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**AD HOC EXPERT GROUP ON THE PREVENTION  
OF DRUG USE IN THE WORK PLACE**

**GROUPE D'EXPERTS AD HOC SUR LA PREVENTION DES  
USAGES DE DROGUES EN MILIEU PROFESSIONNEL**

**COMPILATION OF NATIONAL CONTRIBUTIONS  
IN ORIGINAL LANGUAGE ONLY**

**COMPILATION DES CONTRIBUTIONS NATIONALES  
EN LANGUE ORIGINALE UNIQUEMENT**

**INDEX**

|    |                   |    |
|----|-------------------|----|
| 1  | <b>Belgium</b>    | 3  |
| 2  | <b>Croatia</b>    | 6  |
| 3  | <b>Cyprus</b>     | 9  |
| 4  | <b>Greece</b>     | 10 |
| 5  | <b>Italy</b>      | 12 |
| 6  | <b>Lithuania</b>  | 15 |
| 7  | <b>Luxembourg</b> | 19 |
| 8  | <b>Norway</b>     | 23 |
| 9  | <b>Portugal</b>   | 27 |
| 10 | <b>Slovenia</b>   | 29 |
| 11 | <b>Sweden</b>     | 33 |

## **BELGIUM**

1. Sur quels fondements doit s'appuyer une stratégie de prévention acceptable pour toutes les parties concernées?

Dans l'accord interprofessionnel, conclu pour la période 2007-2008, les partenaires sociaux avaient l'intention de conclure, au sein du Conseil national du travail, une convention collective de travail sur le thème « alcool et drogue ». Ils l'ont fait avec pour objectif de responsabiliser les employeurs et les travailleurs et d'éviter la consommation d'alcool et de drogues pendant le travail ou une consommation qui aurait une influence sur le travail. Une stratégie de prévention acceptable devait, selon les partenaires sociaux, reposer sur les piliers suivants :

- la prévention : des bonnes pratiques, des modèles et des procédures pour prévenir la consommation d'alcool et de drogues ;
- des règles en matière de consommation d'alcool et/ou de drogues pendant le travail ;
- des procédures pour gérer les comportements problématiques liés à la consommation d'alcool et/ou de drogues, ainsi que des procédures éventuelles pour l'utilisation de tests ;
- l'aide et l'assistance aux personnes.

Il n'existe pas de recette universelle pour une politique en matière d'alcool et de drogues applicable à toutes les entreprises. Chaque entreprise a ses spécificités. L'existence d'un consensus au sein de l'entreprise est fondamentale pour que cette politique soit efficace.

2. Quels sont les rôles et les responsabilités des parties prenantes ?

Une politique préventive en matière d'alcool et de drogues au travail doit en premier lieu être greffée sur la politique du personnel existante.

Pour un employeur, l'important n'est pas de savoir précisément quel type de boisson le travailleur a bu ou quelles drogues il a prises. La préoccupation d'un employeur doit surtout porter sur le fait de savoir si son travailleur est apte ou pas à travailler. Si ce n'est pas le cas, il doit alors agir. C'est le fonctionnement sur le lieu de travail qui importe donc à l'employeur. Des problèmes de fonctionnement peuvent survenir dans différents domaines : la psychomotricité, les fonctions cognitives, des changements dans le caractère, le comportement et les relations avec les collègues. On peut interpeller le travailleur quant à ce dysfonctionnement et éviter des discussions sur la consommation ou non d'alcool/drogues. Le suivi du fonctionnement est une responsabilité importante des dirigeants dans l'entreprise. C'est pourquoi travailler avec des descriptions de fonction et avoir des entretiens de fonctionnement constituent un élément important dans l'accompagnement et le suivi d'un travailleur.

En outre, la loi du 3 juillet 1978 relative aux contrats de travail stipule que l'employeur est tenu d'observer le respect des convenances et des bonnes mœurs pendant l'exécution du contrat de travail (article 16). De plus, il doit veiller, en bon père de famille, à ce que le travail soit effectué dans des conditions convenables au point de vue de la sécurité et de la santé du travailleur (article 20, 2<sup>o</sup>). Le travailleur a l'obligation d'agir conformément aux ordres et aux instructions qui lui sont données par l'employeur, ses mandataires ou préposés, en vue de l'exécution du contrat (article 17, 2<sup>o</sup>). De plus, il est tenu de s'abstenir de tout ce qui pourrait nuire soit à sa propre sécurité, soit à celle de ses collègues, de son employeur ou de tiers (article 17, 4<sup>o</sup>).

Appliqué à la consommation d'alcool et de drogues, cela implique que l'employeur est tenu d'interdire la reprise du travail ou sa poursuite au travailleur dont il pense qu'il est ivre ou sous l'influence de drogues lorsque cela pourrait représenter un danger pour la sécurité de ce travailleur ou celle des autres.

Une politique préventive en matière d'alcool et de drogues au travail fait également partie d'une politique du bien-être.

Mener une politique du bien-être n'est pas l'affaire de l'employeur uniquement.

Tout le monde dans l'entreprise doit apporter sa pierre à l'édifice. La responsabilité finale repose cependant toujours sur l'employeur. Il doit définir la politique du bien-être et donner des instructions au personnel dirigeant et aux travailleurs pour la mise en œuvre de cette politique. La tâche des membres de la ligne hiérarchique consiste, entre autre, à formuler des propositions et des avis à l'employeur.

La loi sur le bien-être du 4 août 1996 stipule en outre qu'un employeur est tenu d'avoir un service interne pour la prévention et la protection au travail et si ce service interne ne peut pas remplir toutes les obligations relatives au bien-être, l'employeur doit faire appel à un service externe pour la prévention et la protection au travail. Ces services collaborent activement à l'analyse des risques et à l'élaboration des mesures de prévention. La prévention des risques liés à l'exécution du travail est réalisée avec une équipe multidisciplinaire d'experts dans le domaine de la sécurité, de l'ergonomie, de l'hygiène industrielle, de la médecine du travail, des risques psychosociaux,... Chacun de son point de vue conseille l'employeur et collabore à la politique du bien-être qui a principalement une dimension collective.

Enfin, c'est aussi de la responsabilité des travailleurs eux-mêmes de collaborer autant que possible à la politique du bien-être au travail.

3. S'agissant de la production de textes législatifs et réglementaires, y compris les conventions, existe-t-il des initiatives visant à prendre en compte ce problème ?

La convention collective de travail (CCT n°100) relative à la mise en œuvre d'une politique préventive en matière d'alcool et de drogues dans l'entreprise a été conclue le 1er avril 2009. Cette CCT a été rendue obligatoire par l'arrêté royal du 28 juin 2009. Elle s'applique uniquement au secteur privé (à consulter sur le site du Conseil National du Travail [www.cnt-nar.be](http://www.cnt-nar.be)).

Dans le cadre de cette CCT, chaque employeur devait avoir déterminé dans son entreprise, en concertation avec son Comité pour la prévention et la protection au travail ou sa délégation syndicale, une politique relative à l'alcool et aux drogues avec un objectif préventif pour le 1er avril 2010. Un employeur ne peut pas ici mettre l'accent sur la sanction des travailleurs en raison de problèmes de fonctionnement liés à l'alcool ou aux drogues, mais il doit avant tout orienter sa politique sur la prévention (via l'information et la formation, la communication et la rédaction de règles et de procédures pour éviter autant que possible les problèmes de fonctionnement dus à la consommation d'alcool et de drogues). La CCT n°100 donne la possibilité à l'employeur d'élaborer des règles strictes dans son règlement de travail qui peuvent même déboucher sur une tolérance zéro par rapport à la consommation d'alcool et de drogues mais il peut aussi limiter sa politique à une déclaration de politique générale reprise dans son règlement du travail sans concrétisation via des règles spécifiques.

Un employeur a en outre des obligations dans le cadre de la loi du 4 août 1996 relative au bien-être des travailleurs lors de l'exécution de leur travail et de ses arrêtés d'exécution (à consulter sur le site [www.emploi.belgique.be](http://www.emploi.belgique.be), rubrique 'Bien-être au travail'). C'est la loi de base dans le domaine de la sécurité et de la santé au travail qui oblige l'employeur (tant du secteur public que privé) à mener une politique de bien-être. Mener une politique de bien-être commence par une analyse des risques. L'employeur doit ensuite prendre les mesures de prévention nécessaires pour éviter ou limiter ces risques autant que possible. Cela implique que les risques liés à la consommation d'alcool et de drogues sur le lieu de travail doivent aussi être analysés et que, si nécessaire, des mesures de prévention doivent être prises. Si l'analyse des risques a mis au jour des risques spécifiques liés à la fonction, l'employeur doit en tenir compte au moment de déterminer les points de départ et les objectifs de sa politique en matière d'alcool et de drogues. Dans ce cas, des mesures de prévention seront nécessaires.

Existe-t-il une réflexion sur le processus de changement social que reflète ce phénomène ?

La consommation d'alcool et de drogues est un phénomène connu dans notre société. L'alcool est un stimulant généralement socialement accepté mais une consommation responsable peut se transformer en consommation à problèmes et avoir des conséquences sur la santé, les relations sociales et sur le travail.

Le Securex Research Center a effectué une recherche sur la consommation d'alcool auprès des travailleurs belges pendant les mois de juillet à décembre 2007 (consultable via le site Internet du Service public fédéral Emploi, Travail et Concertation sociale, [www.emploi.belgique.be](http://www.emploi.belgique.be), thème « bien-être au travail – principes généraux – politique préventive en matière d'alcool et de drogues »). Il en est ressorti que 13% des travailleurs consomment de l'alcool de façon dangereuse. Un peu plus d'un travailleur sur 100 presterait de façon anormale au moins une fois par mois, car il serait sous influence.

Plus généralement, on peut renvoyer à l'enquête de santé de 2008 qui portait sur la consommation d'alcool (voir : [https://www.wiv-isp.be/epidemie/epifr/CROSPFR/HISFR/his08fr/r2/7.la%20consommation%20d'alcool\\_r2.pdf](https://www.wiv-isp.be/epidemie/epifr/CROSPFR/HISFR/his08fr/r2/7.la%20consommation%20d'alcool_r2.pdf), ainsi que sur la consommation de drogues illégales (cannabis, cocaïne, amphétamines, héroïne,...) (voir [https://www.wiv-isp.be/epidemie/epifr/CROSPFR/HISFR/his08fr/r2/6.l'usage%20de%20drogues%20illicites\\_r2.pdf](https://www.wiv-isp.be/epidemie/epifr/CROSPFR/HISFR/his08fr/r2/6.l'usage%20de%20drogues%20illicites_r2.pdf))

Les questions sur la consommation d'alcool dans l'enquête de santé sont un moyen important pour estimer les profils de consommation dans la population générale. Elles offrent l'avantage sur d'autres données (de vente, de production) de pouvoir identifier les consommateurs dans une population, mais aussi les sous-groupes de consommateurs à risque, en fonction du profil de consommation ainsi que de caractéristiques telles que l'âge, le sexe, le niveau socio-économique... L'enquête s'attèle à examiner le taux de consommateurs et d'abstinents dans la population, la fréquence et la quantité d'alcool habituellement consommé par semaine, la fréquence de l'hyperalcoolisation (définie dans le questionnaire européen comme la consommation de 6 verres ou plus de boissons alcoolisées en une seule occasion), ainsi que les problèmes éventuellement engendrés par une consommation chronique importante et/ou dépendante (consommation problématique).

En ce qui concerne la consommation de drogues illégales, des analyses par âge, sexe, éducation, région et degré d'urbanisation du lieu de résidence, ont tenté de dégager un profil associé à la consommation de stupéfiants dans la population belge.

4. Par quelles méthodes le problème doit-il être abordé : plan sanitaire, plan disciplinaire, rôle de l'entreprise, rôle de la communauté des travailleurs, etc. ?

En Belgique, il existe pour les entreprises une réglementation (CCT n°100, législation sur le bien-être) avec une approche préventive, principalement orientée vers l'employeur et pas focalisée sur la sanction du travailleur qui a consommé de l'alcool ou des drogues.

De plus, la problématique de la consommation d'alcool et de drogues est intégrée et abordée à différents niveaux politiques en Belgique. Ainsi, il existe une note politique fédérale du 19 janvier 2001 qui met l'accent sur l'intérêt d'une approche intégrée du phénomène de la drogue. Après l'approbation de cette note, toutes sortes de mesures ont été prises à différents niveaux politiques. Une des principales mesures est la signature de l'accord de collaboration du 2 septembre 2002 entre l'Etat, les Communautés, les Commissions communautaires communes, la Commission de la Communauté française et les Régions. L'opérationnalisation de l'accord a débuté par l'établissement de la Cellule générale de Politique Drogues et la Conférence interministérielle sur les drogues.

On peut affirmer qu'en Belgique une politique est menée, tant au niveau de la société (par ex. la prévention de la criminalité liée à la consommation d'alcool et de drogues, la politique de poursuite des drogues illégales), qu'au niveau de l'entreprise (la politique relative à l'alcool et aux drogues au travail) tout comme au niveau de l'individu (par ex. des campagnes contre l'alcool et les drogues pour promouvoir la santé, l'assistance aux personnes dépendantes de la drogue).

## CROATIA

According to the tasks given to delegations and consultants on the first meeting held on 30 June 2011 participants are requested to send a written statement of 3 to 4 pages containing their replies to the following questions:

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

### Croatia contributions

The majority drug users have permanent or temporary jobs; in other words, a vast number of addicts participate in some form of a working process, so that a special attention should be paid to preventative and therapeutic interventions carried out in occupational settings. This also calls for the establishment of coherent addiction prevention policies applicable to occupational settings, showing thereby 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 preventative programmes in their working environments. Testing for drugs exercised 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 preventative measures and testing procedures.

Prevention of addictive substance abuse exercised in working environments and testing of employees for drugs and alcohol are in Croatia governed by general labour-related regulation (the Labour Act, the Safety-at-Work Act, the Public Servants Act), as well as by set of rules and regulations covering for 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 the 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 the workplaces with special working conditions and the 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 organism whilst respecting an individual's ethical and human rights.

Through health plan should be set out operational priorities such as following. Further development of preventative 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 at assessment of factors capable of inducing risky behaviours should be carried out in occupational settings. A special attention should be paid to the development of preventative measures and the implementation of preventative 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 those having addiction issues shall be referred to counselling or treatment so as to be provided with the possibility to reassume their former posts following a successful completion of their treatments. Also specific additional education (in form of informative lectures, round tables, etc.) of each and every participant of the working process should be provided.

### **Seminar**

#### **Combating drug abuse on the workplaces with the focus on the drugtesting policy**

*26 - 27 November 2007 Zagreb, Croatia*

#### Information on main conclusions

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

The main pillars of the discussion were questions related to strengthening the existing model of Croatian legislation in the filed on prevention drugs abuse on the workplaces and drug screening process.

It's stressed that employers has main role in the implementation of the prevention programs on consuming drugs in the workplaces and that there is a need for more comprehensive screening process in the line whit protecting human rights and individual personality. If employers want to do testing, the testing procedure has to be defining in advance. Employers should be bound by the obligation to implement preventative 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 whit "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, protecting of the personal data, methodology and guidelines for drug testing.

After discussion about 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 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. One of the conclusion was about necessity for more workshops for employers, occupational staff, trade unions about prevention policy on the workplaces, but also about raising awareness that workers whit the drug problem are ill and they need counselling and treatment which need to be supported by employers expert service because the main goal should be returning on the work after the treatment are completed.

Based on the conclusion of this seminar, Office for combating drugs abuse took the initiative for amending the relevant legislation. The legislation was amended in the way that employee has obligation to take prevention measures. Measures are; Controlling that alcohol, drugs and other addictive substances are not brought to the work and that they are not abuse on the workplace, Informing and education of the employees about drug influence on the working ability, Implementing of the prevention programs in the workplace according the needs, Adopting the protocols of the cooperation between employers, services for work safety, services for the occupation health, Definition of the procedure for drug testing (consensus of employee, adequate instruments and

devices for testing, confirmation).Employer has no authority to do the testing of those employees who are in the process of treatment of addiction, outpatient treatment or on the substitution therapy, but he can send employee for a medical examination in order to evaluate the employees' health abilities for performing the job.



## **CYPRUS**

- **What are the foundations on which a prevention policy acceptable to all concerned can be based?**

A prevention policy can be based on:

- The existence of a suitable Institutional Framework.
- The existence of a suitable Legislative Framework
- 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.

- **The stakeholders roles and responsibilities**

Tripartite co-operation and generally cooperation among all stakeholders in an essential requirement for the solution of the problem of the use of drugs at the workplace. Provision of technical assistance to the Organizations 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 Organizations can be given by stakeholders such as Anti Drug Councils and non profit Organizations dealing with drug use. After having the expertise, the Organizations of Social Partners can effectively deal with the subject of drug use at the workplace by disseminating information, organizing seminars and other activities as well as publishing articles in their newspapers.

- **The production of legislative and regulatory texts, including conventions (are there initiatives to take the problem into account? Is there a reflection on the process of social change 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 the third persons. Addition of a specific article in the legislation prohibiting the use of drugs at the workplace could be examined having always in mind that testing for drugs can be against the responsibility of the employer to protect the personal data of his employees.

- **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 in 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 Organizations.

The media can play an important role, as they can organize 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 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.

## **GREECE**

**- What are the foundations on which a prevention policy 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 Dialog with the participation of every involved group – stake holder 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 utilization of all existing institutions, partners or other organizations (public or private) that are already implicated within the working place in Health and Safety programs (eg occupational doctors). Institute of Health and Safety in the workplace or in the field of drug and alcohol Prevention (eg Greek Organization against Drugs – Prevention in order to develop or to adopt procedures, for example screening tests or prevention programs).
- 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 considered of the sensitive personal data that lie within the working place and the assortment of all measures with the national policy in collaboration with the Hellenic data protection authority.

**- The stake holders' 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 (both of the Private or the Public sector) and the Employer Unions. Technical assistance or other kind of contribution provided occasionally from a number of other institutions like 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. Nonetheless any accountability concerning the employee's health and safety within the working environment lies at the employer. Therefore, all these partners should be addressed, informed, sensitized or motivated in order to act.

OKANA (The Greek anti drug organization), 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.

**- The production of legislative and regulatory texts, including conventions (are there initiatives to take the problem into account; is there a reflection on the process of social change 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 that isolated few firms or employers might incorporate some regulations mainly disciplinary in their contractual agreements or in their disciplinary plans. All these initiatives are in most occasions fragmentary and moreover of dubious legitimacy since it frequently contradict the national legislation. In the past there were also isolated initiatives from large companies of the Public Sector that implemented primary prevention programs in collaboration with Prevention Centers. Despite their initial positive evaluation from both the employees and the Prevention specialists, they were short lived, as they didn't meet the active interest of either the adjacent workers unions or the employers.

A Memorandum of OKANA (Greek Anti drug Organization) with the Ministry of Labour (similar to the other two Memorandums of collaboration with the ministry of National Defense and the Ministry of Education) could be a good way to start since the existing Memorandums describe the obligations of the two institutions and also a strict time table 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 of 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, 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 a taboo within Greek society including institutions of the State, syndicalists and Employers. In all fairness, we should also mention that although there's an extensive network of therapeutic services for dependence in the Country, still there are no provisions in the various insurance funds for covering the expenses of treatment. Addiction itself is not considered a condition or illness that would legitimize an employee to benefit from sickness leaves of absence, or special working hours attending a therapeutic program. As a final point this period of financial and thus social crisis, might not be the best period for such issues to arise.

- **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 dialog 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 organizations are enough to tackle the problem and to support any policy, provided that they will be empowered with clear targets, tools, a strategic plan and specific regulations.

## ITALY

1. What are the foundations on which a prevention policy 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 the 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 the 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).
- 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.
- Consolidated Text of the Law on Drugs, Prevention, Treatment and Rehabilitation of Drug Addiction as set out in Presidential Decree no. 309 of 9<sup>th</sup> October 1990 providing for controls to prevent drug addiction among employees in safety sensitive jobs are established by public institutions (art. 125).

2. The stake holders' roles and responsibilities.

| Person/Body/Organization   | Responsibilities/Rights   |
|--|---|
| Worker with a "risky job"  | They must be informed on risks that they are running during their specific duties. They have the right/duty to be subject to drug test; in case of self-exclusion (refusal), they are exempted from doing the risky job. They are accountable for resulting positive to 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 case of accident.  |
| Doctor in charge   | They convene the worker; they attest 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 positive drug test or under justified suspicion; they exempt definitively the workers in case of 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 case of negative drug test, it certifies the fitness for the execution of the duty; in case of positive drug test, it activates the treatment and rehabilitation process in SERT; in case of occasional drug use, it monitors precautionally for 12 months 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 case of   |

|   |   |
|---|---|
|   | law amendments, it must be considered the opinion from those most representative in the area of expertise.  |
| Bodies<br>("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. The production of legislative and regulatory texts, including conventions.

In Italy, according to the State-Regions Conference, order no. 99/CU of 30<sup>th</sup> 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<sup>th</sup> September 2008.

The State Regions Agreement of 30<sup>th</sup> 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<sup>th</sup> 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<sup>th</sup> 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 duties.

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<sup>th</sup> 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 for 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 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 occasional user. In the first case he or she is enrolled in a detoxification program, 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<sup>th</sup> 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 drug addict can not cause dismissal from job, but only suspension, if the employee joins a rehabilitation program;
- drug addiction is not compatible with safety sensitive jobs.

## **LITHUANIA**

The Prevention of drug use in the work place in Lithuania (answers to the questions)

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

The foundations of any policy are collection of data concerning the problem, analysis of the situation and legislation, and having identified the needs for reduction of the problem it is necessary to draft legislation, to budget for and allocate human resources for the implementation of the regulated policy, its implementation and evaluation of the achieved results and removal of the shortcomings. Thus, for the policy implementation the legal foundations should exist and both financial and human resources should be foreseen. All the above concerns may be ensured only when this problem is paid attention to by the country's politicians and is being solved at the highest level.

No systemic research concerning use of alcohol and drugs in the work place and its critical social and economic harm has been made as yet. The Lithuanian politicians paid insufficient attention to this problem, as in 2001 a *Draft Program on Alcohol and Drug Prevention in the Work Place* was prepared by the Ministry of Social Security and Labour of the Republic of Lithuania, however, the Government of the Republic of Lithuania did not approve it. If this Program were approved as a separate measure in the *National Program on Drug Control and Prevention of Drug Addiction* then the executors responsible for its implementation, funds and terms would be provided for; or this Program could be approved as a separate *Program on Drug Prevention in the Work Place* with its individual funding, and then it would serve as the foundations for successful implementation of drug prevention in the work place nationally. At present solution of this problem is placed on employers and their initiatives.

The objective of drug prevention in the work place is to protect working individuals against alcohol and drug use and to provide the users with the help to relinquish. 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 to use psychoactive substances more often, or using alcohol, trying other drugs, having short-term health disorders and social problems;
- dependent on alcohol and other drugs who need treatment and rehabilitation.

Various groups of employees need different measures of drug prevention in the work place. The multipurpose prevention is focused on formation of a healthy lifestyle, resistance against harmful habits, development of ability to resist social pressure (conventionality of drinking in the work place, influence of advertising). The implementation of this prevention needs only authoritative persons, instead of medical doctors providing treatment for dependence disorders. These could include directors of companies and enterprises, senior management (chiefs of divisions, foremen). For the second group, i.e. groups of increased risk, it is necessary to implement selective and targeted prevention measures. Selective prevention is applied when work or environment of employees is related to such risk factors which may encourage using psychoactive substances, for example, work of stressful nature like that of a policeman, a surgeon, a judge, or work related to production of alcohol.

In such cases the following measures should be used: establishment of work conditions unfavourable to use alcohol and drugs, testing, preventive health checks. 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, social workers who carry out checks, tests, provide individual counselling aiming at use reduction. The objective of measures required for the third group is 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 of dependence disorders' treatment. That is prevention of relapses and complications. The employers have to ensure that after treatment and rehabilitation the employee shall be able to return to the same work place.

### 2. The stakeholders' roles and responsibilities

The employers' responsibility in the area of psychoactive 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 article 41 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 authorized by him/her amounting from 500 to 1000 Litas (~150-400 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 authorized by him/her amounting from 2000 to 5000 Litas (~600-1500 euros)". The employers have to establish work rules prohibiting to use psychoactive substances. Also, they have to provide working conditions depriving opportunities to use psychoactive substances at work. The above article also prescribes responsibility for the employees: "Presence of a worker intoxicated with alcohol or drugs and toxic substances in the work place, premises of enterprises, institutions, organizations 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 Euro)".

*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 intoxication or if they avoid intoxication tests a fine amounting from 1000 to 3000 Litas is imposed, while for ship captains – from 3000 to 5000 Litas. Also, the *Code* establishes that they are deprived the licence to steer a vehicle, a vessel, a train or aviate for a certain period of time.

Concerning the responsibility of employers, also the responsibility of co-workers should not be forgotten. Not in all cases the employers may notice an employee being intoxicated with psychoactive substances. An employee or co-worker next to him/her may notice most easily. Employees should be aware of their responsibility to inform the management of their intoxicated co-worker. However, such cases are rare in Lithuania. This is due to conventional use of alcohol in Lithuania. As in numerous post Soviet states alcohol use is spread around, and it is consumed on different occasions, both jolly and sad, including at work. Such conventional use is also related to climatic conditions when strong alcoholic beverages are prioritised. Thus, speaking about the responsibility of employers and employees one should not forget the responsibility of co-workers, however, possibly they should not be fined for not informing of such cases. The employers could encourage in different ways such co-workers' initiatives. The employers should develop intolerance towards such cases among their employees. At the government level universal prevention should be implemented leading to a public negative attitude towards psychoactive substance use.

3. The production of legislative and regulatory texts, including conventions (are there initiatives to take problem into account; is there a reflection on the process of social change 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 responsibility of employers and employees, also fines are described in question 2 above.

Paragraph 11 of Article 11 of the Law No. X-694, of June 15, 2009, 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 6 months from 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 partially cover the 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 6 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 January 8, 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 aviate 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 with 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 4 academic hours, and the *Rules* establish the topics to lecture in the *Program*.

Decree No. V-132, of May 7, 2008, of the Chief State Inspector 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 May 12, 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 June 20, 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: [javascript://;](#)

“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 offence. In the absence of offence specialists can test the environment for presence of psychoactive substances.

Resolution No. 437, of April 2, 2002, of the Government of the Republic of Lithuania *On Approval of the Profile Concerning Procedures for Organisation of Identification of Children Using Drugs, Psychotropic and Other Psychoactive Substances* (Žin., 2002, No. 35-1305; 2007, No. 107-4379) provides as follows:

”4. Having suspected that their schoolchild on the premises of the school uses drugs, psychotropic and other psychoactive substances, is intoxicated with such substances, the pedagogical staff of the school immediately inform the head of the school or persons authorised by him/her thereof, also the specialist of public health who carries out health care in the school.

14. Identification of children using drugs, psychotropic and other psychoactive substances in public places is organised and carried out by police staff in compliance with the Law of the Republic of Lithuania *On Police Activities*.”

#### 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, thus, in my opinion, solution regarding drug use at work should 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 payouts for accidents, etc.). It is necessary to seek that profit from selling alcoholic beverages would 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, alcohol accessibility has been increasing. The European survey indicates Lithuania as a country with the highest alcohol accessibility accounting for 500 shops selling alcohol per 100 thousand population. 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. Lithuania implements prevention programs

adapted to each age range, i.e. pre-school, primary school, basic and secondary education. These programs are regulated by the Ministry of Education and Science of the Republic of Lithuania and funded from the pupil's basket. In Lithuania, the general prevention does not include individual measures for prevention in the work place nationally. The Ministry of Health or the Ministry of Social Security and Labour in cooperation with the Employers' Confederation, trade unions, NGOs should engage in this issue. Besides, international cooperation should be developed and best practice of Western countries should be used.

# LUXEMBOURG

## 1. Introduction :

Au Luxembourg, la coordination générale en matière de stratégie gouvernementale concernant la lutte contre les drogues et les addictions, est assurée par la « cellule drogue » sous l'égide du Ministère de la Santé. Cette stratégie gouvernementale couvre actuellement la période 2010 - 2014.

L'objectif général de cette stratégie est de contribuer à atteindre un niveau élevé de protection en termes de santé publique, de sécurité publique et de cohésion sociale.

Le plan d'action associé à la stratégie nationale repose prioritairement sur 2 piliers :

- La réduction de la demande et la réduction de l'offre,
- La réduction des risques, des dommages et nuisances, la recherche et l'information, les relations internationales et la coordination.

Afin d'impliquer davantage les partenaires sociaux dans la prévention des drogues sur le lieu du travail, le Ministre de la Santé a adressé un courrier fin juillet 2011 aux principaux représentants patronaux et syndicaux du pays. Jusqu'à ce jour, l'Union des Entreprises Luxembourgeoises (UEL), qui regroupe la plupart des organisations patronales au Luxembourg, nous à adressé leurs réflexions et commentaires (entre autres juridiques).

## 2. Fondements d'une stratégie de prévention acceptable par toutes les parties concernées :

Les différentes parties concernées, c'est-à-dire les représentants patronaux et syndicaux ainsi que les médecins du travail, estiment qu'une stratégie de prévention efficace en matière de drogues et accessible à tous les travailleurs sur le lieu de travail, devrait être soutenue et encouragée par un plan national gouvernemental.

Or, le plan d'action actuel ne fait pratiquement pas référence à la prévention des drogues en milieu professionnel, à l'exception d'action ciblée de prévention primaire. A défaut d'une politique nationale, l'Union des Entreprises Luxembourgeoises est d'avis que les entreprises devraient adopter une politique générale et collective de prévention en impliquant l'employeur, les travailleurs et leurs représentants et ceci à travers un règlement interne.

Actuellement seulement quelques grandes entreprises (plutôt multinationales) ayant plus de 150 travailleurs ont une ligne politique concernant les drogues illicites. Par contre la plupart des grandes entreprises ont des lignes de conduite bien définies en matière d'alcool.

La politique est alors définie dans un règlement interne d'entreprise qui est communiqué à chaque travailleur. Dans ces entreprises, les problématiques liées au drogues illicites sont abordées comme une maladie et les partenaires sociaux sont d'accord pour coopérer afin d'aider au mieux le travailleur concerné.

Par contre les entreprises ayant moins de 150 travailleurs n'ont pas de stratégies en matière de prévention de drogues. Ces entreprises estiment le plus souvent qu'avant de s'attaquer aux drogues illicites, elles préfèrent s'occuper de d'alcool sur le lieu de travail, où il est plus facile d'avoir un consensus. Il est vrai que pour la plupart des entreprises, les drogues illicites restent un sujet tabou, où la communication à l'extérieur s'avère difficile et délicate.

Finalement les partenaires sociaux estiment que des progrès en matière de prévention de drogues en milieu professionnel accessibles à tous, sont seulement à espérer, si cette prévention fait partie intégrante d'un plan d'action national du gouvernement.

## 3. Rôles et responsabilités des parties prenantes:

De nombreuses drogues illicites entraînent une modification du comportement du salarié et une diminution de la vigilance qui peuvent mettre en cause la sécurité au travail.

La problématique en matière de santé et de sécurité au travail, ainsi que la responsabilité des différents acteurs concernés, sont bien définies dans la directive cadre CEE 89/391 sur la santé et la sécurité des travailleurs au travail. Même si cette directive ne mentionne nullement ni l'alcool ou les

drogues, elle prévoit que l'employeur a des responsabilités en matière de santé et de sécurité « dans tous les aspects liés au travail » ; ce qui englobe naturellement les problématiques liées à l'alcool, les drogues, l'abus de médicaments etc.

- Médecin du travail :

Lors de la détermination de l'aptitude médicale à certains postes de travail, le médecin du travail a l'obligation de prendre en compte les conséquences liées à la consommation de drogues licites ou illicites et d'estimer les répercussions. La responsabilité du médecin du travail peut être mise en cause si on peut lui reprocher de ne pas avoir fait pratiquer les examens complémentaires mis à sa disposition afin de déterminer une aptitude (obligation de moyens et pas de résultat). Le but ce n'est pas d'évincer systématiquement du monde du travail les utilisateurs du produit, mais d'éviter que les consommateurs occupent des postes de travail, où leur capacité d'agir ou de réagir puisse mettre en cause leur propre sécurité, la sécurité de tiers ou la sécurité générale.

Un dépistage de drogues s'avère donc nécessaire dans certaines situations, et ceci aussi bien à l'examen d'embauche qu'à l'examen périodique. La finalité d'un dépistage ne doit jamais avoir comme but l'exclusion du travailleur ou de lui prouver une faute, mais sert à faire cesser un état d'insécurité sur le lieu de travail et à stimuler le salarié à entamer une prise en charge spécialisée.

- L'employeur :

Il a un rôle primordial à jouer car il définit la grande ligne politique en matière de santé et sécurité applicable au sein de son entreprise. Aucune politique en matière de prévention de drogues ne peut se faire efficacement sans son consentement.

En matière de santé et de sécurité au travail, la directive CEE 89/391 prévoit clairement que l'employeur est responsable de la santé et de la sécurité des travailleurs dans tous les aspects liés au travail et qu'il ne peut pas s'en décharger facilement. Les obligations à charge de l'employeur sont également sanctionnées pénalement par le Code du Travail, ce qui démontre l'importance de la responsabilité qui pèse sur lui.

Page 2 sur 5

A défaut d'existence d'une législation nationale dans la matière, c'est uniquement l'instauration d'un règlement interne qui peut encadrer efficacement une ligne politique en matière de prévention de drogues dans une entreprise.

- La délégation du personnel :

La délégation du personnel, doit absolument encourager et favoriser toute ligne politique venant de l'entreprise en matière de drogues, qui vise essentiellement à améliorer la sécurité et la santé au travail, qui respecte le travailleur et qui l'encourage à une prise en charge spécialisée. Le maintien dans l'emploi, l'adaptation du poste de travail, le maintien du salaire et la réintégration sont des sujets indispensables dans la politique suivie dans l'entreprise afin de s'assurer de l'appui des travailleurs, de la délégation et des syndicats.

De toute façon, la délégation du personnel et/ou à défaut le travailleur concerné ont aussi des obligations en matière de santé et de sécurité au travail prévues dans la directive cadre CEE 89/391. Ainsi il incombe à chaque salarié « de prendre soins, selon ses possibilités, de sa sécurité de sa santé, ainsi que de celles des autres personnes concernées du fait de ses actes ou des omissions au travail, conformément à sa formation et aux instructions de son employeur »

#### **4. Initiatives (textes législatifs et réglementaires, conventions) et existence d'une réflexion sur un processus de changement social :**

A défaut d'existence d'un texte législatif, la prévention et la consommation de drogues sur le lieu de travail est une question qui reflète directement du domaine sécurité et santé au travail, couverte par la directive cadre 89/391 et transposée en loi nationale par le Code du Travail.

En matière de drogues illicites ou licites, il existe :

- Une recommandation de l'Association d'Assurance contre les Accidents (A.A.A) relative à la consommation d'alcool (anciennement la prescription 36). Cette prescription est applicable dans toutes les entreprises au Luxembourg, indépendamment de leur caractère privé ou public.
- Une instruction du Ministère/Direction de la Santé pour les médecins du travail qui traite essentiellement de la responsabilité du médecin du travail ainsi que la pratique de dépistage dans l'entreprise.

A ma connaissance, les différentes conventions collectives sur le lieu du travail n'abordent pas la question liée à l'utilisation de drogues illicites sur le lieu du travail. Ainsi les entreprises qui veulent aller de l'avant vont le faire à travers d'un règlement interne.

Le dépistage à l'embauche par exemple est ainsi pratiquement uniquement réalisé par les services de santé au travail de grandes entreprises, ayant beaucoup de métiers à risque et/ou soumise à des règles spécifiques prévues dans des législations propres (par exemple ; secteur aéronautique, gardiennage, chemin de fer luxembourgeois, sidérurgie, police nationale, sapeurs pompiers professionnels).

Même si la prévention de drogues licites ou illicites sur le lieu du travail n'est pas un sujet d'actualité, on constate néanmoins au Luxembourg un changement de mentalité concernant l'importance d'investir dans le domaine de la santé et de la sécurité sur le lieu du travail, et même la prévention des maladies et la promotion de la santé. Les autorités publiques, c'est-à-dire aussi bien le Ministère du Travail et le Ministère de la Santé et leurs services correspondants, collaborent <sup>Page 3 sur 5</sup> étroitement ensemble et encouragent toutes initiatives des partenaires sociaux en matière d'amélioration de la santé et de la sécurité au travail.

Les multiples formations organisées pour les travailleurs désignés, les délégués du personnel et/ou les salariés, font que finalement dans beaucoup d'entreprises la gestion de la santé et de la sécurité est intégrée dans le fonctionnement quotidien de celle-ci.

Il y a de plus en plus d'entreprises qui ont envie et qui vont au-delà des obligations légales afin d'améliorer les conditions de travail, de promouvoir la santé et de prévenir les maladies. Les grandes entreprises s'investissent de plus en plus en matière de responsabilité sociétale, qui intègre la bonne gestion des ressources humaines et le souci à créer des bonnes conditions de travail et à développer le bien-être sur le lieu de travail.

Au sujet de processus de changement social, j'aimerais citer 2 manifestations à caractère national qui reflètent la volonté des entreprises à aller de l'avant en matière d'amélioration du niveau de santé et de sécurité au travail :

- L'organisation annuelle d'une grande journée « Santé et Sécurité au Travail » organisée par l'Union des Entreprises Luxembourgeoises et l'Association des Assurances contre les Accidents, et en collaborations avec le Ministère du Travail, le Ministère de la Santé et les organisations syndicales. Cette manifestation avec de multiples conférences et workshop, rassemblent dans un esprit positif et participatif les entreprises et les acteurs engagés dans cette mission. Cette journée offre une plateforme unique pour les entreprises qui souhaitent partager leurs expériences et s'assurer du bien fondé de leurs pratiques actuelles en matière de santé et de sécurité ou simplement s'informer des nouveautés en matière de protection et de prévention.
- Le Ministère de la Santé organise depuis 2007, le « Prix Santé en Entreprises » qui encourage les entreprises, qui dans un souci de responsabilité sociale et de bon management, vont au-delà de leurs obligations légales et prennent de réelles initiatives en matière de bien-être au travail. Pour participer à ce prix, il faut introduire tout un dossier au Ministère de la Santé. Jusqu'à maintenant une vingtaine d'entreprises ont reçu ce prix dans le domaine de la santé au travail. Les bonnes pratiques dans la matière sont publiées sur le site internet du Ministère de la Santé. Les lauréats sont bien heureux de recevoir ce prix à haut caractère symbolique de la main du Ministre de la Santé et l'affichent souvent à l'entrée de l'entreprise. La ville de Luxembourg, par exemple a eu le prix pour leur projet axé sur le bien être au travail qui intègre un volet « prévention et prise en charge de l'alcool » Ce projet constitue une bonne pratique dans la matière et peut le cas échéant être copié et adapté facilement pour d'autres sociétés.

##### **5. Différents types de méthodes par lesquelles la problématique des drogues peut être abordée :**

Dans le monde de l'entreprise, on ne peut pas concevoir que la gestion des drogues illicites peut uniquement être prévue dans un plan sanitaire sans aucun lien avec un éventuel plan disciplinaire. Il est évident que le but primaire poursuivi dans une entreprise en matière de drogues est d'abord de s'assurer de respect de la santé et de la sécurité des travailleurs. L'objectif de base est de ne pas évincer du monde de travail les utilisateurs de drogues, mais d'éviter que les consommateurs occupent des postes de travail, où ils peuvent mettre en cause leur propre sécurité ou celles de tiers.

Dans un règlement interne on retrouve en général toujours les deux aspects :

- le volet principal qui est la prise en charge spécialisée, le respect de la personne concernée et la possibilité d'avoir accès à un poste de travail adapté,
- le volet disciplinaire qui est appliqué en cas de récidive ou de rechute après une cure ou en cas de non respect des consignes de santé et de sécurité.

Il est évident si dans une politique d'entreprise en matière de drogues, on ne retrouve pas les deux aspects cités, les partenaires sociaux ne vont jamais le valider et/ou le faire appliquer correctement. Le rôle de l'entreprise est de concevoir et d'appliquer une politique en matière de gestion de drogues illicites et licites sur le lieu du travail et d'être cohérent dans l'application de celle-ci. Le rôle de la délégation et des syndicats est de soutenir cette démarche et de veiller au bon respect du règlement et de s'assurer que l'entreprise respecte ses engagements pris concernant le plan sanitaire et ceci dans l'intérêt du travailleur.

N'oubliant pas que la santé et la sécurité est l'affaire de nous tous et sans une concertation entre les principaux acteurs concernés, on ne doit pas se faire d'illusion et espérer des améliorations dans cette matière.

## **NORWAY**

Norwegian contributions to the second meeting, November 2011. 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 policy acceptable to all concerned can be based?**

#### ***National level***

A prevention strategy should be based on the cooperation between the employer organizations, the trade unions and the State.

Today it would be wise to see drug use in light of issues such as 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 are in Norway 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) The stake holders' 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 organizations. The stake holders are also important sources of funding.

#### ***Company level:***

The employer organizations, the trade unions and the state has 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 characterized 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, and includes for example these:

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 them as early as possible (early intervention). Managers at all levels are responsible 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 meets influenced/drunk at work, is to 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 meet 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 is present during calls associated with warnings.

#### **Occupational health service (OHS):**

The Occupational Health Service is the medical professional counselor of the Corporate, and is represented in both the working environment committee. The OHS is 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. 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 organization as a whole. Personnel / HR Department has therefore 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 their work. This responsibility is for the HSE department particularly relevant in connection with the company's focus on safety and risk assessments.

**3) The production of legislative and regulatory texts, including conventions (initiatives to take the problem into account? Reflections on the process of social change the phenomenon reflects?)**

- Every year the Norwegian government presents a budget bill that clearly points to Norwegian work life as an arena for drug prevention, and the bill also includes fundings for drug prevention in the workplace.
- The government's 2011 in the process of preparing a new national drug policy that both focuses on alcohol, health, drug use and treatment, and it also focuses on the workplace. This policy will include much reflections on the nature and role of both alcohol and drug use in the Norwegian work life and in the society as a whole.
- The Norwegian Government has for some weeks ago presented a new white paper on working life in Norway. The White Paper does not say much about alcohol- and drug use/prevention in the working life, but only briefly mentions the occupational health services role as related to giving companies assistance on matters related to lifestyle and drug use among employees.
- 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 a good drug prevention at the workplace is pointed to. 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 sum up this point: In several policy documents and publications from the Norwegian Government, the working life is clearly pointed to as an arena for drug prevention. The Norwegian Government also provide fundings for alcohol- and drug prevention among employees, and has done so for almost 50 years. In spite of this there still is much work to do to improve the actual prevention efforts in working life.

**4) Methods to take the problem into account (health plan, disciplinary plan, role of the enterprise, role of the working community)**

***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 in account at the workplace. We will here just briefly mention some of them, and just shortly. There exists much literature on these methods elsewhere:

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

- Specific and clear working rules.
- Developing a 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 1) the use of alcohol and drugs during work, 2) at the workplace, 3) in situations that may be connected with the work community, and 4) also substance use in the leisure time that may have consequences for the job performing. 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.
- 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. There are now several digital programs 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 program called Balance (directed towards drinking habits). Balance is an internet-based health promoting program designed for use in companies. Through Balance the staff is 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 work place. 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 that as a part of their work is exposed to risk of developing a problem to a greater extent than other. This could be young employees, persons working in sales department, persons traveling a lot through their work etc.

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

- The important conversation: Skills among leaders/managers to address concern for 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 ethic 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](http://www.akan.no) (my translation).

The Norwegian Health Directorate: National Strategy of Early Intervention.

Johansen and Stueland (2011): *The Work Environment Act: Comments and practice*. Gyldendal Akademisk, Oslo Norway (my translation)

Frøyland, Grimsmo and Sørensen (2005): *Evaluation of AKAN. Alcohol- and drug prevention in Norwegian Working life*. AFI, Oslo.

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## **PORTUGAL**

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

Thought in Portugal there are not that many specific data regarding this theme, the II National Population Survey on Psychoactive Substances in the Portuguese Population (2007) shows that from the individuals currently with a professional activity, 73.6% of them have drunk alcohol in the last years, 34.7% have smoking habits and 3.6% have use illicit substances (Balsa e 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% amongst the unemployed. Regular abusive use tends to be preferentially associated with professional groups like workers and artisans, farmers and machine operators and intermediate level workers.

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

The magnitude of the mentioned numbers has a clear meaning and harmful for the professionals, the enterprises/corporations and the community in general.

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

Health and safety promotion at work places is a recent approach. Thus, in 1981, the 155th ILO Convention already considered that the corporation services of occupational health should not restrict to vigilance and medical exams for the workers health assessment, but enlarge their competences to the control of the physical and mental elements that may affect workers.

In this framework, the organization responsibility to ensure health and safety of its workers cannot limit itself to the traditional monitoring health exams.

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

- Choosing workplaces as privileged contexts for the prevention of problematic use of psychoactive substances;
- Promotion and awareness of healthier life styles;
- Center strategies in the ambit of responsibility and organizational ethics, supporting corporations/institutions and its workers and enhancing the intervention with their families and communities;
- Contribute to the hazard prevention at workplaces, increasing safety levels and minimizing psychoactive substances use;
- Supporting the creation and development of safety and health policies within the organizations.

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

This approach demands the implementation of a diversified set of actions, susceptible of 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 where 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:

- Contribute to the acceptance of programmes and policies becoming facilitating agents for its application;
- Enable workers and their representatives to intervene amongst their peers (whenever abuse situations are reported);
- Facilitate and promote 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 can 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 at the workplace;
- Fostering safety and health at the workplace through information, training and qualification programmes on psychoactive substances and when possible, integrated under more broad health and safety strategies;
- Establish a system that certifies the confidentiality of all information, all throughout the process;
- Problems related to psychoactive substances use in the workplace are health problems. Workers that wish to go under treatment should not be marginalized and share the same workplace security as their peers;
- Treatment and rehabilitation are undertaken on a voluntary basis, with respect of 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, specially when the worker is undertaking treatment;
- During treatment the maintenance of the work station must be assured or at least his transference to other functions without any hazard to his work and other colleagues work performance, with no salary or benefits cuts.

All these considerations will be discussed with social partners and later on translated into the appropriate laws. But, more relevant than the norms is the awareness of the labor actors world to the need to intervene in a prevent way with the appropriate training actions.

Lisboa, 14 de Outubro de 2011

Mário Ferreira de Castro

## **SLOVENIA**

### **1. The foundations of drug prevention policy as presented in the current national program of Slovenia**

#### **1.2 Prevention programmes**

Preventive programmes are very widespread in the Slovene space. They take 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 that have to be done.

#### **1.3. Preventive work at the workplace**

- Preventive programmes for preventing the use of legal and illegal drugs at 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, which 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 ZZSZ. 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 safety and health in the workplace and bring to the attention of the employer conditions in the work place 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.
- Workers and their representatives should 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

- should 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 into the working environment changes that benefit health. In the long-term, this should lead to a better workers' health, 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 8 (eight) educational modules for areas which 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 that 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 organization 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 additional 20 will finish training this year.

After returning to their organization, advisors are expected to organize health groups (one or more according to the size of the organization) and provide them with knowledge and skills for implementation of the programme developed during their training. According to the programme, health groups should include people from the following groups of: the **workplace health promotion advisor** (who coordinates work of the group), **company management**, workers (works council representative or trade union representative), **company doctor or specialist in occupational health** (in Slovenia, companies mostly 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 at the workplace, they invest resources with the intention that the prevention programs established will be beneficial. All too often, however, it is assumed that good intentions and the utilization 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. Various 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 program 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 relevant needed information. Clearly, evaluation is not the only tool that a stakeholders need to determine if the prevention program is making a difference, but it is a powerful one. Inclusion and participation of the stakeholders all along 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. 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. 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 effectiveness and efficiency of drug policy and programmes. There is a need to answer such questions as:

- How community and work-places respond to the issue of drug use?
- What prevention actions has been taken ( or need to be taken ) ?
- Can changing the work environment lead to less drug-related harm?
- Have workers' attitudes about legal and illegal drugs use changed after the implementation of prevention policy and programs ?
- Has there been a reduction in the use these substances and the related problems?
- Has health, safety and productivity improved?
- Do prevention policy and program lead to less absenteeism and presenteeism??
- Do counseling-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 program and thus providing more information about the program 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 its 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 workplace as well. Not all evaluations serve the same purpose. Some are used as the monitoring function rather than focusing solely on measurable program outcomes. This is because evaluation is the multi disciplinary activity, which include public health, epidemiology, policy analysis, management and organizational theory, sociology, psychology, social anthropology, and pedagogy. Also, evaluation into drug use and prevention work at workplace must take into consideration ethical issues. 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 work place based policies and programmes that are being implemented, but that have not been evaluated. Partnerships between researchers (evaluators) and other stakeholders could help close this gap. Evaluation could focus on a range of public health, work place 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 of work;
- the impact of drug use on productivity of people other than the drinker;
- the incentives-based programs.

In order to show that the prevention programmes has contributed meaningfully to this effort, it is necessary to show that misuse of drugs was averted because of the policy and program 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 program because most of 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, minimizing and eliminating health risk, and maintaining and promoting work ability). May be as effective as those focused specifically on drugs.

References:

1. Resolution on national program in the area of drugs 2004 – 2009 (ReNPPD)
2. Resolution on national program in the area of drugs 2011 – 2020 (ReNPPD) - working draft material
3. ILO. Management of alcohol and drug related issues in the workplace. Geneva, Switzerland: International Labour Organization, 1996.
4. The fit for work programme of Slovenia (internal material)

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## **SWEDEN**

### **1. What are the foundations on which a prevention policy 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 working life 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 at 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 emphasize 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 emphasizes the supportive role of the occupational health services and union organisations as a factor of central importance, and also emphasizes 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 emphasized as significant incentives for workplaces to strive for a drug-free environment.

### **2. 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 work 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 at 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. The production of legislative and regulatory texts, including conventions (are there initiatives to take the problem into account)**

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 at 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 emphasizes 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 emphasized 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 at 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 services<sup>1</sup> 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.

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

#### **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 problems with substance abuse may present themselves early in the form of e.g. 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 emphasize 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 like drug tests. It is important that tests are always a part of the total prevention programme. Several authorities have also emphasized 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 only half (45 per cent) 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 per cent of the workplaces said that rehabilitation was always offered and 13 per cent said that rehabilitative efforts were never offered. A minority of the workplaces said that they conduct some form of drug tests (approx. 26 per cent) 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 per cent 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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## References

- AFS 1994:1. Arbetsanpassning och rehabilitering. Retrieved 2011-10-13, from [http://www.av.se/dokument/afs/AFS1994\\_01.pdf](http://www.av.se/dokument/afs/AFS1994_01.pdf)
- Hermansson, U. (2008). Narkotikaproblem, prevention och arbetsliv. In S. Andréasson (Ed.), *Narkotikan i Sverige: Metoder för förebyggande arbete. En kunskapsöversikt* (pp. 193-214). Östersund: Statens folkhälsoinstitut.
- Hermansson, U., Beck, O., & Westregård, A. M. (2005). *En utvärdering av försvarsmaktens drogpreventiva program: Mål, känslighet och integritet* (Registrerade handlingar. Statens folkhälsoinstitut No. VERK 2011:441). Östersund: Statens folkhälsoinstitut.
- Regeringens proposition 2010/11:47. En samlad strategi för alkohol, narkotika, dopnings- och tobakspolitiken. Retrieved 2011-10-13, from <http://www.regeringen.se/content/1/c6/15/84/36/1abd7a0e.pdf>
- SFS 1968:64. *Narkotikastrafflag*. Stockholm: Riksdagen.
- SFS 1977:1160. *Arbetsmiljölagen*. Stockholm: Arbetsmiljöverket.
- SOU 2011:35. *Bättre insatser vid missbruk och beroende: individen, kunskapen och ansvaret. Missbruksutredningens förslag*. Stockholm: Fritzes.
- Statens folkhälsoinstitut. (2007). *Alkoholförebyggande insatser i arbetslivet* (Rapport No. Nr 10 metodskrifter för lokalt arbete mot alkohol och narkotika). Östersund: Statens folkhälsoinstitut.
- Statens folkhälsoinstitut. (2011). *Alkohol- och drogförebyggande insatser i arbetslivet* (Rapport No. A 2011:01). Östersund: Statens folkhälsoinstitut.