

Strasbourg, 2 September 2011

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

First meeting

**Council of Europe Office,
55 avenue Kléber, Paris**

30 JUNE 2011

REPORT

1. Introduction

The meeting was opened by the Expert Group's Secretary who welcomed the participants. The list of participants is reproduced in Appendix I. The agenda was adopted as reproduced in Appendix II. The participants elected Mr. Michel Massacret (MILDT, France) as the Expert Group's Chair. Following his election, the Chair asked the participants to present themselves. Finally, he gave a summary of the mandate of the ad hoc Expert Group on the prevention of drug use in the work place.

2. Presentation of the background working document

The Chair presented – in co-operation with the consultants - the working document (P-PG-Work (2011)3) as a basis for reflexion and debate. Inter alia, the following points were highlighted:

- the question of prevention of drug use at the workplace is not new, but rising in importance and visibility;
- there should be continuity with previous work done by the ILO and the PG (Ethics platform), but in combination with a new approach underlining safety and prevention considerations;
- there is a need for clarification of multifactorial risks and causes for drug use;
- the damage caused by drug use to the individual, to his employer and to the work equipment, should be taken into account;
- there are various methods available to identify behaviour altered by drug or alcohol;
- there is a need to take a descriptive approach of such behaviour with the aim to identify the causes for it;
- a policy which impacts on such behaviour through multi-thematic prevention schemes is required;
- the Convention drawn up in Belgium on the prevention of alcohol and drug use, involved all social partners and has legally binding force;
- there should be reflection on the balance to strike between the right to private life and safety considerations;
- there is a need for a nuanced approach towards drug screening.

Questions, partly ambiguous, arose:

- Is work a factor that protects from drug use or a source of consumption by certain kinds of organisation?
- Has drug use in general, which ultimately leads to a reduction of the employee's competencies to achieve his work, only a private dimension or does it comprise public elements?
- Where lies the responsibility: with the individual, the worker's unions, the enterprise or the public as such?
- How can we devise a multi-dimensional prevention strategy?

3. Presentation made by the participating delegations:

This report only contains brief summaries of the presentations made, which can – in their complete version – be circulated and put on the Pompidou Group's website, if delegations so wish.

Lithuania: explained the relevant regulations in the Code of Work Administration, in particular the fines imposed on employers for non-removal of intoxicated employees from the workplace. In the new Programme for Prevention the need for co-operation among several

institutions is strengthened. Therefore Lithuania is interested in learning about the best practices concerning the implementation of similar national prevention programmes.

Luxembourg: There is a relatively high prevalence rate of 4-7 o/oo. The subject of drug use in the workplace is taboo and statistics are not available. In a recently conducted research it appeared that 8% of a sample of approximately 1400 employees admit consumption of illicit substances. The Work Code does not mention drug or alcohol, but enterprises draw up their own internal rules of conduct. There is no systematic screening, no screening imposed by the employer. Screening concerning for certain posts at risk (which have to be determined by the occupational doctor) or in case of suspicion. Screening is considered a medical act, which can only be executed on initiative and under the control of the occupational doctor, who is bound by confidentiality. Its finality is not to exclude or punish the employee. In case of a positive testing, there will be a follow-up, e.g. transfer to another post and/or treatment. Certain examples of screening in big enterprises are given.

Turkey: possession of drugs is forbidden; there is no legislation concerning screening at the workplace; certain companies with posts at risk, e.g. airlines do execute regular screening; alcohol or drug consumption at the workplace could lead to a breach of contract.

France: has developed a very special model. The Labour Code speaks of alcohol, but not of drugs. The Code has a very protective attitude towards the employee. Internal rules in enterprises have to be discussed with social partners and validated by the Labour Inspectorate. Screening possibilities can be part of the internal rules of companies with regard to certain posts; screening conditions have to be specified in advance. In view of the growing concern regarding drug consumption at the work place, there are plans to enlarge the number of posts concerned and to facilitate the implementation of screening as part of the Governmental Plan for the fight against drug consumption and trafficking 2008-2011. The aim of these measures is to prevent absenteeism and accidents.

The following points of reflexion were mentioned by participants:

- the balance to strike between the individual interest and the interest of the enterprise, if drug consumption reduces the competencies of the employee;
- the reliability of ethylic and saliva testing;
- the spotting of altered behaviour, the possibility of conduction an alcohol test followed by a blood-analysis allowing a confirmed diagnosis.

Greece: The Labour Code does not contain provisions, which are relevant for drug or alcohol use with the exception of Mining and Quarrying operations, where working under influence is strictly forbidden. Operators of heavy equipment and machinery have to provide a psychiatric evaluation on, among others, their possible drug or alcohol consumption. Police can do preventive controls of bus drivers driving students. One transport enterprise in Thessaloniki conducts random drug and alcohol screening. If positive, the worker is removed for the respective day. Circumstantial drug use is problematic because of the existing gap between prevention and therapy. A more integrated approach is needed.

Croatia: There are 30.000 registered drug-users among whom 15% have a job. There is a National Action Plan against Drugs combined with Prevention Programmes. Croatia hosted an EU-Seminar on Prevention and Testing, where Portugal and Sweden played a leading role. Under the general labour regulations (Labour Law and Law on Safety at Work), the employer has the possibility to send a worker to a medical exam, which could include drug testing. Under the new law on Civil Servants disciplinary measures can be initiated. Employers can impose testing under the obligation to respect protocols and procedures of confirmation of results. Conditions of testing have to be determined in advance. Identified drug-users will be transferred to occupational and prevention services. Persons under treatment or substitution treatment cannot be tested. Results of testing are covered by the medical secret. If treatment fails, the employer can break the contract.

Portugal: The drug institute is part of the Ministry of Health. The ministry has competence for alcohol related matters. The government follows the recommendations of the Pompidou Group. Its policy focuses on prevention, awareness raising and differentiation. Conditions for testing have to be well determined. The National Commission for Data Protection has to give its approval.

Belgium: The Law on Well-Being at the workplace comprises also prevention of drug and alcohol consumption. All employers are obliged to detect and analyse risks to the well-being in co-operation with an internal multidisciplinary service comprising advisers for hygiene, psychosocial matter, ergonomics, security and health. Testing can be done with the agreement of the employee concerned. The occupational doctor will state on the employee's capacity to work, but not on the causes. In the Convention established in 2009, it is underlined that this policy has to be implemented. The accent lies on the functioning at work; drug testing only constitutes an optional element. Biological tests can only be conducted by occupational doctors. The law takes into account the right to a private life and data protection rules.

Slovenia: Under Slovenian legislation (safety regulations), it is for the employer to ensure the safety of the workers. Under the Employers' Act, it is not allowed to work under the influence of drugs, alcohol or other substances. Under internal regulations, employers can conduct drug screening and are obliged to remove workers under influence. Concerning drug testing an internal regulation and the individual's agreement are needed. Biological tests seem more reliable than questionnaires and self-evaluation.

Norway: The representative of the AKA Workplace Advisory Centre for issues related to drugs and alcohol and addictive gambling presented the Centre's prevention policy. AKA's objective is to prevent alcohol and drug problems as well as addictive gambling in Norwegian companies on a national level. He explained the working methods: telephone counseling, outreach service, seminars, web resources, projects. AKA's prevention policy includes measures and methods on universal, selective and indicative (individual) level. These measures concern alcohol culture discussions, checks of alcohol habits, risk assessment and learning about individual conversations, warnings, etc. The prevalence of drugs is low; the prevalence of alcohol is high. 50% of the phone calls concern alcohol, 10% concern drugs. 40% of the companies implement the measures promoted by the Centre. Before dismissing a worker from his job, the employer is normally obliged to use the methods offered by the Centre. The Centre has also developed a scheme for questions concerning drug testing at the workplace, on which the law is in general very restrictive.

Sweden: A new cohesive strategy for alcohol, narcotics drugs, doping and tobacco policy (ANDT) has been adopted. The aim of it is the prevention of accidents. A recent study shows that 1-6% of employees have taken drugs recently. 13% of persons being involved in a needle exchange programme are under employment. The implementation of prevention is a matter of occupational health. Drug tests are a part of prevention, but not the solution. Biological tests need a certain number of medical, legal, medical and professional considerations. If, however, rehabilitation does not work, the employer is finally allowed to break the contract.

Italy: (Due to the absence of the Italian delegation, the presentation is read out by the Chair.) Italy introduced in 2007 an Agreement between the State and the Regions defining "risky jobs" involving one's personal safety, well-being and health as well as that of others. Currently a broadening of these categories is envisaged as well as the uniformisation of the status of drugs and alcohol in the administrative procedures. Tests take place at least once a year: a first compulsory test followed by a second diagnostic verifying test. Identified drug and alcohol users get access to treatment and rehabilitation without job loss. The fundamental principle states: addiction and occasional consumption must be considered incompatible with the performance of risky jobs. In 2010, a decrease by 50% of positive

results was registered, probably due to the deterring effect. Unsolved problems are the costs of testing, which have to be borne by the employer, and the difficulties to always organise a transfer to other duties.

4. Preliminary considerations concerning the organisation of an international conference in April/May 2012

After an exchange of views, participants agreed:

- on the profile of participants in the conference;
Each delegation could comprise:
 - a representative at high political level: State Secretaries, Heads of Minister's Private Offices;
 - a representative of the competent central administrations at director's level;
 - a representative of national trade unions;
 - a representative of national employers' unions.
- on the choice of the consultants, i.e. Mr. Parquet and Mr. Fonck, Mr. Parquet focusing in his analysis more on the individual aspects, while as Mr. Fonck will rather highlight the collective aspects in the matter of preventing drug/alcohol/psychotropic substances use at the workplace and in their proposal for a respective common strategy to adopt.

5. Distribution of tasks to delegations and consultants for the preparation of the second meeting

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.

The written contribution should be sent to the Secretariat by 15 October at the latest, thereby allowing the consultants to draft a synthesis and their proposal for a set of recommendations on that basis.

Furthermore, participants are requested to come to the second meeting with proposals concerning potential speakers to be invited to the conference.

6. Any other business

None.

7. Date of next meeting

Participants agreed to meet for their second meeting on 21/22 November in Strasbourg.

APPENDIX I**LIST OF PARTICIPANTS****Ad Hoc Expert Group on the prevention of drug use in the work place****Paris (France) 30 June 2011****LISTE DES PARTICIPANTS****Groupe d'experts ad hoc sur la prévention des usages de drogue en milieu professionnel****Paris (France), 30 juin 2011****Chairman / Président****M. Michel MASSACRET**

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APPENDIX II

AGENDA

The purpose of the group's work will be to compile and share best practices with regard to the consequences of drug use at the work place (illicit and polidrug use) to achieve the following:

- to understand, and hence deal better with, individual factors (such as personal vulnerabilities and skills) and environmental factors (such as the social, economic and cultural context) conducive to drug consumption in the workplace;
- to provide benchmarks for all active partners to strengthen the framework in which any monitoring or checks may be conducted, regulated or prohibited;
- to improve exchanges of information between member countries and co-operation with other international bodies active in this field, particularly the ILO and WHO, to make the entire body of texts and conventions which clarify or govern this matter at international level available;
- to rectify any shortcomings noted in prevention and safety measures.

- 1 Opening of the meeting:
 - adoption of the agenda
 - presentation of participants
 - introduction to the terms of reference of the expert group
 - election of the president
- 2 Presentation of a working document established by Mr Michel MASSACRET (MILDT), Mr Philippe-Jean PARQUET (psychiatrist, addictologist) and Mr Hermann FONCK (Confederation of Christian Trade Unions of Belgium)
- 3 International and national measures in place
Tour de table : interventions of the different delegations
- 4 Preliminary exchanges in respect of the organisation of an International international conference foreseen for 2012
- 5 Distribution of tasks to the different delegations in view of the preparation of the second meeting of the expert group
- 6 Any other business
- 7 Date of the next meeting of the ad hoc expert group
Strasbourg, 7/8 November or 24/25 November 2011