Abstracts_Axis_1

The policy of the prevention of alcohol and drug use in the workplace two years after the adoption of the Final Declaration of 15 May 2012

Prevention of alcohol and drug use in the workplace - Strasbourg, 15 and 16 October 2014.

Axis 1: reminder of the Reference Framework:

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No exhaustive description of the Reference Framework. That would be of no interest to this enlightened gathering.
Everyone is supposed to be familiar with the document. It is one of the items in the file made available and is freely accessible on the Pompidou Group website.
I wish rather to emphasise how the Reference Framework can be of use to those who have to make choices for implementing, validating or supporting a prevention policy in the workplace or directly putting in place prevention arrangements.
In so doing, I will highlight the points that can serve as benchmarks during the conference.

1. **What is the Reference Framework?**

   Although it gave its name to the final declaration adopted in May 2012, it is only one part of it, the visible side.

   It sets out principles. It describes in practical terms the elements that need to be activated, combined and interconnected in order to promote an alcohol and drug prevention policy in the workplace.

   To understand what makes it distinctive, one needs to look back over the Final Declaration in its entirety so as to assess the Framework in context and take it on board.

   - It is the outcome of work to analyse national practices and laws and regulations. This work is the subject of the publication distributed to you this morning: Prevention in the workplace with regard to alcohol and drugs. Inventory of national legislation. Resolutions adopted by the Pompidou Group (May 2014).
   - This work of analysis brings out similarities and differences, some quite appreciable (see the overview in the publication): we put these differences mainly down to differences of perspective: "the perspective adopted is specific to each country's culture and depends on whether the primary goal is protection of the health and safety of the employee/citizen or protection of the enterprise", the two being frequently linked to one another, but with different weightings.
   - Based on these findings, a common core of principles and procedures according with them was identified. The aim is to ensure the universality of the approach, independently of legislation and corporate cultures.
   - The Reference Framework gives expression to this.
   - This Framework postulates that addictive behaviour has specific determinants in the workplace, whence the need for specific prevention arrangements.

2. **What does the Framework look like?**

   How the Framework operates can be explained in terms of two complementary components:

1st component

This 1st component stresses the necessity for prevention and its implementation in successive stages (goal setting, risk analysis, identification of work-related determinants, identification of stakeholders' roles and responsibilities, joint identification of at-risk jobs, ways of detecting and screening for use, identification of skills that can be called upon).

2nd component

The second component presents prevention as part of overall corporate policy. The aim is to ensure that prevention is consistent with all the operations of the enterprise in three major respects: planning, implementation and choice of options.
This policy is implemented from a dual perspective: the *corporate perspective,* which focuses on risk, induced dysfunction and responsibility; and the *humanist perspective,* which is concerned with each individual as a human being or as an employee forming part of a working community.
In terms of its structure and the relationship of the enterprise to its environment, the Framework proposes an approach to the issue based either on behaviour (here, the purpose of prevention is to reduce consumption) or on the determinants (here the aim is to address dysfunction and harm caused).

3. What are its aims?

- To preserve the health of people as individuals or as part of a workforce.
- To prevent damage and dysfunction in the workplace and damage to equipment.

4. What kind of policy does it promote?

- Rejection of the denial which for a long time masked the reality, and still does in some places. Giving full prominence to the issue of use-related risks in order to prevent or deal with cases requiring treatment, and doing so both in the policy recommendations of states and in the proposals and recommendations of international organisations.
- Increased awareness on the part of all those concerned with prevention policy in a working community in order to devise arrangements that cover all sectors of the enterprise.
- The development of non-prescriptive models not confined to a single approach, with the possibility of choosing, depending on the country and the corporate culture, between more safety-oriented approaches and more health-oriented approaches (individual and collective health).

5. What are the signs that a prevention policy is inspired by the Reference Framework or is an adaptation of it?
    - The core values underlying good practices, reflected in:
        - Overall policy
        - A balanced approach
        - Transparency
        - Clarification of everyone's rights and responsibilities
        - No denial of reality, no systematic checks, no discrimination, and hence protection of privacy
        - Solidarity within working communities
        - Discussion and dialogue on this issue within the enterprise
        - Integration with other prevention arrangements within the enterprise

    - The factors built into the policy as keys to its success, which include:
        - Involvement of management in putting in place the prevention project
        - Participation of all stakeholders according to their areas of expertise
        - Joint evaluation

    - Progress since 2012: little feedback from the field despite the interactive system put online on the website. However, there are some signs that the issue is gathering momentum:

- Moves towards inclusion of the issue in risk assessment and management processes. This will be the subject of the last round table conducted by the ILO.
- Events at which it is dealt with as the central issue or as a side issue: Bilbao Agency, Dublin Foundation, ADDITRA international conference in France, Lithuania, Croatia…, model development work in France (Hassé-Consultants).
- The interest shown by the ILO and its position on this issue and on the Reference Framework, which will be expressed by way of an introduction to Axis 1.

In conclusion:
There is obviously no ready-made solution. The degree of relevance of the Reference Framework is subject to the existence of a clear and honest social dialogue on the whole range of prevention issues, the issue of addictive behaviour being one of them. It is here that there will be opportunities for increasing its visibility and gaining in effectiveness.
Employers, management, employees and occupational health services have a common interest in talking seriously about prevention if they want to overcome the challenges facing them, in everyone's interest and in the interests of the enterprise.

UEMS STATEMENT OF THE UEMS SECTION OF OCCUPATIONAL MEDICINE
ON
PREVENTING ALCOHOL AND ILLICIT DRUG USE IN THE WORKPLACE

1. Preventing alcohol and illicit drug use – an underdiagnosed phenomenon

Alcohol and illicit drug use in the workplace is a relatively widespread but still insufficiently recognised phenomenon. The UEMS Section of Occupational Medicine agrees that 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 work-related risks.
Therefore, it is on the first place the role of all employers to define their tasks and obligations for prevention of alcohol and illicit drug use in the workplace. Namely, the Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work defines the general principles of prevention and states among others that the employer shall implement measures which assure an improvement in the level of protection afforded to workers and are integrated into all the activities of the undertaking and/or establishment at all hierarchical level.

2. Medical Specialists in Occupational Medicine – key player in preventing alcohol and illicit drug use

It is obvious that every employer needs to define clearly its own alcohol and drug control policy. Medicine Specialists in Occupational Medicine are already involved in the process of prevention in these matters.
Medical Specialists in Occupational Medicine are the ones who have the competence to:
a) develop programs and models for actions in prevention,
b) develop and promote tools to be used and
c) provide training programs for occupational service teams that are defined to be involved in preventive and also reintegration processes when rehabilitation is in full activity.
Regarding the use of the drugs, there is a strong need for Medical Specialists in Occupational Medicine to express our comment about the detail that must be taken into consideration – namely there is an important difference between drug use and illicit drug use. In the cases when drugs are prescribed to workers as patients for a therapeutic use it needs to be declared as a therapeutic need and not as an abuse. In such cases for the role of Medical Specialists in Occupational Medicine is to assess whether the worker is fit to work taking into consideration the type and dose of drugs on one hand and the workplace risk assessment on the other hand.

3. Recommendation from the UEMS Occupational Medicine Section

The UEMS Section of Occupational Medicine recommends that employers describe and apply the advisory role of Medical Specialists in Occupational Medicine. It also considers that alcohol and drug prevention needs both an individual and collective approach: it is a health promotion policy as well as a safety policy and the roles and responsibilities of the different stakeholders must be clearly defined.
There are some practical pre-requisites the UEMS Section of Occupational Medicine would like to stress –
1. The rate of tolerance or zero tolerance for alcohol and illicit drugs must be defined and declared by the employer in order to assure the safety of the workers.
2. Testing for alcohol and/or illicit drug use must follow international legislation and guidelines like there are Guidance on managing safety risks related to the Influence of Alcohol, Drugs and/or Psychoactive Medication issued by International Union of Railways – the employer has to inform the employee that he is willing to ask a test if he suspects the

employee not respecting the alcohol and drug policy and to define the consequences of a no respect.

3. Both the employers and coworkers are key players in detecting alcohol and illicit drug use of the workers. It should be their obligation to keep their eyes open and direct such a worker to the appropriate instance where he should get help to solve his problems.

4. Undoubtedly, current tendencies display more common use of alcohol and illicit drugs at work-related meetings and activities taking place outside work itself.

5. There are several means to interact and help workers: 1. the legislative level, 2. human resources department responsible person of the employer, 3. advisors (a.o. Medical Specialists in Occupational Medicine) who are defined to help the workers to recognize their problems and to define their aims.

As a conclusion - it is the employer's responsibility to define the level of tolerance of alcohol and illicit drugs on the workplace and it is the Medical Specialists' in Occupational Medicine responsibility to advise both the employer and the employee on how to address these issues at the workplace. Evaluation – from defining the objectives, means and results – must be the joint activity of employers, employees and occupational medicine services.

Alcohol and drugs prevention in SMEs by N. Majery

Prevention of alcohol and drug risks in the workplace calls for collaboration by the players inside the enterprise (employers and workers) with external structures to assist in establishing the procedure. The occupational health services are counsellors to the employers and contacts for the employees.
The frame of reference highlights the need for a comprehensive approach to workers' safety, but also to their health. For a procedure to be productive, all players must work together and have the same aim: to guard against the appearance of addictions and to support employees in difficulty.
This procedure is harder to set up in SMEs which have no human resources department. That is why the "Multi-sector Workplace Health Service" has produced a toolbox dealing with the 3 aspects of prevention (I, II et III) to help these enterprises in their action. The frame of reference serves as a background document for making enterprises appreciate the need to have a collective approach to prevention (health and safety) and not just an individual approach for the employees with problems. Training courses are offered to the in-house players by occupational psychologists.
Return to work after treatment for an addiction problem is a crucial stage which must be prepared in the enterprise and in which support for the person must be provided by the occupational physician and the employer.

Content of the 3 prevention aspects covered by the toolbox:
I: Preventing
a. Forestall the appearance of early consumption practices,
b. Assess alcohol/drug risk in enterprises
c. Drinks at work (this convivial moment is to be managed responsibly)
d. House rules for laying down a prevention policy

II: Reacting: how to guard against the appearance of early symptoms
a. Codependency
b. Dealing with a risk condition (measures to put in place with an alcoholic/drug addicted employee)
c. Interview following a risk condition

III: Supporting
a. Retention in job and return to work
b. Mentoring interviews

Ms Charlotte Duda

Via its “occupational health” committee, the French National Association of Directors of Human Resources (ANDRH) has adopted a holistic approach to health in the workplace, in order to highlight and clarify the links between occupational health and public health, and to give prominence to primary prevention which, although it is first and foremost the responsibility of the public authorities, is a matter for all employers who have a vested interest in playing their part in a collaborative approach which is not yet automatically seen as par for the course in France. The health issue is not just a medical one, it also covers the position of the individual in three spheres: professional, private and social.

Accordingly, when discussing occupational health we need to revisit the usual paradigms. How should it be defined? Who are the stakeholders? How can we identify their respective responsibilities and the limits of those responsibilities? For decades, the French tradition, including from a legal point of view, has clearly separated the field of public health from occupational health, with far-reaching practical consequences.

However, in order to move forward, we must focus on the whole system and involve all stakeholders. For while the company itself – the directors, management, employees, the social partners and occupational medical staff – is clearly at the centre of these issues, other levels or means of action are often fundamental: Community and national regulations, the health system, the labour administration, occupational branches, welfare policies and institutions, relations between contractors and sub-contractors, local and regional authorities, etc.

In this context, while companies are not the only ones involved, their responsibility and role in the health field are not limited to managing or preventing the effects of which they are the immediate cause. Promoting overall health should be seen by companies as a strategic focus and driver of sound economic performance. For wherever there is a non-healthy workforce, whatever the cause or causes, we always find lower commitment, repeated or prolonged absences, illnesses or presenteeism. There is therefore a considerable cost for the company in terms of productivity which is often not or poorly assessed. The billions of euros paid out by the Sick Leave/Occupational illness branch of Health Insurance represent only a partial picture of that cost. Many statistics reveal the extent of the economic impact on companies of health problems. To quote just one such statistic, alcoholism and smoking cause €16 billion and €18 billion respectively in loss of productivity.

Today, there is clear evidence that the state of health of a company’s employees influences their level of motivation, energy, dynamism, and absenteeism or active presence and that a company can only demonstrate great dynamism and produce a large number of significant results if the men and women who work there are in full possession of their vitality and the means to tap into, maintain and develop that energy.

While there are a growing number of occupational health programmes, they are not sufficiently widespread in France and rarely considered as a strategic priority in their own right. There are examples of best practice, particularly in Quebec. There, it has been shown that long-term strategies to promote health in the workplace are both effective in terms of the health of workers, economically viable for companies and are the subject of a “healthy enterprise” certification. All North American and North European programmes for which specific measures have been adopted have shown considerable and systematic cost-effectiveness. To take the Quebec programmes as an example, for each Canadian dollar invested there has been a return on investment of between 1.5 and 3 Canadian dollars in terms of both a reduction in absenteeism through illness or depression, and lower

associated contributions, through lower turnover and increased productivity resulting from greater motivation and improved health of employees.

Enhancing the vitality of all is therefore a strategic issue for companies and should be an area of focus in terms of leadership and ethics.

In the field of prevention, the problem of substance consumption was identified as a public health priority by the Inter-ministerial Task Force to Combat Drug Dependence and Addiction in its 2008-2011 plan of action. National statistics hit the headlines and prompt those responsible to become more involved through education and awareness-raising aimed at all ages and in all places of socialisation; according to 2009 figures, addiction was responsible for 100,000 avoidable deaths from accidents and illness, 40,000 of which were from cancer.

Furthermore, figures from 2006-2010 on substance consumption in the workplace are alarming since 20% of employees said they needed to take some form of substance before going to work and 10% said they took illicit drugs.

In this context, tobacco and alcohol are of particular importance. Alcohol tops the list of consumed products (not counting medicines) since 11-14% of people in work consume alcohol other than at meal times or at social gatherings. It is directly responsible for 10 to 20% of reported accidents at work and for 2,700 road accidents per year (Inserm 2008).

85% of directors of human resources consider addiction-related risks to be "significant".

October 2014
Charlotte Duda

Tor Idar Halvorsen

First I must say that I am aware of the reference framework, and it is so many similarities between the reference frame and the Norwegian Akan-model that I have built my presentation on our experience with the Akan-model to show the sucess factors.

The Norwegian Labor movement and prevention of alcohol and drug abuse.
The prevention of alcohol abuse has been an important issue for The Norwegian Labour Movement for many years. In 1932 Martin Tranmæl, an important pioneer in the labour movement, established the Workers Temperance Association. The reason was off course that abuse of alcohol was a substantial problem among the workers. How does the Norwegian Confederation of Trade Unions (LO) work with these issues today? The work against substance abuse is based on a tripartite cooperation between the government, employers and employees organizations. The workplace advisory centre for issues relating to alcohol, drugs and addictive gambling (Akan) was established in 1963 by the government and the social partners. The chairperson of the board for this term comes from the LO.

The purpose of the Akan is to:
- Work towards prevention of substance abuse and addictive gambling in Norwegian working life
- Help the leaders, at an early stage, to handle risky use of substances among the employees
- Help the employees to raise issues related to risky use of substances
- Contribute so that employees with substance abuse problems get the help they need

At the work place, the key to success relates to the notion that formulating and implementing a policy should be the result of a mutually binding cooperation between management and employees. When formulating and implementing a policy, it is essential that these parties discuss how they want to have it at work in terms of the use of substances, and gambling, that could potentially have an harmful effect on HSE (Health and safety environment) and of course the corporate image. Another key point in this work is participation by the employees. By doing so, you can better ensure that everyone feels a sense of ownership to that policy, which makes it easier for the policy to succeed within the organization in the long run. Also, at the workplace, it is recommended that work related to these issues should be based on a mutually binding cooperation between management and employees. Possible arenas for the cooperation are the work environment councils or other bodies where the employers and employees representatives meet. The shop stewards shall contribute to addressing issues related to the substance abuse policy at the workplace. The shop stewards and the safety representatives at the workplace have the possibility of actively influencing the working environment, and can make sure that the leaders act according to adopted procedures. The shop stewards should also ensure that employees with a substance abuse or addictive gambling problem get proper help. Provided that it is the wish of the employee, it is recommended that a shop steward is present at meetings where the employer may present warnings about risk of dismissal. Why do the LO consider prevention of substance abuse important? One reason is that recent research show that an increasing amount of alcohol use is related to the "grey zone" between work and leisure, for example during Christmas-arrangements at work, seminars, meetings and the Norwegian "beer at the pub after you have received your monthly pay check" (NB! not every month!) It is our opinion that it is important for Norwegian Working Life to be aware of issues related to the use of alcohol, and to have guidelines on what is acceptable or not. All workplaces should have guidelines on the use of alcohol in situations relating to work. The use of alcohol might also exclude groups of employees from social gatherings because they do not drink alcohol. This fact, and also the cost for the Norwegian state and for the workplaces, and the reduced life quality and health for many individuals and families, are very good reasons for LOs involvement in these issues. That is why we support the Norwegian Akan work.