, is presented by the Minister for Health in person and the proud winners often display it at the entrance to the company. Luxembourg city council, for example, was awarded the prize for their well-being at work scheme, part of which is dedicated to "alcohol prevention and support". An example of good practice, this scheme can be copied and readily adapted to other companies.

6. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

It is difficult to see how, in the business world, the issue of illegal drugs could be addressed purely through a health plan, with no connection to the issue of discipline. Clearly, the primary goal in any company as regards drug use is to ensure workers' health and safety. The basic aim is not to expel drug users from the workforce but rather to prevent them from holding jobs where they are liable to jeopardise their own safety or the safety of others.

Internal rules generally always have two elements:

- the main element which is specialised support, respect for the individual concerned and the possibility of being assigned to a suitable job;
- a disciplinary element which is applied if an individual commits a further breach or relapses after receiving treatment, or if they fail to comply with the health and safety instructions.

Clearly, if a company's drugs policy does not contain both of these elements, the social partners will never approve it and/or enforce it properly. The role of the company is to design and deliver a policy on the use of illegal and legal drugs in the workplace and to be consistent in the way that policy is implemented. The role of the staff representatives and the trade unions is to support these moves and ensure that the rules are properly observed and that the company honours its commitments in the health field, in the interest of the workers.

One final point: health and safety is something which concerns everyone and unless there is co-operation between the main stakeholders, it is unrealistic to expect any improvements in this area.

NORWAY

The proposals below are based on many years of practice in Norway and also on existing research in the area.

1. What are the foundations on which a prevention strategy that is acceptable to all concerned can be based?

National level:

A prevention strategy should be based on cooperation between the employer organisations, the trade unions and the State. In fact, the most recent version of the 'white paper' (Se Meg, St.30) states that all employees, in both public and private sectors, must be covered by a general alcohol and drug policy.

Today it would be wise to see drug use, alcohol and gambling issues in relation to health promotion and lifestyle.

Company/business level:

The prevention policy inside the company should be based on cooperation between employers and employees. The different ways to do this will vary according to size and structure in the company.

In Norway companies with at least 50 employees are required by law (work environment act) to establish a working environment committee where both employer and employees are represented (AMU). This committee works with issues related to health, environment and safety, and is a natural body to anchor the prevention strategy. Smaller companies in Norway are not required to establish such a committee; nevertheless a prevention policy in these companies should also be based on cooperation between leaders and employees.

2. What are the stakeholders' roles and responsibilities?

National level:

All parties should initiate and take part in the development of new prevention tools, and implement these and the prevention policy in their own businesses and organisations. The stakeholders are also important sources of funding.

Akan kompetansesenter was founded in 1963 by the Confederation of Norwegian Enterprise (NHO), The Norwegian Confederation of Trade Unions (LO) and the Norwegian state. An individual agreement is among the tools that *Akan kompetansesenter* offers to Norwegian work life. Akan's individual contract model consists of structured and specially adapted support in the workplace for a person with a drug or alcohol problem.

This may include:

- medical examination
- a consultation with the firm's occupational health service or a general practitioner
- external outpatient or inpatient treatment
- a colleague as a peer support person at the workplace

Relevant internal resources:

- manager
- key person
- peer support person
- occupational health service
- employee representative

Relevant external resources:

- general practitioner
- social welfare office, preferably a drug abuse counsellor
- local treatment clinic, outpatient clinic, or drug and alcohol team
- the AKAN workplace advisory centre

Control measures and change of work tasks might be required in order to secure the interests of the company.

Company level:

The employer organisations, the trade unions and the state have for many years agreed that both the employers and the employees have important roles and responsibilities.

Employers – leaders:

Managers are the key persons in a working environment, and have a particular responsibility to contribute to a working environment and a corporate culture characterised by openness and trust. Consequently, managers have a special responsibility to comply with the company's substance abuse policy. Leaders are responsible for the health, environment and safety work as described in the Working Environment Act in Norway. The leaders' tasks are many; they include, for example:

Managers at all levels have the responsibility to inform and make known the company's substance abuse policy. They must ensure that the policy is part of the agenda. Managers can, for example, make sure that employees are offered opportunities to become aware of their own habits of alcohol use. Discussions in the working environment about attitudes to drug use may increase the awareness of such issues, and contribute to promoting the development of a healthy corporate culture.

A leader who is concerned about an employee should take this up with the employee as early as possible (early intervention). Managers at all levels are responsible for ensuring that the working regulations are followed. In violation of work rules the supervisor must respond and give a warning in accordance with current guidelines. An employee who is under the influence of alcohol at work must be sent home in a

satisfactory manner. As soon as possible the leader should carry out a personal call with the employee. A consistent and clear practice is a signal of taking the drug policy seriously.

Employees – union representatives:

The union representatives' mission is to promote a good working environment and contribute to meeting the intentions of the drug policy. Union representatives should ensure that managers respond in accordance with approved procedures. At the same time they will see to it that the affected employee is assured proper assistance and that action is taken. Provided that the employee wants it, it is recommended that the representative be present during calls associated with warnings.

Occupational Health Service (OHS):

The Occupational Health Service is the medical professional counsellor of the Corporate, and is represented in both the working environment committee. The OHS has an advisor and resource persons in prevention activities at all levels (universal/towards everybody, selective/towards groups at higher risk, indicative/with individuals). Businesses without an occupational health service must determine on a case-to-case basis how the need for medical services may be covered. The OHS should have a free and independent position in their work. The OHS should provide management and staff guidance, information and training in substance abuse matters. It is also important that the OHS is aware of drug issues when conducting annual surveys and monitoring work.

Safety representatives:

Safety representatives' responsibilities are set out in the Norwegian Working Environment Act § 6-2. They shall safeguard the interests in matters affecting the working environment. Furthermore, the safety representatives shall take notice of circumstances that can lead to accidents and health risks, and be consulted during the planning and implementation of systematic health, environment and safety approach. Alcohol and drug problems are of relevance here.

Personnel/HR Department

The Personnel/HR Department in the company has a special responsibility to promote a constructive alcohol culture in the company through long-term planning and development of the organisation as a whole. The Personnel/HR Department therefore has a particular responsibility for drug prevention and health promotion at the universal level.

HSE department

The HSE department, through its statutory responsibilities relating to health, safety and security, among other things, has a clear responsibility to incorporate a focus on employee drug use as a part of its work. This responsibility is particularly relevant for the HSE department in connection with the company's focus on safety and risk assessments.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there reflection on the process of social change that the phenomenon reflects?

- Every year the Norwegian government presents a budget bill that clearly points to Norwegian working life as an arena for drug prevention, and the bill also includes funding for drug prevention in the workplace.
- The government in 2012 issued a new national drug policy that focuses on alcohol, health, drug use and treatment, and subsequently the workplace. This policy includes reflections on the nature and role of alcohol and drug use in Norwegian work life and society as a whole.
- The Norwegian Working Environment Act says little about the management of drug use in the workplace, but in the commentaries to the law the importance of good drug prevention at the workplace is pointed out. In the commentary to the law, several law cases related to substance abuse among employees are documented.
- The Norwegian Working Environment Act regulates the possibility of drug testing in the workplace.

To summarise, several policy documents and publications from the Norwegian Government show that the working life can be considered as an important arena for drug prevention. The Norwegian Government also provides funding for alcohol and drug prevention among employees, and has done so for 50 years. In spite of this, there still is much work to do to improve the actual prevention efforts in working life.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

National level:

There may be many different methods to facilitate substance abuse prevention at the national level. Here are some:

- National strategies related to substance abuse prevention and early intervention in society and working life in particular.
- National campaigns on alcohol and drug prevention.

Business/company level:

There are currently many methods for taking the problem into account in the workplace. We will here just briefly mention some of them. There exists much literature on these methods elsewhere:

Universal level (methods towards all employees in a company):

- Specific and clear working rules.
- Developing an alcohol and drug policy. A drug policy should show the company's attitude to alcohol and drug use among employees. It is an advantage if the drug policy is specific and describes the company's views on the use of alcohol and

drugs 1) during work, 2) at the workplace, 3) in situations that may be connected with the work community, and 4) also substance use in leisure time that may have consequences on job performance. This means that the policy, for example, should say something specific about in which work-related situations alcohol use is accepted and what is perceived as problematic use of alcohol related to the work community. It is also recommended that the drug policy should have clear guidelines for handling violations of the policy/rules. This is related to building healthy work cultures that includes everyone. Such cultures can also be considered as a key factor in prevention.

- Education of leaders and employers on how to address the problem among employees, what to be aware of, how to put it into words.
- Establish a committee and/or key personnel with special expertise on the subject in the company.
- Offer brief interventions – new digital interventions are developed to this effect. There are now several digital programmes available on the internet, where employees can check their alcohol and drug use and get help to change these if necessary.
 - One example of this is a programme called Balance (directed towards drinking habits). Balance is an internet-based health-promoting programme designed for use in companies. Through Balance the staff are offered a check of their own drinking habits. After the test Balance can provide follow-up for one year. Balance can help to maintain good lifestyle habits, and have included a separate stress management course for those who want this. Balance is based on positive psychology, and includes topics such as diet, exercise, how to build social networks, conflict resolution, mental training – and of course alcohol habits.
- Discussions about alcohol use related to the working environment or the workplace. There are developed online tools to help managers and other employees to carry out discussions and conversations about drinking habits related to the work environment.

Selective level (methods directed towards groups of employees with higher risk of developing problems):

- Risk assessment also on topics related to alcohol and drug use can be performed every year.
- Extra focus on some groups of employees who as a part of their work are exposed to risk of developing a problem to a greater extent than others. This could be young employees, persons working in sales departments, persons travelling a lot through their work etc.
- The same tools can be used in the universal and selective level.

Indicative level (methods for working with individuals with problems at different levels):

- The important conversation: Give leaders/managers skills to address concern related to small or moderate signs of potential problems.
- System of warnings: Establish a structure and clear regulations on how to react to violations of company rules or ethical standards.

- Individual contract and follow-up: A method for how to provide follow-up inside the company so that the person is given an opportunity to recover, and at the same time receive treatment from professional treatment personnel.
- Drug Testing

Some literature:

- Norwegian Work Environment Act.
- Akan Workplace Advisory Centre: *Method book. Worklife prevention.* www.akan.no (my translation).
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- Se meg! En helhetlig rusmiddelpolitikk. Alkohol - narkotika – doping.
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This document was written by Kjetil Frøyland, and was updated by Jarle Wangen and Elisabeth Ege in October 2013.

Representing Norway

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PORTUGAL

Psychoactive substances use among individuals in productive age and at workplaces is one of the aspects of this cross-cutting issue.

Though in Portugal there are not many specific data regarding this theme, the II National Population Survey on Psychoactive Substances in the Portuguese Population (2007) shows that among individuals currently in a professional capacity, 73.6% of them have drunk alcohol in the last years, 34.7% have smoking habits and 3.6% have use illicit substances (Balsa et al. 2008).

On the other hand, and in the same survey, the abusive and regular use of alcohol between employees reaches 8.7% and 10.2% among the unemployed. Regular abusive use tends to be preferentially associated with professional groups such as workers and artisans, farmers and machine operators and intermediate-level workers.

The abusive uses that present an irregular pattern are distributed between experts, scientific personnel, intermediate-level workers, and salesman and machine operators (Balsa et al. 2008).

The magnitude of the numbers mentioned is significant, and is harmful for the professionals, the enterprises/corporations and the community in general.

The fact that workers remain at the workplace under the influence of psychoactive substances depends on the combination of multiple factors, some linked to individual characteristics and habits of life and others of a professional nature, such as the type of work, rhythm and cadences, shift work and stress.

Health and safety promotion in workplaces is a recent approach. Thus, in 1981, the 155th ILO Convention already considered that the corporation services of occupational health should not be restricted to vigilance and medical examinations for workers' health assessments, but should enlarge their competences to cover control of the physical and mental elements that may affect workers.

In this framework, an organisation's responsibility to ensure the health and safety of its workers cannot limit itself to the traditional monitoring health examinations.

Interventions in the workplace regarding the use of psychoactive substances should be structured according to:

- Choosing workplaces as privileged contexts for the prevention of problematic use of psychoactive substances;
- Promotion and awareness of healthier lifestyles;
- Centring strategies in the ambit of responsibility and organisational ethics, supporting corporations/institutions and their workers and enhancing the intervention with their families and communities;

- Contributing to hazard prevention at workplaces, increasing safety levels and minimising psychoactive substance use;
- Supporting the creation and development of health and safety policies within the organisations.

In the framework of defining general policies for health promotion it is important to focus on healthy lifestyles and on individual health maintenance accountability.

This approach demands the implementation of a diversified set of actions, likely to positively affect the safety, health and well-being of workers. Health and safety issues must be seen as an inter-independent and complementary whole, from which integrated and operational politics can emerge.

The participation of workers, employers and health experts is essential for the definition of a health and safety policy and for the design of an overall plan for the workers' health.

Regarding workers, their active commitment is essential to:

- Contributing to the acceptance of programmes and policies, becoming facilitating agents for its application;
- Enabling workers and their representatives to intervene among their peers (whenever abuse situations are reported);
- Facilitating and promoting the clarification of doubts regarding individual workers' rights, especially concerning treatment and work station maintenance.

As a conclusion, the adoption of politics and programmes for the prevention of psychoactive substances use must include all workers.

We highlight:

- Politics and Programmes regarding the abuse of psychoactive substances should promote the prevention and treatment of the problems related to alcohol consumption and other psychoactive substances in the workplace;
- Fostering safety and health in the workplace through information, training and qualification programmes on psychoactive substances and when possible, integrated under broader health and safety strategies;
- Establishing a system that certifies the confidentiality of all information, throughout the process;
- Problems related to the use of psychoactive substances in the workplace are health problems. Workers who wish to go under treatment should not be marginalised, and share the same workplace security as their peers;

- Treatment and rehabilitation are undertaken on a voluntary basis, with respect to their personal liberties;
- Illicit substances and alcohol abuse must be seen as a disease and treated as well in what concerns temporary inability and other social aspects, especially when the worker is undertaking treatment;
- During treatment the maintenance of the work station, or at least the employee's transference to other functions, must be assured, without any hazard to his work and other colleagues' work performance, with no salary or benefits cut.

This topic has been the subject of analysis and discussion in the Working Group Intervention at the Workplace, integrating public administration bodies, social partners and private entities related to safety and health at work. This Group produced a document that lists and develops the aforementioned assumptions. In the near future, the Group also intends to develop instruments that facilitate a pragmatic and operational approach to these problems to employers, workers and professionals of health and safety at work, particularly targeted at micro, small and medium enterprises, which constitute the major proportion of the Portuguese business structures.

Mário Ferreira de Castro, Monitoring and Information Department Director, General-Directorate for Intervention on Addictive Behaviours and Dependencies

SLOVENIA

1. The foundations of drug prevention policy as presented in the current national programme of Slovenia:

1.1. Prevention programmes

Preventive programmes are very widespread in the Slovene space, taking place on local and national levels. The largest share of preventive programmes is devoted to children and young people on a local level, in educational institutions and partially also outside them. In addition to teachers, representatives of non-governmental organisations and local action groups have an important role in carrying out preventive activities, the latter of which coordinate these activities in some local communities. As with other European countries, we are also confronted in Slovenia with the difficulty that preventive programmes are not suitably evaluated, so their real effects are unknown. In the future, therefore, a great deal of knowledge and resources must be oriented, in addition to investment in developing programmes, also in evaluating them, i.e., their effectiveness and success. As far as preventive programmes at the workplace are concerned, there is still a lot of work to be done.

1.2. Preventive work in the workplace

- Preventive programmes for preventing the use of legal and illegal drugs in the workplace must be developed.
- The shared responsibility of employers and trade unions for the development and use of these programmes must be established.
- If a problem of drug use occurs that affects the functioning of the individual in the workplace, information activities must be created, and health examinations, treatment and social care of these individuals enabled.
In the case of treatment of drug users within the framework of healthcare we should follow the following procedure: users of illicit drugs who are directed to an approved programme of social rehabilitation by their personal physician during medical treatment, in accordance with accepted doctrine, may be granted sick leave from work for the time of treatment in the programme, on the basis of a finding of the commission at ZZZS, the Health Insurance Institute of Slovenia. Equal right to sick leave is thus guaranteed to drug users.
- Legal conditions must be ensured that will not exclude drug users from the work process but encourage their active employment.

2. For successful management of alcohol- and drug-related issues in the workplace the following steps should be considered:

Employers and workers and their representatives should jointly assess the effects of alcohol and drug use in the workplace, and should cooperate in developing a written policy for the enterprise.

Employers, in cooperation with workers and their representatives, should do what is reasonably practicable to identify job situations that contribute to alcohol- and drug-related problems, and take appropriate preventive or remedial action.

Workers and their representatives should:

- cooperate with the employer to prevent accidents at work due to harmful use of alcohol or abuse of drugs
- cooperate with the employer to maintain health and safety in the workplace and bring to the attention of the employer conditions in the workplace that may encourage, incite, or lead to alcohol- and drug-related problems, and should suggest remedial measures
- cooperate with the employer in the development of an alcohol and drug policy
- follow the employer's directives and rules applicable to alcohol and drugs in the workplace, and actively participate in the development of such directives and rules through consultation and negotiation where required by law or collective agreement
- cooperate and participate in alcohol and drug programmes offered by the employer for the benefit of the workers, and actively participate in the development of such programmes through consultation and negotiation where required by law or collective agreement
- assist those with alcohol- or drug-related problems to obtain the assistance needed for rehabilitation
- have the right to expect that their right to privacy be respected and that any intrusion into the private life of the worker regarding alcohol or drug use is limited, reasonable and justified
- have access to the advice and services of competent professionals to advise them on the development and implementation of an alcohol and drug policy for the workplace, and workers and their representatives should respect the integrity of such professionals.

3. The example of a model of good practice: FIT FOR WORK PROGRAMME

Objectives

The *Fit for work* programme is carried out by CIOTSM (Clinical Institute of Occupational, Traffic and Sport Medicine), and its purpose is to influence employers and workers to gain knowledge and skills for healthy work and life and to introduce changes into the working environment that benefit health. In the long term, this should lead to better workers' health and a gradual reduction in sick leave, prevent injuries and work incapacity and reduce regional differences, while at the same time contributing to greater satisfaction in the workplace and thereby increased productivity and general welfare of the active population.

The programme covers eight educational modules for areas that are, according to data, the biggest threats to workers' health. In line with the programme recommendations, companies should first conduct an analysis (module no. 1) of workers' health and, on the basis of the results, select the problems to be resolved with one or at most two of the following modules: prevention of injuries at work, ergonomic measures in the workplace, prevention of burdens due to chemical pollutants, organisational measures in the working environment, stress coping, **prevention of the use of psychoactive substances**, and workplace bullying prevention.

Every year, the Institute organises training for workplace health promotion advisors who come from different companies and institutions interested in improving employees' health. The training takes 10 days for lectures and workshops; additional time is also devoted to personal study for a final exam and to prepare a paper involving an analysis of health status in the organisation as well as developing a precise plan of activities to implement according to the main health problem identified. As of May 2011, around 100 advisors had completed this 120-hour educational programme, and an additional 20 will finish training this year.

After returning to their organisation, advisors are expected to organise health groups (one or more according to the size of the organisation) and provide them with knowledge and skills for the implementation of the programme developed during their training. According to the programme, health groups should include the following people: the **workplace health promotion advisor** (who coordinates the work of the group), **company management**, workers (work council representative or trade union representative), **company doctor or specialist in occupational health** (in Slovenia, most companies contract this job to external enterprises), **occupational safety expert**, **human resources department** and **other employees** according to the needs of the company.

4. Why is there a need to evaluate drug prevention policy and programmes at the workplace?

When the stakeholders (employers, workers and their representatives, policy makers, public health professionals, NGOs) decide to take appropriate preventive or remedial action against drug problems in the workplace, they invest resources with the intention that the prevention programmes established will be beneficial. All too often, however, it is assumed that good intentions and the utilisation of resources are all that is required. As a consequence, the policy and prevention programmes generally have been designed without sufficient evaluation mechanisms. To be effective, decision-making and planning for drug use prevention at the workplace should be based on evidence, not on guesswork. Evidence is required in order to decide what prevention activities to initiate and maintain and how to provide them. Management and policy makers may want to assess the success of the enterprise's policies and prevention practice with respect to workers' performance. Public health professionals may want information concerning the effectiveness of awareness and education sessions for workers. Researchers may want to compare the absenteeism rates before and after implementation of the prevention programme or measuring presenteeism that may lead to greater lost productivity than absenteeism. It may be necessary to evaluate the relevance of the programme in relation to the needs of the community. Too often, however, decisions must be made without the necessary relevant information. Clearly, evaluation is not the only tool that stakeholders need to determine if the prevention programme is making a difference, but it is a powerful one. Inclusion and participation of the stakeholders throughout the prevention process is important. Evaluating one's own contribution to the success of prevention efforts may be especially helpful in cases where overall progress is difficult to achieve, and even more difficult to measure. This should be continuous and should address any gathering, reporting or analysis problems. A feedback process is required to inform those responsible for evaluation of the strengths of the information collected. The evaluation process is directed towards using the results to plan and/or improve prevention/intervention activities. This is the ultimate purpose of the

monitoring and evaluation processes. This information must be shared and must be provided as a basis for decision makers to make informed (evidence-based) decisions concerning prevention activities. The stakeholders need to have evidence about the effectiveness and efficiency of the drug policy and programmes. There is a need to answer such questions as:

- How can the community and workplaces respond to the issue of drug use?
- What preventive actions have been taken, or need to be taken?
- Can changing the work environment lead to less drug-related harm?
- Have workers' attitudes to legal and illegal drugs use changed since the implementation of prevention policy and programmes?
- Has there been a reduction in the use of these substances and the related problems?
- Have health, safety and productivity improved?
- Do prevention policy and programmes lead to less absenteeism and presenteeism?
- Do counselling-based interventions at work have an impact?
- What factors account for success or failure?
- Are there any particular occupations that seem to be worse for drug-related harm?
- How important is the impact on the productivity of people other than the drug user?
- How could the existing evidence base be bettered?

These are some important questions that can be addressed through evaluation. The answers can provide the stakeholders with important feedback that they can use to measure progress towards meeting objectives and thereby improve prevention programme planning. Evaluation involves collecting and using information to answer questions about the policy and programme and thus providing more information about the programme than was available before. It is the comparison of actual impacts against the plans. It deals with the question of how well the policy and programmes are meeting the objectives. It tells us that if we want to prevent drug use, we need to address the risk factors in the workplace and strengthen protection in the workplace as well. Not all evaluations serve the same purpose. Some are used as a means of monitoring rather than focusing solely on measurable programme outcomes. This is because evaluation is a multidisciplinary activity that includes public health, epidemiology, policy analysis, management and organisational theory, sociology, psychology, social anthropology, and pedagogy. Also, evaluation into drug use and prevention work in the workplace must take ethical issues into consideration. There are guidelines to assist evaluators in approaching ethical issues in a professional manner. These guidelines focus on relations between evaluators and subjects of study, including accountability, responsibility, confidentiality, anonymity and privacy rights. Evaluators need to follow national guidelines on research ethics.

There have been workplace-based policies and programmes that are being implemented, but that have not been evaluated. Partnerships between researchers (evaluators) and other stakeholders could help to close this gap. Evaluation could focus on a range of public health, workplace and productivity-related interventions, including:

- the programmes that alter the use and availability of drugs at work;
- the efforts to modify the norms around work environment and drugs at work;
- the efforts to reduce the impact on personal, social and financial costs, in particular related productivity;
- the programmes that reduce absenteeism, stress and workplace injury;
- the workplace-based initiatives to help vulnerable families outside work;
- the impact of drug use on productivity of people other than the user;
- the incentives-based programmes.

In order to show that the prevention programmes have contributed meaningfully to this effort, it is necessary to show that misuse of drugs was averted because of the policy and programme that was operating in the workplace. Although evaluation may have been developed for any number of reasons, i.e. policy-making, management, administration, assessment of the desired outcome of prevention, etc., it is an especially important component of the prevention programme because most prevention interventions undertaken in this field appear to be highly ineffective and the stakeholders may be reluctant to undertake evaluation efforts which may involve a personal or institutional assessment of inefficacy. Thus, the evidence for the existence of health, social and economic harm from legal and illegal drugs in the context of the workplace is much stronger than the evidence of how policies and practices at work can be used to prevent and reduce this harm. Evidence to date suggests that initiatives through the workplace aimed at general health and well-being through health promotion activities (defined as preventing, minimising and eliminating health risk, and maintaining and promoting work ability) may be as effective as those focused specifically on drugs.

In 2011 a new **Health and Safety at Work Act** (Official Gazette RS, no. 43/2011) was adopted in the National Assembly of Slovenia. This Act has laid down the rights and duties of employers and workers with respect to healthy and safe work and measures to ensure health and safety at work. According to the Act the employer shall ensure health and safety at work in accordance with this Act, other regulations and guidelines. Article 51 (Prohibition of work under the influence of alcohol, drugs and other substances) defines the following:

- (1) The worker is prohibited from working or being at the workplace under the influence of alcohol, drugs or other prohibited substances.
- (2) The worker is prohibited from working or being under the influence of medications that may affect his physical and mental ability at workplaces where, due to a higher risk of accident at work, it has been so determined in the safety statement and risk assessment (document).
- (3) The employer shall determine the condition referred to in the first paragraph of this Article according to the procedure and manner defined in his internal act.
- (4) The employer shall remove from work, the workplace and work process any worker who has worked or been at the workplace contrary to the provisions of the first and second paragraph of this Article.

In the Penal provisions the act foresees financial sanctions (from 2,000 to 40,000 Euros) for employers who fail to remove from work, the workplace and work process any worker who has worked or been at the workplace contrary to the provisions of the first and second paragraphs of Article 51. Sanctions are forecast also for workers who work or are at the workplace under the influence of alcohol, drugs or other

prohibited substances. A fine amounting from 100 to 1,000 Euros shall be imposed on a worker if he or she acts against the provisions written in the Act.

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SWEDEN

1. What are the foundations on which a prevention policy that is acceptable to all concerned can be based?

Reducing illicit drug use in the employable population is an important public health issue since early identification of drug problems in working life reduces personal suffering and the costs to society and the employer. A majority of the adult population is also involved in work during most of their lives, which means that working life is an important arena with regard to drug prevention work. Although knowledge of how many employed people use illicit drugs is insufficient, tests and studies show that illicit drug use does occur in Swedish workplaces. Experience shows that alcohol prevention efforts in working life have a general impact on public health. In light of this, it is not unreasonable to assume that effective illicit drug prevention methods in working life would have a societal effect on illicit drug habits. There are also specific reasons related to the conditions of working life that are an important basic condition in order for workplaces to have an incentive to implement preventive measures. Examples of the reasons supported by scientific evidence include the risk of more illness, accidents, wrong handling, productivity losses, absences (valid and invalid) and the bad-will effect (Hermansson, 2008; Hermansson, Beck, & Westregård, 2005).

Both experience and studies emphasise the importance of a combination of several measures for prevention programmes in order for drug-free work environments to be successful. A combination of measures is also a prerequisite for a prevention policy to be accepted by all stakeholders. Examples of such a combination of measures can include a written policy, information and education of all personnel, education and training of managers, tests and rehabilitation (Hermansson, 2008).

In Sweden, the Government adopted a new strategy for the alcohol, narcotic drugs, doping and tobacco policy this spring for the period 2011-2015. A prioritised objective during the strategy period is to improve the conditions to be able to identify and address ANDT problems in working life at an early stage. The strategy emphasises the supportive role of the occupational health services and union organisations as a factor of central importance, and also emphasises that it is important that both employers and union organisations adopt a drug policy at the workplace (Regeringens proposition 2010/11:47).

In summary, a public health perspective of the occurrence of illicit drugs in working life is a strong basis for a common approach in drug prevention work at workplaces since early discovery of illicit drug problems in working life reduces personal suffering as well as the costs to society and the employer. Together with the societal reasons for supporting active prevention at workplaces, special motives related to the conditions of working life, such as accidents, productivity losses, absences etc., are also emphasised as significant incentives for workplaces to strive for a drug-free environment.

2. What are the stakeholders' roles and responsibilities?

The employer has the utmost responsibility for the working environment and shall take initiatives in the matter. Many legal reviews fall back on the employer having the right to lead and allocate work and thereby being responsible for forestalling and preventing accidents, for instance. The Swedish Work Environment Act assigns the employer with extensive responsibility for ensuring that the working environment is safe and secure. Chapter 3 Section 2 of the Act states that *'the employer shall undertake all measures necessary for keeping the employee from becoming a victim of illness or accident'*. In accordance with the Act, the employer is responsible for the working environment and shall undertake all measures necessary to prevent accident and illness, to instruct and provide information to the employees, to have an organisation for rehabilitation activities and to engage the occupational health services as needed. The employer shall also regularly investigate working conditions and assess the risk of anyone being inflicted by illness or accidents at work (SFS 1977:1160). In accordance with the provisions of regulations of the Swedish Work Environment Authority, the employer shall also have a policy and procedures for the work with alcohol and drugs at the workplace (AFS 1994:1). In other words, there is a statutory responsibility for employers to actively conduct drug prevention efforts. With regard to the employee's responsibility, Chapter 3 Section 4 of the same law states that *'the employee shall contribute to the work environment and participate in the implementation of the measures necessary to obtain a good work environment'* (SFS 1977:1160). In addition to legal obligations to contribute to the work environment efforts, there are also other reasons for the employee, like the employer, to actively participate in drug prevention work, such as an interest in one's own health, the desire to reduce the risk of accidents and the social impact of substance abuse.

In summary, both the employer and the employee (in the form of the individual employee and the trade unions) are responsible for and have an interest in drug prevention in the workplace. In this context, it is also important that there is a third-party, public interest in being protected from risks due to illicit drug use (such as customers, citizens or relatives). Protecting public interests mainly falls on the employer and employee, but is also a social responsibility.

3. Regarding the production of legislative and regulatory texts, including conventions, are there initiatives that take the problem into account? Is there reflection on the process of social change that the phenomenon reflects?

In Sweden, all non-medical handling of illicit drugs is a criminal offence under the Act on Penal Law on Narcotics (SFS 1968:64). Consequently, the fact that all non-medical use of illicit drugs entails substance abuse is a prerequisite for drug prevention work in workplaces. Workplaces accordingly receive support in their prevention efforts through a restrictive view of narcotics in legislation, as well as through the actions of society. In Sweden, the Government adopted a new strategy for the alcohol, narcotic drugs, doping and tobacco policy in the spring for the period 2011-2015. A prioritised objective during the strategy period is to improve the conditions to be able to identify and address ANDT problems in working life at an early stage. The strategy emphasises that both the occupational health services and the workplaces can actively contribute to various kinds of risk and substance abuse

problems being identified early, and that supportive efforts are initiated. The targets for the strategy period are that more workplaces should adopt and actively work based on an ANDT policy, that a continued national expertise support should be provided for the 'risk use model', that methods for the early discovery and prevention of alcohol and drug problems should be distributed more widely, that the needs of workplaces for support and training in ANDT issues should be identified and that research should be initiated on the connection between the use of ANDT and sickness absence and accidents at the workplaces (Regeringens proposition 2010/11:47).

In accordance with the regulatory provisions of the Swedish Work Environment Authority, the employer shall also have a policy and procedures for the work with alcohol and drugs at the workplace (AFS 1994:1). A Swedish Government public commission (SOU 2011:35) submitted its final report to the Government this year and emphasised that the rules that determine the employer's responsibilities in the matter should not be expanded, but that regulatory compliance should be facilitated by providing the employer help in prevention work. The commission confirms that there are major deficiencies in the alcohol and narcotics policy work at workplaces, especially small workplaces. A 2010 national survey of alcohol and drug prevention efforts in working life confirms these deficiencies. The survey included questions about narcotics efforts in workplaces. One out of two human resource managers said that their workplace had a narcotics policy aimed at their own personnel (Statens folkhälsoinstitut, 2011). In order to stimulate efforts to both prevent and minimise the negative impact of substance abuse and dependence at the workplace, the aforementioned commission therefore proposes that both the municipality and occupational health services¹ should assist the employer with information and advice in substance abuse issues and to prepare and implement drug policy at the workplace (SOU 2011:35).

In addition to occupational health services, workplaces also have the possibility of turning to different private actors or ALNA for support in work environment efforts and, more specifically, the drug prevention work. ALNA is a company owned by the parties of the labour market and serves as an aid for workplaces in their drug prevention work.

In summary, there is legislation that supports employers in working to prevent drugs. Drug prevention efforts are also supported from the society level, through the ANDT strategy, for instance. However, there are deficiencies in the compliance to existing statutory rules, but initiatives have been taken to facilitate and support the employer in prevention work.

4. Through which methods should the problem be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

Studies show that a significant proportion of people with drug misuse are socially established individuals with jobs, homes and families. At the workplace, signs of

¹ At present, 70% of all employees have access to occupational health services through around 500 occupational health units.

problems with substance abuse may present themselves early, for example in the form of worse work performance, greater absence and work-related accidents. The workplace is therefore an important arena for early discovery and intervention in the abuse of narcotics (SOU 2011:35).

Both experience and studies emphasise the importance of a combination of several measures for prevention programmes in order for drug-free work environments to be successful. A combination of measures is also a prerequisite for a prevention policy to be accepted by all stakeholders. Examples of such a combination of measures can include a written policy, information for and education of all personnel, education and training of managers, tests and rehabilitation. A narcotics policy at a workplace can be said to express a desired direction as to how one wants to handle these issues. It may for example concern requirements/authorisations for managers to act upon suspected narcotic influence, support measures such as rehabilitation and methods that identify and prevent drug problems at an early phase. It is also very important that the policy is covered by the systematic work environment efforts and continuously monitored. In order for the policy to obtain acceptance, it must also be conveyed to all employees. To improve skills and readiness to handle narcotics problems at the workplace, it is important that managers and other key persons, such as safety representatives and union representatives, are offered special training to clarify what responsibility the manager may have (Statens folkhälsoinstitut, 2007).

One of the problems with early discovery at workplaces is that it is difficult to identify signs that indicate that an employee abuses drugs. The classic signs of drug abuse in working life described in the literature, such as temporary absences, late arrivals, changes in performance and mood swings, can also be signals of completely different problems. In the alcohol field, screening for risk use and counselling in connection with health check-ups are an effective method to discover and address alcohol problems early on. Drug abuse is, however, more difficult to identify early on and experience from workplaces shows that several years can pass before the signs become clear, which may result in rehabilitation efforts not being offered until an excessively late phase. In light of the above knowledge, it is important to consider other methods that increase the possibility of the early discovery of drug abuse. Drug tests have been assessed to be one such method that is effective in terms of early identification of drug abuse. However, there are several studies that are critical as to what effect drug testing has in terms of preventive effects (Hermansson, 2008). It is not uncommon for workplaces in Sweden to use drug tests as a part of prevention efforts although there is no regulation to this regard in legislation. The issue on drug tests in the workplace has been tried in the Swedish Labour Court and the European Court of Human Rights. Both courts have expressed support for employers to, under certain circumstances, implement controls such as drug tests. It is important that tests are always a part of the total prevention programme. Several authorities have also emphasised that particularly high standards are placed on the reliability of drug testing in working life.

As previously mentioned, the employer has a rehabilitative responsibility under the Work Environment Act. There are both research and practical experience that indicate that it is economically beneficial to offer employees rehabilitation, especially if the problems are discovered at an early phase (SOU 2011:35). However, the 2010 national survey of alcohol and drug prevention efforts in working life shows that less

than half (45%) of the workplaces always offer rehabilitation when drug problems are discovered (Statens folkhälsoinstitut, 2011).

A national survey of alcohol and drug prevention efforts in working life was conducted in 2010 by Stockholm Prevent Alcohol and Drugs (STAD). The objective was to survey how extensively alcohol prevention methods are used, but also included other questions regarding workplace drug prevention efforts. The survey showed that one out of two workplaces has a drug policy directed at the company's own personnel. Barely one out of five said that they had trained managers or that the employees received information on drugs in the past three years. The proportion of workplaces with few employees that indicated they had a drug policy was lower than other workplaces and workplaces under public direction had a drug policy to a greater extent than others. When asked if they offer rehabilitation when drug problems are discovered, 45% of the workplaces said that rehabilitation was always offered and 13% said that rehabilitative efforts were never offered. A minority of the workplaces said that they conduct some form of drug tests (approx. 26%) and the most common reasons for drug testing were suspicions of being under the influence of drugs, new hires and random testing. The survey also included questions as to what additional knowledge the workplace is assessed to be in need of. Barely half said that they need more knowledge about methods for discovering and preventing alcohol and drug problems at an early phase and 39% said that they need more training for managers in handling suspicions of alcohol and drug problems (Statens folkhälsoinstitut, 2011).

In summary, experiences from prevention programmes for a sober and drug-free work environment have shown that a combination of several measures is needed for a successful outcome. Unfortunately, there is too little knowledge about what specific methods are the most effective for preventing workplace drug abuse. In light of this, it is important to scientifically evaluate various prevention methods in working life.

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Update 2013 and additional contributions.

Questionnaire

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?
2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, the level of education attained and the employment situation of the consumers?
3. What are the reasons for and consequences of alcohol and drug use at work?
4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?
5. What are the basic foundations on which a drug prevention policy at the workplace should be based?
6. What are the roles and responsibilities of the stakeholders in this policy?
7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?
8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

ICELAND

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?

There are no specific surveys done on the topic.

2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, the level of education attained and the employment situation of the consumers?

Not applicable.

3. What are the reasons for and consequences of alcohol and drug use at work?

Not applicable.

4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?

Law regarding public officials (Lög um réttindi og skyldur starfsmanna ríkisins 1996 nr. 70). There are no rules regarding drug testing at work.

5. What are the basic foundations on which a drug prevention policy at the workplace should be based?

The basic principle centres on the concept that alcoholism and other substance use disorders are diseases that should be approached from that angle, and the respective workers should be viewed as being ill.

6. What are the roles and responsibilities of the stakeholders in this policy?

Not applicable.

7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?

The Ministry of Welfare, the Administration of Occupational Safety and Health and the Social Partners has had dialogue on this issue and it will be continued next winter.

8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

This should be part of the national health plan policy, with a section involving occupational health settings.

For information, the Public Health Institute (which later merged with the Directorate of Health) and Administration on Occupational Safety and Health published a brochure to promote health at work in 2008. One chapter in the brochure was specifically on alcohol prevention in the workplace. In the brochure there was reference to studies and reports about the extent of alcohol consumption and the impact on workload, health, work and other factors. It was noted in the brochure that trends in alcohol and drug abuse prevention should be part of the workplace health policy. It was recommended in the brochure that the workplace health policy be developed in collaboration with staff. Other elements of the brochure included points on tobacco control, stress and well-being, physical activity and nutrition.

Here is a link to the brochure:

http://www.landlaeknir.is/servlet/file/store93/item11123/Heilsuefling_a_vinnustodum_NM30398_lowres_med_kapu.pdf

ISRAEL

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?

Until 2013, the implementation of drug and alcohol prevention interventions at the workplace was sporadic. Although parent workshops were implemented at some places while at other places lectures were sometimes organised for the employees, there lacked a comprehensive policy to serve as the basis for all these interventions.

Due to the issue's importance, the Israel Anti-Drug Authority decided to promote it, and as part of the targets for 2013, the IADA's Prevention and Education Division took upon itself the leadership and the development of a policy for workplace prevention.

A timetable was devised as follows:

- 2013 – Development of a policy for preventing drug and alcohol abuse at the workplace.
- 2014-2015 – Pilot: Implementation of the policy in selected organisations (workplaces) and further policy development. An evaluation research will be conducted to examine the effectiveness of the intervention.
- 2015 – Nationwide implementation of the intervention in 120 settlements through local coordinators.

It is important to emphasise that the national intervention programme focusing on education and prevention is still in its early stages, and this year, efforts were geared primarily towards:

1. Mapping of national data – realisation that very little information is available.
2. Encouraging research on the effectiveness of different interventions in the workplace. The national epidemiological survey which is planned to be carried out in 2014 will be expanded to include questions on the workplace and will also include the 40-60 year-old age group.
3. Developing relevant training and seminars for different types of organisations (occupational physicians, local coordinators, human resource managers, social workers, workers' unions, safety officers, etc.). Several of these training sessions have already begun.
4. Creating a wide 'basket of tools' for relevant interventions (workshops, seminars, tours, etc.), which will be a part of the health promotion activities in the workplace. Some of these activities will be expanded and further developed in 2014.
5. Establishing relations and creating partnerships with potential entities to enable the development of future collaborations, particularly with government bodies and bodies at the national level such as funds to finance activities, union workers, occupational doctors' associations, etc.
6. Examining relevant legislation in effect in the country, such as sexual harassment laws in the workplace and smoking restrictions in the workplace.
7. A 'literature review' pinpointed programmes that were already implemented in various workplaces and we are currently examining the most effective way to integrate them in line with our comprehensive policy.

2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, the level of education attained and the employment situation of the consumers?

Several surveys on alcohol and drug use in the workplace were carried out in Israel. In 2004, Prof. Bamberger conducted a study on the prevalence of drugs and alcohol in the workplace and found that in 100 companies employing over 100 employees, 29% of the managers reported at least one instance in the past year when they encountered problems related to drugs or alcohol. Similarly to data from other Western countries, he also found that factories belonging to the more traditional manufacturing industry were more at risk. Despite these findings, adequate coping mechanisms (prevention, treatment) to deal with these problems in the workplace were not provided. Human resource responses and employee assistance programmes were rare. Employers preferred to take disciplinary action to deal with employees facing such problems. In another study by the same investigator, about 600 blue-collar workers were interviewed. 12.9% were identified as facing problems with drugs or alcohol or both. In yet another study conducted in 2012 by the same investigator among commercial drivers in Israel to examine the dangerous phenomenon of drinking among drivers, 6% of the drivers reported high incidence of dangerous drinking. The age of these drivers was younger and significantly associated with the severity of drinking. Incidence was also higher among new drivers in comparison to experienced drivers.

3. What are the reasons for and consequences of alcohol and drug use at work?

Israel has not yet conducted research on the relationship between alcohol and drug use and substance use at work. We rely on other studies in relating, inter alia, to the workload, personal pressures, the structure of personality, stress, fear of being fired, etc.

A study by Professor Bamberger in 2004 among 600 blue-collar workers in different workplaces in the Israeli food conglomerate, suggests that a permissive drinking culture and a high degree of alienation increases the likelihood of drugs and alcohol problems. Referring to stress at work he found that exposure to health hazards has a positive correlation with the risk of drug and alcohol problems. In addition, a manager's perceived ability to deal with problems related to misuse of drugs and alcohol has only marginal significance in the attempts to decrease the risk of such problem behaviour.

One study of commercial drivers shows a relationship between the severity of problem drinking among commercial drivers and their involvement in accidents of moderate to high seriousness. Risk factors at work which were found to have a significant correlation with the severity of hazardous drinking were: drinking norms among colleagues, conflicts experienced by the employee, and abuse by the employer.

Among groups where norms are perceived as more permissive there is an inverse relation between an intervention by the employer/manager and the severity of

dangerous drinking. That is, among this population, the supervision of the director and his intervention can be an important defence variable that can counter the effects of permissive drinking norms.

4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?

There is no such legislation in place, but many workplaces include guidelines related to substance abuse and drug and alcohol abuse in the workplace in their code of ethics.

In this ethical code there is reference to the Dangerous Drugs Ordinance of 1973 prohibiting the growth, use, manufacture and production of a dangerous drug, its possession and use. It also mentions the responsibility for the safety and health of employees and managers and the desire to create a workplace free of drugs and alcohol.

5. What are the basic foundations on which a drug prevention policy at the workplace should be based?

There are two approaches in the world: disciplinary and prevention approaches. The disciplinary approach involves an intimidating policy, drug tests, and punitive measures including firing employees.

The preventive approach focuses on health promotion and implementation of various programmes aimed at raising awareness and changing the health behaviour of workers in various fields.

We believe that this is the preferred approach as it integrates the issue of prevention of drug and alcohol use into various programmes, such as coping with stress and burnout, physical activity, nutrition and more. Employee assistance programmes and mutual aid programmes among employees offer great potential for intervention at the preventive level.

Rehabilitation efforts seek to preserve the employee and to provide help both within and outside the organisation rather than immediate dismissal.

6. What are the roles and responsibilities of the stakeholders in this policy?

Company owners and managers have an important role in the development of workplace policies and their implementation. A prevention approach requires a clear written policy and the allocation of resources and budget towards its implementation, including personnel, time, and funds to operate the programmes.

7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?

Over the past few years the issue of drugs and alcohol abuse and its consequences, particularly regarding violence and crime, has been a prominent subject in Israeli society.

As of 2009, a national strategy to prevent the abuse of alcohol is being implemented in the country by the IADA, in partnership with other government bodies. Only three years after the implementation began, research has already shown a significant decrease in the number of youth abusing alcohol.

In addition, the media (TV, radio, internet, etc.) deals with this issue continuously, almost on a weekly basis. At the same time, there is a growing concern at the workplace, and more organisations, factories (workplaces) are showing an interest in coping with the consequences of alcohol and drug abuse at the workplace. Denial and suppression are replaced with a keen willingness to learn and understand the problem.

The preoccupation with the most valuable resource in the organisation, the individual, is also attributed to the social change which we have witnessed in recent years.

8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

We must develop and promote this issue in every possible aspect: environment, encouraging research, creating a tool basket at the workplace so that each one can take from it whatever they need based on their own progress, and of course promoting appropriate legislation.

RUSSIA

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?

There have only been a few studies on alcohol and drug use at the workplace, and none at national level.

There was the national survey 'The impact of alcohol, drug abuse and HIV/AIDS on the competitiveness of Russian companies and the economy' (1) conducted by Transatlantic Partners Against AIDS/Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (TPAA/GBC) in partnership with the Russian Managers Association (RMA) in 2007. The goal of this survey was to assess the awareness level of Russian managers about the issues of HIV/AIDS, alcohol and drug abuse as well as to identify actions taken in their companies to respond to the diseases.

The survey consisted of two phases: quantitative research based on a self-administered mailed questionnaire filled in by 153 managers from all Russia's federal districts, followed by expert meetings held by the Russian Managers Association where key survey findings were discussed and commented on by state and corporate experts.

2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, the level of education attained and the employment situation of the consumers?

There was no data about alcohol and drug use at work at national level.

3. What are the reasons for and consequences of alcohol and drug use at work?

The research (1) has demonstrated the impact of alcohol, drug abuse and HIV/AIDS on the competitiveness of Russian companies and the economy:

- 74% of companies' managers are aware of a significant impact of alcohol abuse on their operations, specifically: decreased workplace discipline (56.7%); increased labour turnover (47.1%); rise of administrative sanctions and costs (44.4%); jeopardised workplace safety (36.6%); increased number of workplace injuries (35.9%); lowering of product quality (35.3%); increased training costs for new employees (22.9%); decreased company growth rate (17.6%). All of these factors reduce productivity and workforce efficiency, thus significantly impacting the competitiveness of companies in Russia.
- Drug abuse has been reported to have a less significant impact on the competitiveness of companies. More than half of the participants (52.9%) believe that drug abuse does not influence their companies. Nevertheless almost a third of participants (28.8%) indicated decreased workplace discipline, and more than a quarter (26.1%) indicated decreased labour

resources and increased staff turnover, and jeopardised workplace safety (24.8%).

4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?

Russian legislation has no comprehensive approach to alcohol and drug use at work.

There is prohibition of alcohol and drug use at work, or being in the state of intoxication on worksite and during working hours. According to the Russian Labour Code, Article 76, the employer ought to remove such an employee from the workplace; it may be grounds for dismissal.

Alcohol testing is obligatory for some safety-sensitive positions; for example, it is required for drivers and other transport industry employees before every work shift.

In other cases alcohol and drug testing should be voluntary only, with employee consent required. Even a positive test performed under a grounded suspicion of intoxication should be confirmed by a professional in special licensed services (narcological institutions).

There is also a list of professions (safety-sensitive and with hazardous conditions) approved by the Russian Government with prohibition to employ personnel with alcohol- and drug-dependence (grounds for dismissal in case of diagnosis).

5. What are the basic foundations on which a drug prevention policy at the workplace should be based?

Workplace alcohol and drug prevention policy should be based on tripartite agreement between government, employers and workers' representatives. The basic foundation of the policies in the majority of companies in Russia was a disciplinary plan.

As survey (1) showed, corporate policy on alcohol abuse has been implemented in 66% of the companies. Prevention programmes have been implemented by 35% of the companies. Even though the majority of respondents recognised alcohol abuse as a negative impact on a company's competitiveness, only two thirds of the companies have an alcohol policy, only a third of the companies have implemented prevention programmes, and only 12% of those companies, usually larger businesses, evaluate the effectiveness of their programmes.

Corporate policy on drug abuse is implemented in less than half of the companies (41.2%). Drug abuse prevention programmes are implemented in 22% of the companies, which is a significantly lower number than in the case of alcohol. 60% of the companies responded that they did not have drug abuse prevention programmes and had no intention of starting one.

6. What are the roles and responsibilities of the stakeholders in this policy?

With a majority of Russian workplaces still implementing drug prevention as a disciplinary approach, and sometimes as a safety issue, the employer is the key controller of the policy implementation. There are some companies in Russia with more comprehensive approaches, with workgroups/committees including other stakeholders (workers' representatives, trade unions). But the roles and responsibilities of stakeholders were usually not defined clearly.

7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?

There is a statement included in the **Concept of Realisation of the Governmental Policy to Decrease the Scope of Alcohol Abuse by the Population of the Russian Federation for the Period till 2020** (December 30, 2009, #2128-p) on the development and realisation of an anti-alcohol policy in the workplace based on education, prevention, early identification and treatment of alcohol dependence.

The working population is also mentioned among target groups for education in drug use prevention in the **Strategy of Governmental Anti-drug Policy of the Russian Federation till 2020** (June 9, 2010, #690).

There was an initiative from an independent Expert Working Group on Workplace Alcohol Abuse Prevention, facilitated by the National Association 'Business for Healthy Society'. The work group gathered together experts from companies, (including BP, Uralsib, Janssen-Cilag, Ilim Group, Moscow Metro, Caspian Pipeline Consortium, Shell, Schlumberger, and others) as well as experts from medical institutions (National Centre on Addictions, Moscow Centre on Addictions, Moscow Medical Academy) and NGOs (GBCHealth). The goal of the Working Group was to formulate effective measures to increase employers' motivation to introduce alcohol abuse prevention programmes to employees; to examine current labour legislation around alcohol and safety related issues and to formulate recommendations for necessary amendments in it. The Group approved the text of the Manual for Managers on Alcohol and Drug Abuse Prevention in the Enterprises and Organisations – a tool that companies may use in planning and implementing workplace prevention programmes. The Manual is based on international best practices that were adapted to regional needs and social change process.

8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

There are several important processes that should be taken into account in Russia:

- Demographic situation with the decrease of the working age population
- Low life expectancy (especially for males) and high mortality rates for the working age population (40-60 years age group) with alcohol abuse as one of the leading risk factors
- Very high alcohol consumption rates and harmful drinking patterns

- High tolerance of the population and employers towards binge drinking and alcohol abuse
- Low workforce productivity and labour efficiency

In such a situation a disciplinary plan is an important approach, but it should be supported by clear communication and consistent procedures of implementation, and guidelines for managers. Companies in Russia did not usually include addressing alcohol and drug abuse or treatment of substance dependence in their health plans. Managers and supervisors should be trained in a constructive confrontation approach. Counseling and treatment should be recommended as an alternative to disciplinary measures in case of addiction.

Screening and brief intervention may be introduced for early identification and addressing of alcohol and drug abuse. In the Russian situation it may be implemented during fitness-for-work medical certification.

According to survey data (1), managers' evaluation of the most effective measures to address alcohol and drug abuse problems were:

- Support from government bodies of companies' preventive measures (54.9%);
- Development and implementation of workplace prevention programmes (52.4%);
- Studying and implementation of the international experience (48.8%);
- Development of effective medical services in the regions (45.1%); and
- Active role of company's leaders in the realisation of prevention initiatives (42.7%).

SERBIA

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?

The Clinical Centre of Vojvodina, Centre for Treatment of Drug Addicts, conducted a very interesting project testing for drugs and alcohol in the workplace during 2011. Act according to the Law on Safety and Health at Work and the Labour Law.

Considering the provisions of the Health and Safety at Work Act and the Labour Act, public utility and other public enterprises founded by the City of Novi Sad, in most cases collective agreements or other acts determined that coming to work and work under the influence of psychoactive substances is a violation of a duty or non-compliance with labour discipline.

This project was funded by the City Health Secretariat of Novi Sad. The employees were not sent to a medical facility, but authorised project persons, invited authorised persons to perform tests according to the protocol. This was supported by the Institute for Occupational Medicine in Novi Sad. Psychoactive substances that were tested in workers included opiates, marijuana, amphetamines and alcohol.

Conclusions:

The number of workers who tested positively for psychoactive substances was small. Out of those, a small number was found falsely positive for opiates, because they had drunk analgesics the previous day or consumed food such as poppy. These cases were retested and were found negative for opiates (tests for opiates are positive up to 10 days from the time of use and after the intake of painkillers only after 24-48 hours). The problem with the workers interviewed is that they take analgesics without prescription and without consulting the doctor.

The testing for marijuana caused a dilemma, because positive workers claimed that they took it during the weekend when they were not at their workplace (a positive test for marijuana is 14 days from the time of use).

During testing a small number of workers was found positive for alcohol (low values), all claiming to have consumed the night prior to the test, when they were not at work.

The project was undertaken with the proviso that any employees testing positively for psychoactive substances not suffer any negative consequences.

The use of psychoactive substances leads to clouded consciousness, diminished attention and concentration, slower reaction in critical situations and illogical reasoning, which directly influence the quality and safety of operation at work.

Drug use prevention programmes are conducted in many workplaces in the **city of Kragujevac** since 2002. Testing employees for psychoactive drugs is carried out at the request of employers with the written consent of the employee to be tested.

Importantly, the Institute for occupational medicine in Kragjevac conducted testing on psychoactive substances prior to employment in the car industry.

Pre-employment urine tests have been performed for the companies that have a written drug policy – drug free workplaces. The instant drug tests, BIOGNOST Panel 5, have been used for screening applicants on drug abuse, with their knowledge and informed consent.

Since 17/02/2011, a total of 5022 persons have been tested. The results are given in the table:

Period	Total number of samples	THC positive		OPI (MOR) positive		Total of positive results	
	N	N	%	N	%	N	%
2011.	487	18	3,6	5	1	23	4,7
2012.	3137	56	1,7	24	0,7	80	2,5
2013.	1398	25	1,7	16	1,1	41	2,9
2011-2013	5022	99	1,9	45	0,8	144	2,8

2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, level of education attained and the employment situation of the consumers?

The Institute of Public Health of Serbia conducted the pilot programme for the monitoring of treated drug addicts during 2010 (according to the TDI protocol, EMCDDA). The programme involved four regional centres for treatment of drug addicts.

In relation to education, the highest number (63.1%) of treated drug users had completed secondary school; 16.7% had not finished secondary school; 13.6% had finished only primary school, while high school and college had only 3.5% of treated drug addicts.

Regular employment status plays an important role in the social reintegration of drug addicts. 15.1% had a regular job, 1.2% of drug addicts had work from time to time, and 68.1% of treated addicts were unemployed. The largest majority of unemployed (64.6%) were aged 25-34 years. Registered pupils and students constituted 3.3% of treated drug addicts.

3. What are the reasons for and consequences of alcohol and drug use at work?

Examinees testing positively for psychoactive substances stated that they used the substances outside the workplace, during weekends or the evening prior to testing.

4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?

The main national legislations and agreements are:

- Special decree of previous and periodic examinations and screening urine for the presence of PAS in people who 'manage demanding systems'.
- The Law on Education has a special article pertaining to the prohibition of use of these substances among teachers.
- The Law on health and safety at work stipulates that the employer is obliged to make a general act or collective agreement to establish the rights, obligations and responsibilities in the area of security and health.
- The Labour Law stipulates that the employer is obliged with his general acts and by-laws to determine what constitutes a violation of duty or obligation to comply with established labour discipline.

5. What are the basic foundations on which a drug prevention policy at the workplace should be based?

They should be based on the national consensus and legislations made by the government and in conjunction with respective ministries.

6. What are the roles and responsibilities of the stakeholders in this policy?

Their roles and responsibilities are to put in practice the legislation and the decisions of the government.

7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?

The EU Alcohol Strategy, whose priority is to solve the harmful effects of alcohol at the workplace, and a special measure relating to the workplace-based initiatives which are the responsibility of work organisations and syndicates. It is good for our national strategy to have similar priorities determined with a clear system of monitoring this problem.

8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.?

The issue should be dealt with via collaboration between the government, respective ministries and health institutions, and employers, syndicates and self-help groups within the work organisations.

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SWITZERLAND

1. What are the main national surveys done in your country on alcohol and drug use at the workplace?

In 2010 a study was published on alcohol-attributable costs at the workplace in Switzerland. This study was carried out by Polynomics (www.polynomics.ch) and was financed by the Federal Office of Public Health (<http://www.bag.admin.ch/index.html?lang=en>) and the Swiss National Accident Insurance Fund (SUVA – <http://www.suva.ch/english/startseite-en-suva.htm>). About 1,300 managers or human resource officers were asked about the number of employees with an alcohol consumption problem in their companies and about the cost these employees generate. Information about absence from work (absenteeism), accidents and productivity loss (presenteeism or faulty workmanship) were collected and analysed. The study also provides information about the existence of prevention programmes in companies and if they are cost effective (if there is a positive benefit-cost balance).

Results:

36% of the companies in the survey have employees with a problematic use of alcohol. The sectors that are most affected are the hotel and restaurant industry (49%) and the machine industry (42%).

In your Company: Do you have employees with a alcohol problem?	Yes	no	don't know	Number of Companies	
	%	%	%	N	%
Sector					
Trade, Retail and Services	34	59	7	134	12
Hospitality industry	49	43	7	92	8
Financial services	36	57	7	105	9
Public sector incl. Teaching and Education	32	60	8	95	8
Health- and Social sector	33	57	10	143	12
Other service sector	27	64	10	105	9
Chemical industry	31	52	17	99	9
Engineering and manufacturing	42	43	15	127	11
Other industry sector	39	52	9	141	12
Construction sector	37	55	8	108	9
Size of Company					
10 to 20 employees	23	71	6	373	32
21 to 100 employees	37	51	11	517	45
101 or more employees	52	37	11	259	23
Language Region					
German Speaking	38	52	10	863	75
French Speaking	31	58	10	210	18
Italian Speaking	28	67	5	76	7
Total	36	54	10	1'149	100

Over the entire study 2.0% of 115,000 employees have a problematic alcohol consumption (taking into account 1,130 companies). In absolute numbers, there are 386 companies whose employees have a problematic use of alcohol, which equals 7.9% of the employees. Within the hospitality industry the proportion is quite high, with 5.1% of persons concerned and 13% of companies concerned. The construction industry has 3.9% of employees with alcohol problems and 9.6% of companies are affected.

Proportion of employees with alcohol problems?	on total sample	Number of employees	per Company with problematic alcohol consumption	Number of companies
	%	N	%	N
Wage bracket				
up to 50'000 CHF per year	2.7	20'996	8.1	288
from 50'001 to 100'000 CHF per year	2.7	41'987	8.4	345
100'001 CHF or more	2.2	12'008	6.2	314
Sector				
Trade, Retail and Services	1.7	7'423	9.1	41
Hospitality industry	5.1	7'661	13.1	42
Financial services	2.1	11'015	5.2	37
Public sector incl. Teaching and Education	0.5	25'536	5	27
Health- and Social sector	2.2	11'444	5.1	44
Other service sector	1.6	18'795	9.4	26
Chemical industry	2.2	6'170	6.7	27
Engineering and manufacturing	2.8	10'415	7.7	51
Other industry sector	2.5	12'154	7.7	53
Construction sector	3.9	3'840	9.6	38
Size of Company				
10 to 20 employees	3.6	4'872	14.9	82
21 to 100 employees	3	20'021	7.6	186
101 or more employees	1.7	89'560	3.7	118
Language Region				
German Speaking	2.4	66'373	8.3	306
French Speaking	1.8	35'386	7.2	59
Italian Speaking	0.6	12'694	5	21
Total	2.0	114'453	7.9	386

The Swiss Health Survey provides information based on self-reported behaviours. Analysis of data from 2007 shows a proportion of 5% of the employed population in Switzerland with problematic alcohol consumption. Problematic alcohol consumption is defined as daily consumption of at least 20 grammes for women and 40 grammes for men.

Source:

Telser. H.; Hauck A., Fischer B. (2010): *Alkoholbedingte Kosten am Arbeitsplatz – Schlussbericht für das Bundesamt für Gesundheit BAG und die Schweizerische Unfallversicherungsanstalt (SUVA), Polynomcs, Olten, 2. Juli 2010.*

Study:

http://www.bag.admin.ch/themen/drogen/00039/00596/11708/index.html?lang=de&download=NHZLpZeg7t,lnp6l0NTU042l2Z6ln1acy4Zn4Z2qZpnO2Yuq2Z6qpJCJfHx9g2ym162epYbg2c_JjKbNoKSn6A--

Information in German:

<http://www.bag.admin.ch/themen/drogen/00039/00596/11708/index.html?lang=de>

Information in French:

<http://www.bag.admin.ch/themen/drogen/00039/00596/11708/index.html?lang=fr>

Furthermore, alcohol and drug use at the workplace was an additional module of the SECO Study 2010 (Extension of the EWCS 2010) (Stressstudie 2010, Stress bei Schweizer Erwerbstätigen, SECO, S. Grebner et al., 2011:

<http://www.seco.admin.ch/dokumentation/publikation/00008/00022/04731/index.html?lang=de>)

Alcohol and drug use at the workplace in Switzerland - based on interviews of a panel of experts (Substanzkonsum im Arbeitskontext in der Schweiz - Expertenbefragung, I. Berlowitz, 2012:

<http://www.seco.admin.ch/dokumentation/publikation/00008/00022/04898/index.html?lang=de>)

2. What did these surveys find about alcohol and drug consumption at work, according to the work sector, the profession, the level of education attained and the employment situation of the consumers?

See information above concerning the study on alcohol-attributable costs at the workplace.

Results of the SECO Study 2010:

Alcohol consumption: 8 % reported by persons for all work sectors at the workplace in the last 12 months; 16 % alcohol-consumption by persons for all work sectors at the workplace observed by colleagues. Alcohol consumption with a preponderance in the rural and industrial/construction sectors.

Consumption of substances (mainly medicaments) at the workplace in the last 12 months reported by persons: 32 % (analgesics 25 % with a preponderance in the education, health and social sector, substances for relaxing or sleeping: 10 % with a preponderance in the administration sector).

Alcohol-consumption is predominant in men, consumption of substances in women.

Persons with a low socio-economic status are more likely to know people at the workplace who are consuming alcohol or substances.

Persons with a high socio-economic status are more likely to report their own alcohol consumption.

3. What are the reasons for and consequences of alcohol and drug use at work?

One of the consequences are costs: Overall in Switzerland the alcohol-attributable costs at work are 1 billion Swiss Francs (CHF) per year, with 83% of the costs due to productivity losses and 13% due to absenteeism.

Alcohol attributable costs at Workplace in Switzerland	Total in thousand CHF	Per employee in CHF	Per employee with problematic alcohol consumption in CHF	Proportion on Total costs
Absenteeism	124'486	37	1'832	13
Accidents	33'576	10	494	4
Productivity Loss	785'218	231	11'558	83
Total costs	943'279	278	13'884	100

Alcohol attributable costs at Workplace in Switzerland	Total in thousand CHF	Per employee in CHF	Per employee with problematic alcohol consumption in CHF
Sector			
Trade, Retail and Sales	99'111	181	10'634
Hospitality industry	98'101	541	10'615
Financial services	97'284	472	22'499
Public sector incl. Teaching and Education	27'640	77	15'395
Health- and Social sector	110'505	314	14'254
Other service sector	196'507	263	16'433
Chemical industry	10'294	153	6'962
Engineering and manufacturing	142'540	414	14'772
Other industry sector	84'192	285	11'385
Construction sector	109'619	371	9'525
Total	976'000		

Costs per employee are highest in the hospitality industry with 541 CHF per employee, followed by the financial sector with 472 CHF per employee and the engineering and manufacturing industry with 414 CHF per employee.

Source:

Telser. H.; Hauck A., Fischer B. (2010): *Alkoholbedingte Kosten am Arbeitsplatz – Schlussbericht für das Bundesamt für Gesundheit BAG und die Schweizerische Unfallversicherungsanstalt (SUVA), Polynomcs, Olten, 2. July 2010.*

Consequences concerning the SECO Study:

According to the experts, alcohol is mainly consumed in order to better stand the work situation. In a wider context it is consumed in order to relax, to reduce the stress level and to compensate for frustration at work.

According to the SECO Study 2010, substances are mainly used for fighting pain in order to maintain work. The topic of this study as well as of the expert study was moreover to estimate the risk of enhancing performance: 4% of the working population in Switzerland reported having consumed substances in order to enhance physical performance. About 4% reported that they had taken medicaments or other substances for brain doping (neuro-enhancement) or to improve their mood.

The consequences of either alcohol or drug use have not been addressed literally by the SECO Study 2010 questionnaire. Nevertheless the experts of the interview study pointed to the well-known risks and side effects of alcohol and substances (e.g. addiction, accidents, and poor health).

4. What are the main national legislations and agreements on the prohibition, limitation or prevention of alcohol and drug use at work (including testing)?

Ordinance on Traffic Rules ([Art. 2, Abs 6](#)):

Professional drivers who work in passenger transportation must not consume alcoholic beverages during and up to six hours before their working time.

In the context of workplace (law of working conditions and law of insurance of accidents) the Swiss legislative body addresses the obligation of employers and employees to prevent consumption of alcohol or other intoxicating substances at the workplace. It demands for in-plant procedures in order to fulfil the legal requirements. Testing for drugs is limited to sensitive activities and must be handled on the base of a mutual contract.

5. What are the basic foundations on which a drug prevention policy at the workplace should be based?

A company policy dealing with alcohol and other psychoactive substances problems is a written document – known to all employees – which clearly indicates the procedure for dealing with these problems. The wording of the document should explicitly and clearly state that one of the goals of the initiative is to help the person with a problematic use or dependence rather than dismiss him or her.

Any policy on alcohol and drugs in the workplace should be organised around the following points:

- Identification, assessment and referral of people experiencing problems with alcohol or drugs
- Offering help, intervention, treatment and rehabilitation
- Information programmes and training
- Measures to prohibit or restrict access to alcohol and drugs in the workplace
- Writing a procedure
- Continuous updates and improving the content of the procedure

See also information on alcohol at the workplace:

<http://www.alkoholamarbeitsplatz.ch/page/index.php?idp=>

6. What are the roles and responsibilities of the stakeholders in this policy?

Employers (as well as their associations) and employees (as well as their representatives, e.g. unions) should raise the issue of the consumption of alcohol and substances. It can be ruled out in an in-house declaration and/or integrated in a standard occupational health and safety system context.

7. What are the initiatives taken to take the issue into account, regarding the production of legislative and regulatory texts, including conventions? How is the social change process taken into account in the development of such policies?

In 2005 the Federal Council entrusted the Federal Office of Public Health (FOPH) with examining the Swiss policy on alcohol. Starting in summer 2005 a participative process involving important players investigated the need for action to prevent problems with alcohol, and the **National Programme Alcohol 2008–2012 (NPA)** was developed. The National Programme Alcohol was prolonged until 2016.

The NPA defines the vision, goals and strategic directions for the future policy on alcohol, and outlines areas of action that have to be worked on in the next few years. 2008 was the first time that Swiss policy on alcohol has a strategy that has been worked out jointly, and objectives supported by the players involved in this policy.

Health protection, promotion and early warning signals are important topics: Early recognition of warning signs that there is a risk linked to alcohol should be promoted in various areas of life (school, workplace etc.). People who provide support are to be trained in dealing with people who are in danger from alcohol. Prevention as regards alcohol is to be linked to the general promotion of good health and the prevention of addiction.

8. How (through which methods) should the issue be taken into account: health plan, disciplinary plan, role of the enterprise, role of the working community, etc.

One of the best and most effective ways of changing behaviour regarding alcohol at work is to develop an alcohol policy. It must take into account both the professional context of the corporate culture and be supported by the largest possible number of people.

Steps to introduce a drug policy include: finding intern support, introduction of a working group, making an assessment of the situation, estimating time opportunities, verifying the intern support, writing a first draft, final checks, and implementing an Action Plan.

See also point 4 on the Swiss legislative body in the context of workplace (law of working conditions and law of insurance of accidents).