



Alcohol at the workplace

Case Studies

Good practices, programmes or projects in European countries

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Alcohol and the workplace

The World Health Organisation's European Charter on Alcohol states the following:

"All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption."

Alcohol reduces the workplace activity and the productivity of the economy:

- Increased sickness absence
- Absenteeism from work through alcohol misuse cause high costs for the economy
- Premature deaths among economically active people (people of working age)
- Permanent loss of staff because heavy drinkers stay less long in jobs
- The inability to work (unemployment and early retirement)
- Poor performance
- Accidents at work disciplinary procedures
- Damage to business

The International Labour Organisation (ILO) estimates that globally 3 - 5 per cent of the average workforce is alcohol dependent, up to 25 per cent drink heavily enough to be at risk of dependence and one third of employees having been to work with a hangover, including difficulty concentrating, reduced productivity, tiredness and mistakes.¹

The Norwich Union Healthcare survey (2007) states that 15 per cent of staff members reported having been drunk at work and 10 per cent had hangovers at work once a month, 5% once a week.²

This fact underlines massive damage and economic consequences: data from the UK document that 8-14 million working days were lost due to harmful alcohol consumption. Moreover alcohol caused up to 25 per cent of workplace accidents (and 60 per cent of fatal accidents).

In the WHO/EC update survey (2008), most member states report that prevention and counselling on alcohol is available in workplaces. Almost one in three Member States have carried out nationwide awareness-raising activities on the impact of alcohol at the workplace in the last few years. But there exist neither a current nor a complete lists of companies in different countries which have alcohol policies or programmes for the workplace.

Workplaces remain nevertheless, a domain with plenty of untapped potential for addressing alcohol use in the broader framework of injury and disease prevention and health promotion. The intention of the FASE package "Alcohol at the workplace" is to build up a list of appropriate examples of practices, programmes or projects (PPP) in European countries. The identification and exchange of good practices allows companies and policy makers to benefit from the experience of other organisations.

For example, indicators for effective and successful implementation of workplace alcohol policies could be from employers' point of view the hope for economic advantages through lower absenteeism and accident rates, increased efficiency and motivation, higher quality of products and services and improved company images and greater customer satisfaction. Possible indicators from employees point of view could be the expectance of a better quality of life through increased work satisfaction, a reduction in stress, an improved working atmosphere, fewer work related health complaints, health improvement and addiction prevention and job protection.

¹ Code of Practice on the Management of Alcohol and Drug Related Issues. International Labour Organisation, 1995

² Vanson Bourne and YouGov commissioned by Norwich Union Healthcare, 2007

Generally, for the success of the implementation of an alcohol policy (PPP) in a company there are some pre conditions necessary:

- General application - for all employees without exception
- Effective communication of the programme to all employees
- Commitment and engagement of the whole staff
- Ban on alcohol causes an important cultural behavior change
- Managers have to be open-minded for problems like alcohol abuse inside the company
- Sufficient time must be given for the implementation
- All guidelines applying to project work must be complied with.

Recommendations

1. A complete ban on alcohol at the workplace by legislation and national guidelines for alcohol policies or programmes (PPP) supports efficient handling of resources.
2. Alcohol policy programmes (PPP) are helpful for company managers to solve problems. This refers to the economic aspects as well as to human resources.
3. The “Good practice examples” are worthwhile to be translated and to be adapted into the respective national conditions and company cultures.
4. Local small and medium-sized companies should organize initiatives with similar companies to exchange experiences and competences.

Case studies - Sought and Found

By the help of FASE project partners we found more than 20 best practice policies or programmes (PPP) in 13 European countries.

The examples came from different branches. Most of them belong to the production sector (ship building, energy supply, building industry, chemical industry, aluminium industry and the like). From the service sector we received good practices from the wellness and health industry, an insurance company, a mail order and some consulting companies.

Furthermore, some good practice examples describe nationwide programmes or regional networks for companies which will be implemented currently.

50 per cent are big enterprises, that means more than 501 staff members, 30 per cent are medium-sized (50 - 500 staff members).

Only five companies are situated at only one location, the others are multinationals.

To identify *good practices projects* (PPP) the network partners received a list of criteria and indicators for policies, programmes, guidelines and measures to reduce alcohol at the workplace:

For example a PPP can be implemented at country, regional or municipal level, but also at organisation, trade union, health insurance or Employer's Liability Insurance Association level etc. It can include a wide message or campaign by the government, by the management of a company or by a health insurance company, or other measures.

Criteria for a good/innovative project (PPP) are:

- brought in or introduced for the first time,
- changed into something new,
- altered or renewed.
- there should be a positive outcome at the end
- the well-being of the people at work.

In the different case studies you will find information about the PPP: the background, the main aims and target groups, the main prevention strategies, tools for the management, for the dissemination of the policy and for the participation of the employees, aspects for the evaluation, the main pre-conditions for success and the main results, and why each project is worth to be transferred. At the end you will find address and contact person.

Most of the cases also have an annex with information about the project or the policy (in only some cases there exist no English version).

Furthermore there is information about workplace background, legislation and/or alcohol policy programmes in nine European countries.

We are aware that the results of FASE don't mean that there aren't any good practices in other countries, but we did not receive the necessary information.

List of Case studies

Best Practices (PPP from European Countries)

| Country | Company / Organisation | |
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| Austria | Oberösterreichische Gebietskrankenkasse OÖGKK | 7 |
| Austria | <i>Company prefers anonymity - service sector</i> | 15 |
| Belgium | VAD - Vereniging voor Alcohol- en andere Drugproblemen | 19 |
| Czech Republic | ECK Generating s.r.o. | 29 |
| Germany | BAUR Versand GmbH & Co KG | 32 |
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| Spain | CEMEX | 115 |
| Spain | FCC S.A. Fomento de Construcciones y Contratas | 120 |
| Sweden | The Swedish National Institute of Public Health | 125 |



Austria (1)

| | |
|---|--|
| Country: | Austria |
| Name of the project: | prevention of addiction in OÖ GKK |
| Name of the company/organisation: | Oberösterreichische Gebietskrankenkasse (OÖGKK) |
| kind of company | Non profit organisation / public sector Administration sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | Ca. 2000 |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | <ul style="list-style-type: none"> - To implement an efficient strategy of handling alcoholism diseased and psychoactive abuse at the workplace in form of a company agreement. - The guideline ensures sufficient help and support to executives, sufficient treatment and support to alcoholism diseased, sufficient information to all employees and key persons like executives (trainings, coaching, etc). - An important part of the program is to evaluate the measures developed. |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - Line manager - Supervisor |
| initiative started and implemented by | - Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |

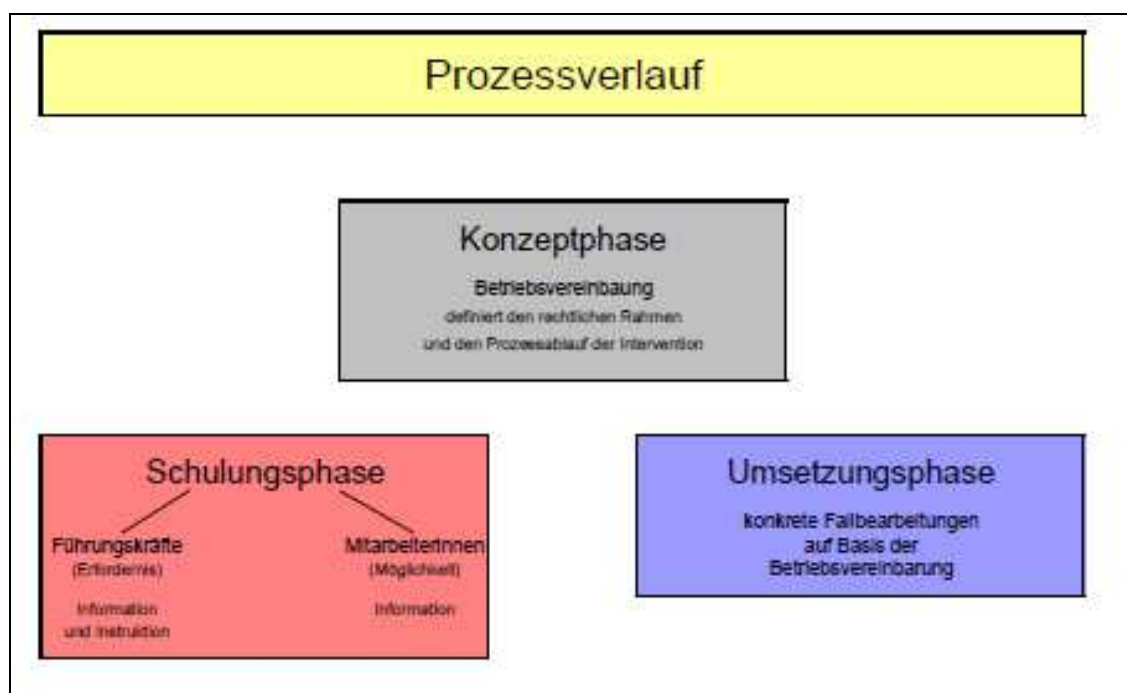
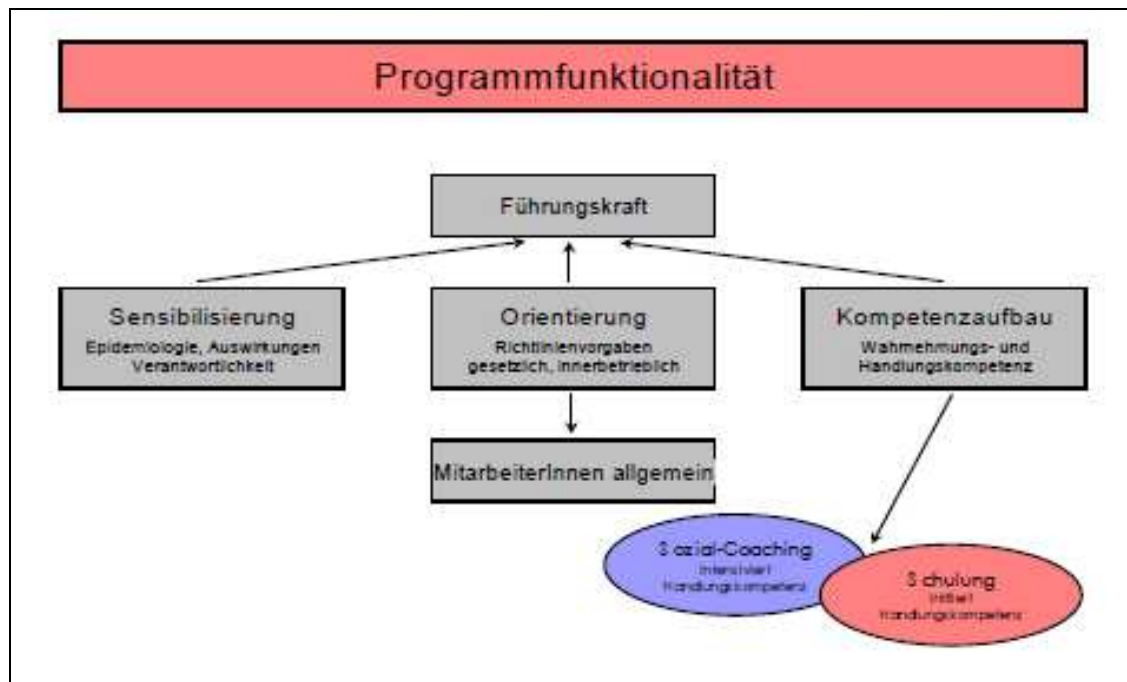
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| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| b) Selective prevention | <ul style="list-style-type: none"> - Linked with specialist alcohol services where employees with alcohol problems could be referred - Support and care: employees could be referred to external services if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No. |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Organised extra training or produced additional information for managers |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> - Information disseminated in the workplace by letters, by brochures and by intranet. - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted |
| c) Participation of the employees: | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of 'at risk' employees is arranged. - Organised training session for the group of employees who are responsible for the safety within the company - Discussions involving representatives of several departments (e.g. personnel, medical services) |

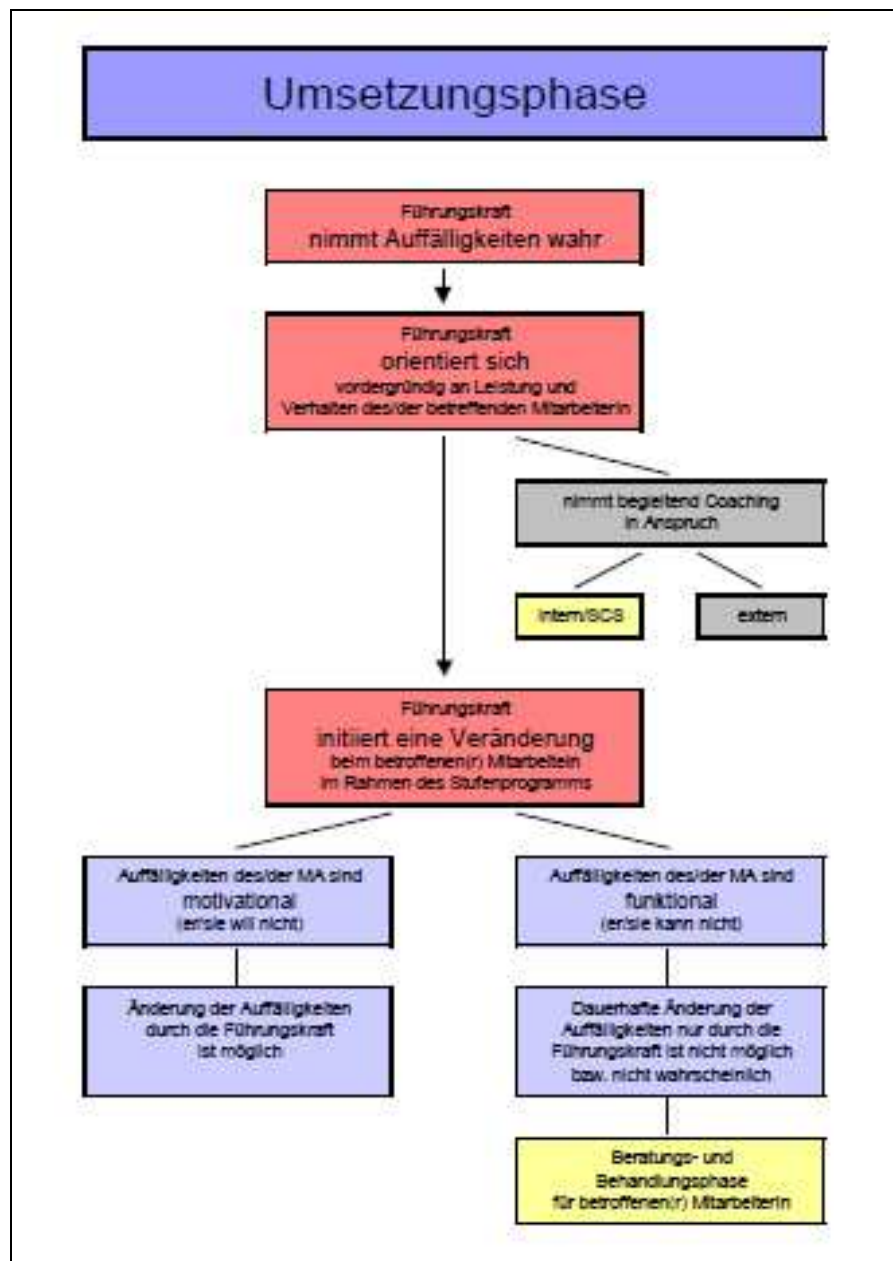
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| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> - Safety aspects - Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | Prevent alcohol problems causing productivity loss and absenteeism |
| the PPP has been documented (not generally applicable to laws) by | Human Resources (HR) department. |
| course of action | motivation, accomplishment, documentation and evaluation measures like trainings, case work, etc. |
| evaluation | Yes, self evaluation has been done by the company. |
| responsible for the evaluation | Consulting company |
| Kind of evaluation | <ul style="list-style-type: none"> - Company has conducted a thorough effect evaluation of the alcohol policy, including objective measurements like alcohol use, absenteeism or work performance both before and after the implementation of the alcohol policy - Company has evaluated (elements of) the process of policy implementation - Company has evaluated workshops and training sessions - Company has evaluated employee familiarity with the alcohol policy - Company is gathering on the dissemination and using of information packages - Supervisors will be asked to fill in an evaluation form after completing their training (about the contents of the course, the applicability of the contents, the teacher and the materials used) |
| main results of the PPP evaluated | Yes, all in all, the parts of the program (company agreement, trainings, Social-Coaching (=case-work), have a high familiarity and acceptance in the company. |
| evidence effect by the PPP for a positive cost-benefit calculation for the company | Yes, calculations of the costs causing alcoholism diseased before confrontation in relation to their absenteeism – on the basis of individual cases |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | The top management have to support the program in all items. |
| sense to transfer the PPP to other companies and/or in other countries | Yes. |

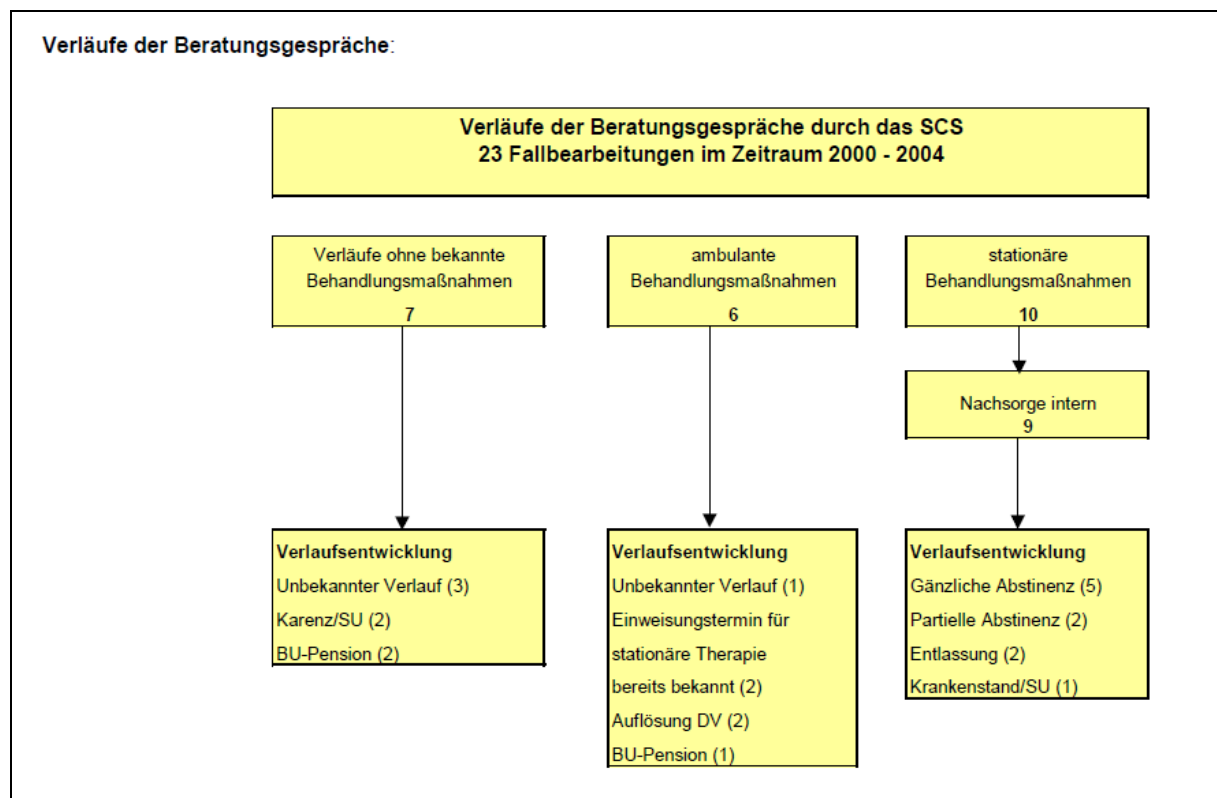
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|---|--|
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | <p>Yes,</p> <ol style="list-style-type: none"> 1. Company Agreement “Alcohol policy at the workplace” (2001, in German) 2. Report about the evaluation of the alcohol policy program (2005, in German) 3. Betriebskultur im Wandel - <i>Vom TABU zur präventiven Praxis</i>. Evaluierung 10 Jahre betriebliches Sozial-Coaching in der OÖ GKK (Ingrid Steinbichler) (2009, in German) |
| Organisation: | Oberösterreichische Gebietskrankenkasse (OÖGKK) |
| Contact person: | Mag.a (FH) Ingrid Steinbichler |
| Email address: | ingrid.steinbichler@oegkk.at |
| Organisational website: | www.oegkk.at |

Annex 1:

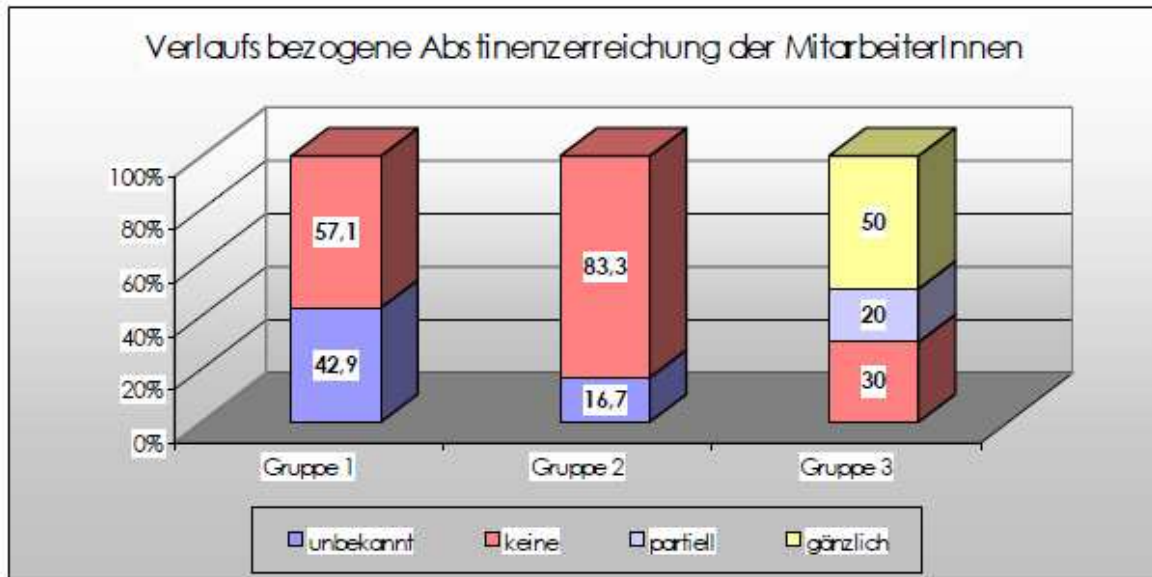
Extrajts from „Betriebskultur im Wandel – Vom Tabu zur präventiven Praxis“ – Evaluierung des betrieblichen Suchtpräventionsprogramms der OÖGKK (2005)







b. Abstinenz





Austria (2)

| | |
|--|--|
| Country: | Austria |
| Name of the project: | Suchtprävention am Arbeitsplatz (Addiction prevention at the workplace) |
| Name of the company/organisation: | <i>Company prefers anonymity</i> |
| kind of company | profit organisation service sector |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | ? |
| Location | <ul style="list-style-type: none"> - Company with a headquarter and one or more other branches/locations - Multinational company |
| Main aims and objectives | <ul style="list-style-type: none"> - implementing a comprehensive strategy for the company as a whole covering primary, secondary and tertiary preventive measures e.g. seminars for superiors and employees, development of management guidelines, development of leaflets, setting up a working group, offering treatment possibilities, development of an multi-phase program as a support for employees affected by drugs |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - All staff members - Line manager - Apprentice |
| initiative started and implemented by | Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It started as a pilot project only in one sector of the company. |
| Start of the PPP in the company | Before 2000 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |

| | |
|---|---|
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Employees receive training in the early identification of alcohol abuse among colleagues. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| b) Selective prevention | <ul style="list-style-type: none"> - Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred - Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No. |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Small discussion groups - Organised extra training or produced additional information for managers - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by <i>brochures</i> - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted |

| | |
|--|---|
| c) Participation of the employees: | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of 'at risk' employees is arranged. - Organised training session for the group of employees who are responsible for the safety within the company - Discussions involving representatives of several departments (e.g. personnel, medical services) |
| trigger for the decision to develop and to implement a workplace alcohol policy | Two employees died due to their alcohol addiction |
| main aims of a workplace alcohol policy | Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | ? |
| evaluation | Yes, external evaluation has been done. |
| responsible for the evaluation | Consulting company |
| Kind of evaluation | <ul style="list-style-type: none"> - Company has evaluated (elements of) the process of policy implementation - Company has evaluated workshops and training sessions - Anonymous questionnaires containing questions on problem awareness among the staff, alcohol consumption at seminars, parties, and the image of alcohol within the company will be distributed - Supervisors will be asked to fill in an evaluation form after completing their training (about the contents of the course, the applicability of the contents, the teacher and the materials used) |
| main results of the PPP evaluated | ? |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | No. |

| | |
|---|---|
| <p>pre-conditions for success for the PPP/ main lessons to be learnt from it</p> | <ul style="list-style-type: none"> - sufficient time must be given to the project groups and all other guidelines applying to project work must be complied with, - the established procedures must comply with all employee rights and the applicable company regulations; - the project group findings must be incorporated into the company policies i.e. line managers are obliged to talk with the employee about his/her problem, - company procedures must be put into writing, thus defining them as guidelines or if they have proven effective they should be put into a long-term shop floor agreement, - Upon completion of project work the project group must be transformed into a permanent working group to ensure the continuous implementation of all adopted measures (e.g. training of newly recruited employees and executives, keeping attention on the issue, continuous adaptation of measures to any changes in the company environment, etc.) |
| <p>sense to transfer the PPP to other companies <i>and/or</i> in other countries</p> | <p>Yes.</p> |
| <p>documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc.</p> | <p>?</p> |
| <p>Organisation:</p> | <p>This company doesn't want to be identified.</p> |
| <p>Contact person:</p> | <p>For more information: Dr. Wolfgang Beiglböck, Anton-Proksch-Institut</p> |
| <p>Email address:</p> | <p>wolfgang.beiglboeck@univie.ac.at</p> |
| <p>Organisational website:</p> | <p>www.api.or.at</p> |



Belgium

In Belgium exist a lot of good practices, so it is rather difficult to give an overview.

VAD will provide an online questionnaire, which can give each respondent a status of the (formal/informal) alcohol- and drugs policy at the workplace. Companies can use this information when starting/evaluating their alcohol- and drug policy. There's a huge interest, coming from the workplace, due to this agreement.

→ <http://www.vad.be/sectoren/werk/in-de-kijker.aspx>

Contact:

Vereniging voor Alcohol- en andere Drugproblemen (VAD)

Vanderlindenstraat 15, 1030 Brussel

www.vad.be

vad@vad.be

Marie-Claire Lambrechts, coordinator VAD/sector arbeid

marie-claire.lambrechts@vad.be

Since 1986, one of the corner stones of the Belgium approach is to enhance workplace alcohol and drug policies by following activities/view on the workplace:

- companies have to deal with alcohol and drug problems based on job performance;
- no isolated and panic approach but the integration of alcohol and drug related problems into a comprehensive policy (legislation, procedures, assistance and education and training);
- all employees are seen as the target group of an alcohol and drug policy (universal, selective and indicated prevention);
- policy making requires time & win-win focus;
- evaluation has to be an integral part of an alcohol and drug policy.

Extract from Guy Van Gyes, Higher Institute of Labour Studies (HIVA), Catholic University of Leuven (KUL) (27-07-2009; <http://www.eurofound.europa.eu/eiro/2009/05/articles/be0905029i.htm>)

In April 2009, the National Employment Council (Nationale Arbeidsraad/Conseil National du Travail, NAR/CNT) concluded its 100th collective agreement - 'cao 100' - requiring every company to have a preventive alcohol and drugs policy in place. The agreement seeks to create greater recognition of the issue and to encourage a preventive rather than punitive approach. **Therefore every private organization in Belgium has to implement by April, 1, 2010 an alcohol and drug policy.** The agreement is an initiative of both employer organisations and trade unions as part of a general move to improve people's well-being at work.

→ More information concerning this legal initiative are presented on the site of the national council (www.nar.be).

Role of National Employment Council

Article 1 of the National Labour Council Act of 29 May 1952 defined the role of the NAR/CNT as follows:

- Advising a minister or the Houses of Parliament – the Belgian Chamber of Representatives and the Senate– on NAR/CNT initiatives or, at the request of these authorities, on general social issues concerning employers and workers;
- Issuing opinions on jurisdictional disputes between joint committees.

The Act of 5 December 1968, regulating the legal status of collective agreements and joint sectoral bargaining committees in Belgium, considerably expanded the NAR/CNT's role by empowering it to conclude collective agreements that are binding on various branches of activity or all sectors of the economy.

Underlying philosophy of agreement

The NAR/CNT members see a preventive alcohol and drugs policy as being part of a company's integral health and safety policy and its general human resources (HR) management strategy. They are of the opinion that such a policy should be based on the following assumptions:

- it is better to tackle alcohol or drug problems within a company by approaching the employees concerned about the failure in their work-related performance and behaviour, instead of focusing on their substance dependency;
- an efficient alcohol and drugs policy applies to all employees of a company, from top to bottom;
- a successful alcohol and drugs policy is based on four pillars – information and training, rules, procedures for acute and chronic abuse, and assistance.

Therefore, Collective agreement No. 100 aims to encourage discussion, and to prevent and deal with failure at work caused by alcohol and drugs use in companies, due to the detrimental consequences this has for both employers and employees. Because of the diverse circumstances of the numerous companies involved, the agreement does not impose one preventive alcohol and drugs policy, but rather creates a framework allowing each individual company to develop its own policy. Overall, company policies in this regard should focus on prevention and not on sanctions.

Phased implementation

The agreement requires the employer to establish the basic principles and goals of the company's alcohol and drugs policy in a declaration of intent; this will form part of the company's workplace rules. The policy agreement may also incorporate an optional second phase which renders such principles more concrete. For example, rules can be introduced to cover:

- the availability or prohibition of alcohol in the workplace;
- the bringing of alcohol or drugs onto company premises;
- work-related consumption of alcohol;
- procedures for investigation and action if an employee is found to be unable to perform their work owing to the use of alcohol or drugs.

Rules on testing

Collective Agreement No. 100 also lays down specific rules on the use of alcohol and drugs tests. Such tests will have to meet a number of conditions in order to remain valid.

In order to protect the privacy of an employee, the agreement strictly regulates the use of such testing:

- No biological or medical tests may be used. Only tests that give no exact percentage of intoxication, but just a positive or negative indication of intoxication – such as breath tests or psychomotor skills tests – are permitted.
- The testing cannot be used in isolation but has to be part of a package of policy implementation measures.
- The measures must define the rules that have to be observed when administering such tests, including the nature of the tests, the persons qualified for administering, the times at which they can be administered and the possible consequences of positive test results.

The alcohol and drugs testing has to fulfil certain conditions:

- it can only be used for prevention purposes
- the test results cannot be used in a way that is incompatible with the prevention objective – they do not allow for sanctioning the employee concerned
- tests must be adequate, objective and proportional
- the employee concerned has to consent to the test
- the possibility of taking tests cannot result in discrimination between employees
- the processing of test results as personal data is forbidden.

A positive test result may result in:

- referral for assistance from the company
- immediate and temporary expulsion from the workplace
- reassignment to another position.

Implementation with support of worker representatives

The works council (Conseil d'Entreprise/Ondernemingsraden, CE/OR) and the workplace health and safety committee (Comité pour la prévention et protection au travail/Comité voor preventie en bescherming op het werk, CPPT/CPBW) have to be informed and consulted about the alcohol and drugs policy that the employer wishes to put in place and especially about the use of tests in this regard. In the absence of such a committee, the trade union delegation has to give advice. If no trade union delegation is present at the establishment, the scheduled information and consultation takes place directly with the employees. The applicable alcohol and drugs policy that is put in place must be mentioned in the employer's work rules and should form an integrated part of these rules.

Commentary

- Although the *agreement is an initiative of both employer organisations and trade unions as part of a general move to improve people's well-being at work*
- the Belgian Federation of Employers (Fédération des Entreprises de Belgique/Verbond van Belgische Ondernemingen, FEB/VBO) reacted particularly positive to the accord. They welcomed the fact that the *agreement lays down a clear set of rules determining what employers are allowed to do and what is not permitted* if an employee is thought to suffer from an alcohol problem.
- On the trade union side, the strict rules on testing and privacy protection were defined as important elements of the agreement.

Documents:

- Convention collective de travail No.100 du 1er Avril 2009 concernant la mise en oeuvre d'une politique préventive en matière d'alcool et de drogues dans l'entreprise
→ <http://www.nar.be/CCT-COORD/cct-100.pdf>
- Une Politique préventive en matière d'alcool et de drogues dans l'entreprise – notice pour l'élaboration d'une politique préventive en matière d'alcool et de drogues dans l'entreprise – convention collective de travail No. 100
→ <http://www.nar.be/DOC-DIVERS/Alcohol%20en%20drugs/Brochure%20FR.pdf>

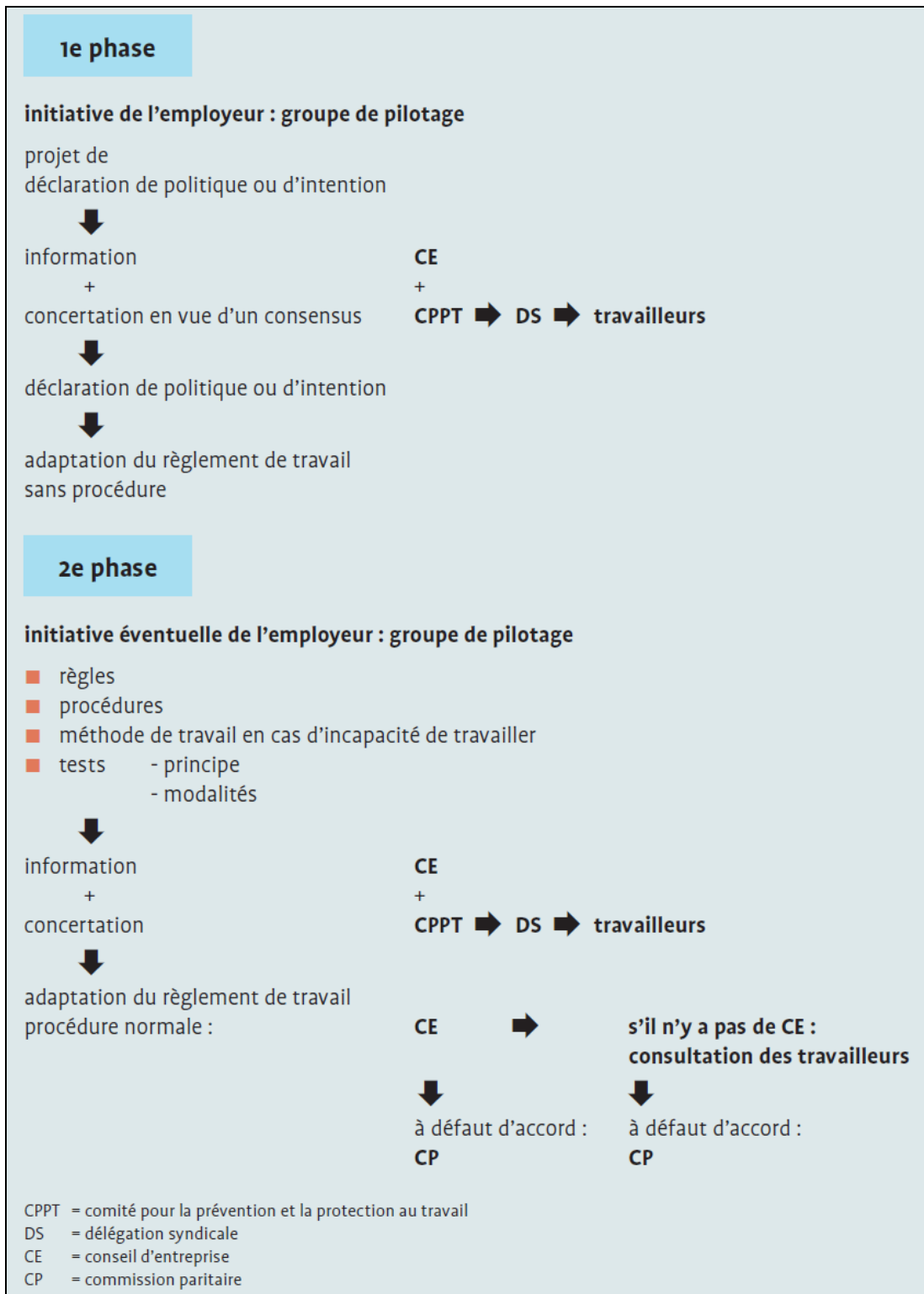
PROCÉDURE EN CAS DE PROBLÈMES DE FONCTIONNEMENT DUS À UN ABUS CHRONIQUE D'ALCOOL OU DE DROGUES

Ce schéma est également général. Les entreprises peuvent l'affiner davantage et mettre leurs propres accents.



Source: VAD / Sector arbeid

Annex 2: Schéma concernant la concertation dans l'entreprise au sujet de la politique préventive en matière d'alcool et de drogues



Annex 3: Modèles de déclaration de politique ou d'intention

Modèle 1 « bon sens » : déclaration de politique générale ; le choix de l'entreprise est de ne pas la concrétiser plus avant

Modèle 1 - Déclaration de politique en vue d'une politique préventive en matière d'alcool et de drogues

La mise en oeuvre d'une politique visant à promouvoir le bien-être des travailleurs lors de l'exécution de leur travail est un élément intégré de la politique générale de «Entreprise». Une politique préventive en matière d'alcool et de drogues en fait partie.

En effet, la consommation d'alcool ou de drogues liée au travail est l'un des facteurs qui peuvent influencer négativement la sécurité, la santé et le bien-être des travailleurs et de leur entourage. En outre, cela peut également avoir un impact négatif sur la productivité et la qualité du travail et détériorer l'image de marque de «Entreprise».

En ce qui concerne la politique préventive en matière de consommation d'alcool et de drogues liée au travail, «Entreprise» veut faire appel au bon sens et au comportement responsable de tous ses collaborateurs et des éventuelles autres personnes présentes sur le lieu de travail.

«Entreprise» attend de ses travailleurs et des éventuelles autres personnes présentes sur le lieu de travail qu'ils se comportent de manière raisonnable en ce qui concerne la consommation d'alcool, afin d'éviter que cette consommation entraîne des situations problématiques pour eux-mêmes ou pour leurs collègues. «Entreprise» attend à cet égard de ses dirigeants qu'ils aient un comportement exemplaire et qu'ils interviennent de manière adéquate à l'égard de leurs collaborateurs dans des situations problématiques.

«Entreprise» est d'avis que, dans l'état actuel de la situation et des relations mutuelles, il n'y a pas lieu d'élaborer des règles et prescriptions détaillées. Nous estimons que les accords existants concernant le fonctionnement des collaborateurs et des dirigeants offrent des possibilités suffisantes pour intervenir de manière adéquate, pour autant que cela s'avère nécessaire.

Modèle 2 : déclaration de politique contenant les principes de base de la CCT (sensibilisation, prévention du dysfonctionnement, information et formation, assistance) et l'annonce que ces éléments seront concrétisés plus avant dans une deuxième phase (mais sans prévoir de tests)

Modèle 2 - Déclaration de politique en vue d'une politique préventive en matière d'alcool et de drogues

La mise en oeuvre d'une politique visant à promouvoir le bien-être des travailleurs lors de l'exécution de leur travail est un élément intégré de la politique générale de «Entreprise». Une politique préventive en matière d'alcool et de drogues en fait partie.

En effet, la consommation d'alcool ou de drogues liée au travail est l'un des facteurs qui peuvent influencer négativement la sécurité, la santé et le bien-être des travailleurs et de leur entourage. En outre, cela peut également avoir un impact négatif sur la productivité et la qualité du travail et détériorer l'image de marque de «Entreprise».

Le point de départ pour l'élaboration de la politique préventive en matière d'alcool et de drogues est de prévenir collectivement le dysfonctionnement au travail dû à la consommation d'alcool ou de drogues et d'y remédier, pour tous les travailleurs et les autres personnes présentes sur le lieu de travail, au moyen des objectifs et actions primaires suivants:

- conscientiser par le biais des canaux appropriés et permettre d'aborder la problématique au sein de notre entreprise;
- éviter que la consommation sociale se transforme en consommation problématique;
- éviter la consommation préalable au travail ou pendant celui-ci, qui pourrait entraîner un dysfonctionnement;
- veiller à la détection la plus rapide possible des situations problématiques, avec une attention particulière pour le rôle déterminant de la ligne hiérarchique dans ce cadre;
- si nécessaire, motiver à, et réaliser, un changement de comportement à l'égard de la consommation d'alcool et de drogues;
- prévoir un accueil et un accompagnement adéquats des consommateurs problématiques, en concertation avec le(s) service(s) de prévention et le secteur curatif.

Les objectifs et actions susmentionnés s'appliquent à tous les travailleurs, visiteurs, clients et travailleurs d'entreprises extérieures au sein de notre entreprise.

«Entreprise» est d'avis que la mise en oeuvre est une responsabilité partagée de la direction et des travailleurs. On attend de chacun, dans les limites des tâches et responsabilités qui lui sont confiées, qu'il ou elle collabore à la réalisation de ces objectifs et actions. Par conséquent, chacun recevra l'information, la formation et les moyens qui lui sont nécessaires pour être à la hauteur de ces tâches et responsabilités.

Dans la mesure où la réalisation des points de départ et des objectifs le requiert, la politique préventive en matière d'alcool et de drogues sera concrétisée plus avant:

- en rédigeant des règles qui concernent:
 - la disponibilité (ou non) d'alcool au travail ;
 - le fait d'apporter de l'alcool et des drogues ;
 - et la consommation d'alcool et de drogues liée au travail;
- en déterminant les procédures qui doivent être suivies en cas de constatation d'un dysfonctionnement au travail dû à une éventuelle consommation d'alcool ou de drogues ou en cas de constatation d'une transgression de ces règles;
- et en déterminant la méthode de travail et la procédure qui doivent être suivies en cas de constatation d'une incapacité de travailler d'un travailleur, en ce qui concerne le transport de l'intéressé chez lui.

Modèle 3 : déclaration de politique contenant les principes de base de la CCT (sensibilisation, prévention du dysfonctionnement, information et formation, assistance) et l'annonce que ces éléments seront concrétisés plus avant dans une deuxième phase (y compris les modalités qui seront suivies lors de l'application de tests)

Modèle 3 - Déclaration de politique en vue d'une politique préventive en matière d'alcool et de drogues

La mise en oeuvre d'une politique visant à promouvoir le bien-être des travailleurs lors de l'exécution de leur travail est un élément intégré de la politique générale de «Entreprise». Une politique préventive en matière d'alcool et de drogues en fait partie.

En effet, la consommation d'alcool ou de drogues liée au travail est l'un des facteurs qui peuvent influencer négativement la sécurité, la santé et le bien-être des travailleurs et de leur entourage. En outre, cela peut également avoir un impact négatif sur la productivité et la qualité du travail et détériorer l'image de marque de «Entreprise».

Le point de départ pour l'élaboration de la politique préventive en matière d'alcool et de drogues est de prévenir collectivement le dysfonctionnement au travail dû à la consommation d'alcool ou de drogues et d'y remédier, pour tous les travailleurs et les autres personnes présentes sur le lieu de travail, au moyen des objectifs et actions primaires suivants:

- conscientiser par le biais des canaux appropriés et permettre d'aborder la problématique au sein de notre entreprise;
- éviter que la consommation sociale se transforme en consommation problématique;
- éviter la consommation préalable au travail ou pendant celui-ci, qui pourrait entraîner un dysfonctionnement. À cette fin, des règles seront rédigées concernant:
 - la disponibilité (ou non) d'alcool au travail;
 - le fait d'apporter de l'alcool et des drogues;
 - et la consommation d'alcool et de drogues liée au travail;
- veiller à la détection la plus rapide possible des situations problématiques, avec une attention particulière pour le rôle déterminant de la ligne hiérarchique dans ce cadre;
- déterminer les procédures qui doivent être suivies en cas de constatation d'un dysfonctionnement au travail dû à une éventuelle consommation d'alcool ou de drogues ou en cas de constatation d'une transgression de ces règles;
- déterminer la méthode de travail et la procédure qui doivent être suivies en cas de constatation d'une incapacité de travailler d'un travailleur, en ce qui concerne le transport de l'intéressé chez lui, son accompagnement et le règlement des dépenses;
- permettre l'application de tests de dépistage d'alcool ou de drogues en déterminant, en concertation, les conditions limitatives, les procédures et la méthode de travail pour ce faire;
- prévoir des sanctions appropriées dans le règlement de travail;
- si nécessaire, motiver à, et réaliser, un changement de comportement à l'égard de la consommation d'alcool et de drogues;
- prévoir un accueil et un accompagnement adéquats des consommateurs problématiques, en concertation avec le(s) service(s) de prévention et le secteur curatif. Un entretien informel avec l'personne de confiance est possible à tout moment, de la même manière que celle qui est prévue dans le règlement de travail en cas de comportement abusif.

Les objectifs et actions susmentionnés s'appliquent à tous les travailleurs, visiteurs, clients et travailleurs d'entreprises extérieures au sein de notre entreprise.

«Entreprise» est d'avis que la mise en oeuvre est une responsabilité partagée de la direction et des travailleurs. On attend de chacun, dans les limites des tâches et responsabilités qui lui sont confiées, qu'il ou elle collabore à la réalisation de ces objectifs et actions. Par conséquent, chacun recevra l'information, la formation et les moyens qui lui sont nécessaires pour être à la hauteur de ces tâches et responsabilités.

Modèle 4 «tolérance zéro» : déclaration de politique contenant les principes de base de la CCT (sensibilisation, prévention du dysfonctionnement, information et formation, assistance), ainsi qu’une interdiction de la consommation d’alcool et de drogues et l’annonce que ces éléments seront concrétisés plus avant dans une deuxième phase (y compris les modalités qui seront suivies lors de l’application de tests)

Modèle 4 - Déclaration de politique en vue d’une politique préventive en matière d’alcool et de drogues

La mise en oeuvre d’une politique visant à promouvoir le bien-être des travailleurs lors de l’exécution de leur travail est un élément intégré de la politique générale de «Entreprise». Une politique préventive poussée en matière d’alcool et de drogues en fait partie.

En effet, la consommation d’alcool ou de drogues liée au travail est l’un des facteurs qui peuvent influencer négativement la sécurité, la santé et le bien-être des travailleurs et de leur entourage. La nature des activités de notre entreprise et les risques spécifiques que comporte, de ce fait, la consommation d’alcool ou de drogues pour la sécurité des travailleurs/clients/visiteurs (et/ou l’image de marque de notre entreprise, et/ou notre culture d’entreprise spécifique,...¹) requièrent une politique préventive poussée en matière d’alcool et de drogues, assortie d’une tolérance zéro concernant la consommation.

Le point de départ pour l’élaboration de la politique préventive en matière d’alcool et de drogues est de prévenir collectivement le dysfonctionnement au travail dû à la consommation d’alcool ou de drogues et d’y remédier, pour tous les travailleurs et les autres personnes présentes sur le lieu de travail, au moyen des objectifs et actions primaires suivants :

- conscientiser par le biais des canaux appropriés et permettre d’aborder la problématique au sein de notre entreprise;
- éviter que la consommation sociale (dans la vie privée) se transforme en consommation problématique;
- interdire de manière absolue la consommation d’alcool ou de drogues pendant le travail et éviter que les collaborateurs se présentent au travail sous l’influence d’alcool ou de drogues;
- (Dans une deuxième phase, on conviendra des circonstances et conditions dans lesquelles des dérogations à cette interdiction de principe sont possibles.)
- veiller à la détection la plus rapide possible des situations problématiques, avec une attention particulière pour le rôle déterminant de la ligne hiérarchique dans ce cadre;
- déterminer les procédures qui doivent être suivies pour la détection d’une éventuelle consommation d’alcool ou de drogues ou en cas de constatation d’une transgression de ces règles;
- permettre l’application de tests de dépistage d’alcool ou de drogues en déterminant, en concertation, les conditions limitatives, les procédures et la méthode de travail pour ce faire;
- déterminer la méthode de travail et la procédure qui doivent être suivies en cas de constatation d’une incapacité de travailler d’un travailleur, en ce qui concerne le transport de l’intéressé chez lui, son accompagnement et le règlement des dépenses;
- prévoir des sanctions appropriées dans le règlement de travail;
- si nécessaire, motiver à, et réaliser, un changement de comportement à l’égard de la consommation d’alcool et de drogues;
- prévoir un accueil et un accompagnement adéquats des consommateurs problématiques, en concertation avec le(s) service(s) de prévention et le secteur curatif. Un entretien informel avec la personne de confiance est possible à tout moment, de la même manière que celle qui est prévue dans le règlement de travail en cas de comportement abusif.

Les objectifs et actions susmentionnés s’appliquent à tous les travailleurs, visiteurs, clients et travailleurs d’entreprises extérieures au sein de notre entreprise.

«Entreprise» est d’avis que la mise en oeuvre est une responsabilité partagée de la direction et des travailleurs. On attend de chacun, dans les limites des tâches et responsabilités qui lui sont confiées, qu’il ou elle collabore à la réalisation de ces objectifs et actions. Par conséquent, chacun recevra l’information, la formation et les moyens qui lui sont nécessaires pour être à la hauteur de ces tâches et responsabilités.

¹ À concrétiser dans l’entreprise



Czech Republic

| | |
|--|---|
| Country: | Czech Republic |
| Name of the project: | Alcohol prevention |
| Name of the company/organisation: | ECK Generating, s.r.o. |
| kind of company | profit organisation production sector |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | ? |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | <ul style="list-style-type: none"> - prevention of alcohol at the workplace - improvement of health of staff - increase of safety at workplace |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Only in one location of the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | company |
| financing for a successful implementation is guaranteed | It is still open. |

| | |
|---|--|
| Focus of the alcohol policy: | |
| <u>a) Universal prevention</u> | <ul style="list-style-type: none"> - Complete ban on alcohol in the workplace. - Alcohol testing policy e.g. works with potentially dangerous products. - Employees receive training in the early identification of alcohol abuse among colleagues. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| <u>b) Selective prevention</u> | <ol style="list-style-type: none"> 1) Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems 2) Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | <ol style="list-style-type: none"> 1) Alcohol awareness training for the staff takes place. 2) Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| b) Dissemination of the Alcohol policy developed: | <ol style="list-style-type: none"> 1) Information disseminated in the workplace by brochures 2) Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted. 3) Others (not applicable) |
| c) Participation of the employees: | <ol style="list-style-type: none"> 1) Employees were involved in training/discussion about alcohol use (in the workplace) 2) Organised training session for the group of employees who are responsible for the safety within the company |

Good practice of projects, programmes and policies (PPP)

| | |
|--|--|
| trigger for the decision to develop and to implement a workplace alcohol policy | <ol style="list-style-type: none"> 1) Result of external pressure (society, government) 2) Safety aspects 3) Work with potentially dangerous products (accident could have far-reaching consequences) 4) Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | Improvement of the company safety |
| the PPP has been documented (not generally applicable to laws) by | Chief Safety Technician |
| course of action | - |
| evaluation | No evaluation is being intended |
| responsible for the evaluation | Scientist/researcher of a university |
| Kind of evaluation | - |
| main results of the PPP evaluated | - |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | ? |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | support of management support of all managers |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, improvement of health and safety of employees |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes. → Environmental and Occupational Health & Safety Report 2008 (http://kladno.alpiq.cz/en/Images/enviro%20report_tcm151-64159.pdf) |
| Organisation: | ECK Generating, s.r.o./Kladno Energy Businesses |
| Contact person: | Mgr. Michaela Žinciková |
| Email address: | zincikova@eckg.cz |
| Organisational website: | http://kladno.alpiq.cz/en/index.jsp (www.eckg.cz) |

→ There are no governmental programmes/ campaigns regarding alcohol prevention at workplace in the Czech Republic.

→ There aren't any campaigns or projects issued by the insurance company or other state/private entities/bodies.



Germany (1)

| | |
|--|---|
| Country: | Germany |
| Name of the project: | ? |
| Name of the company/organisation: | BAUR Versand GmbH & Co. KG |
| kind of company | profit organisation trade sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 3000 |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | help for the employees addicted to alcohol and prevention of accidents at work |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/ organisation in each country |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | Complete ban on alcohol in the workplace. Alcohol testing policy e.g. works with potentially dangerous products. Managers are trained to identify alcohol problems at an early stage. |

| | |
|--|--|
| <p>b) Selective prevention</p> | <p>Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred</p> <p>Support and care: employees could be referred to <i>external services</i> if required</p> |
| <p>cooperation with other companies, organisations, counsellors in the context of the PPP</p> | <p>No.</p> |
| <p>General tools being used</p> | <p>Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers.</p> <p>Measures developed were applicable to all company employees.</p> |
| <p>a) Management tools</p> | <p>Alcohol awareness training for the staff takes place.</p> |
| <p>b) Dissemination of the Alcohol policy developed:</p> | <p>Policy contains written material on the implementation and content.</p> <p>Information disseminated in the workplace by posters <i>and by intranet</i>.</p> <p>Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted</p> |
| <p>c) Participation of the employees:</p> | <p>Organised training session for the group of employees who are responsible for the safety within the company</p> <p>Discussions involving representatives of several departments (e.g. personnel, medical services)</p> |
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <p>High proportion of the workforce belonged to a high-risk group for alcohol misuse (e.g. hospitality sector, train drivers ...)</p> <p>Safety aspects</p> <p>Work with potentially dangerous products (accident could have far-reaching consequences)</p> <p>Policy is an important part of the workplace health promotion program</p> <p>Education campaign for young employees</p> |
| <p>main aims of a workplace alcohol policy</p> | <p>Improvement of the health of employees</p> |
| <p>the PPP has been documented (not generally applicable to laws) by</p> | <p>Yes, Human Resources department</p> |
| <p>course of action</p> | <p>agreement between the works council and the employer</p> |

| | |
|--|---|
| evaluation | Yes, self evaluation has been done by the company. |
| responsible for the evaluation | Human Resources department |
| Kind of evaluation | Company undertakes an annual review (by questionnaire) to establish staff familiarity with alcohol policy |
| main results of the PPP evaluated | Yes, absenteeism number of employees who have made use of the firm's alcohol policy decrease of accidents at work |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | No. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | it was absolutely necessary to train the executive staff |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, for any point, e.g. help for the colleagues, image of the company, absenteeism |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes (all in German) <ul style="list-style-type: none"> • Company Agreement (2003) • Company Agreement especially for drivers (2004) • Guideline for line manager(2003) |
| Organisation: | BAUR Versand GmbH & Co. KG |
| Contact person: | Doris Bergmann |
| Email address: | doris.bergmann@baur.de |
| Organisational website: | www.baur.de |

Annex 1: company agreement (2003)

**Betriebsvereinbarung
Suchtmittelmissbrauch**

Zwischen der Geschäftsführung der BAUR Versand (GmbH & Co KG)
und dem Betriebsrat der BAUR Versand (GmbH & Co KG)

wird folgende Vereinbarung geschlossen:

1. Gegenstand und Geltungsbereich

Diese Betriebsvereinbarung regelt die innerbetrieblichen Maßnahmen zur Vorbeugung gegen die Suchtgefahren und den innerbetrieblichen Umgang mit Problemen und Konflikten, die aus dem Gebrauch von Suchtmitteln entstehen. Sie gilt für alle Beschäftigten einschließlich der leitenden Mitarbeiter.

2. Grundsätzliche Feststellungen

2.1. Gründung eines „Arbeitskreises Suchtprävention“

Dem Arbeitskreis gehören ein Mitarbeiter des Bereiches PL/Abt. Soziales, ein Mitglied des BR und der Betriebsarzt an.

Aufgaben des Arbeitskreises „Suchtprävention“:

- Erstellung einer entsprechenden Betriebsvereinbarung
- Beratung der Geschäftsleitung und des Betriebsrates in allen Fragen der Suchtprävention und der Hilfe bei Abhängigkeitserkrankungen
- Planung und Durchführung von vorbeugenden Maßnahmen, von Projekten und Schulungen
- Teilnahme an Schulungsmaßnahmen
- Kooperation mit psychosozialen Beratungs- und Behandlungsstellen für Suchterkrankte
- Erstellung eines jährlichen Tätigkeitsberichtes

2.2. Anerkennung als Krankheit

Die Abhängigkeit von Suchtmitteln ist rechtlich als eine Krankheit anerkannt. Maßnahmen der innerbetrieblichen Vorbeugung gegen die Suchtgefahren und der Hilfe bei Suchtgefährdung und Suchtkrankheit haben Vorrang gegenüber disziplinarischen Maßnahmen.

2.3 § 38 BGV A1

Für alle Betriebsangehörigen ist § 38 BGV A1 „Allgemeine Vorschriften“, der berufsgenossenschaftlichen Unfallverhütungsvorschriften maßgeblich:

§ 38 BGV A1

„Versicherte dürfen sich durch Alkoholgenuss nicht in einen Zustand versetzen, durch den sie sich selbst oder andere gefährden können. Versicherte, die in Folge Alkoholgenusses oder anderer berauschender Mittel nicht mehr in der Lage sind, ihre Arbeit ohne Gefahr für sich selbst oder andere auszuführen, dürfen mit Arbeiten nicht beschäftigt werden.“

Stellt eine Führungskraft bei einem Mitarbeiter auffälliges Verhalten fest, so dass Anlass zu der Annahme von Alkohol-, Medikamenten- oder Drogenbeeinflussung besteht, hat sie aufgrund ihrer disziplinarischen Verantwortung über den weiteren Einsatz des Mitarbeiters zu entscheiden. Durch ihre Fürsorgepflicht und ihre persönliche Haftung hat die Führungskraft das Entscheidungsrecht,

anhand ihres persönlichen und subjektiven Eindrucks eine Beschäftigung des Mitarbeiters zu untersagen.

Bei Durchführung einer Entscheidung ist die Abt. PL, BR und bei Bedarf die Schwerbehindertenvertretung sofort zu informieren. Bei Nichterreichen der o. g. Personen sind diese umgehend am nächsten Arbeitstag zu informieren.

Darf ein betroffener Mitarbeiter seine betriebliche Tätigkeit wegen Suchtmittelmissbrauchs nicht fortsetzen, hat die Führungskraft dafür zu sorgen, dass der Mitarbeiter nach Hause befördert wird. Es ist darauf zu achten, dass der Betroffene nicht das eigene Fahrzeug verwendet. Aus Sicherheitsgründen muss der Betroffene per Taxi mit einer Begleitperson aus dem Unternehmen nach Hause gebracht werden.

Die dabei entstehenden Kosten sind vom Mitarbeiter zu tragen; für die ausgefallene Arbeitszeit erfolgt keine Vergütung. Eine andere Entscheidung kann im Einzelfall zwischen PL und Betriebsrat verhandelt werden.

Wichtig: Mit Alkohol ist auch in der Freizeit so umzugehen, dass sein Genuss die betrieblichen Abläufe nicht stört.

2.4. **Beweispflicht des MA**

Bestreitet der MA den Suchtmittelmissbrauch, so hat er die Möglichkeit, den Verdacht unverzüglich zu widerlegen. Hierzu kann er sich z.B. einem Alkoholtest unterziehen. Hat der MA den Verdacht widerlegt, ist er weiter zu beschäftigen.

Testgeräte sind beim Betriebsarzt stationiert.

3. **Ziele der Betriebsvereinbarung**

Diese Betriebsvereinbarung und die damit verbundenen Maßnahmen haben folgende Ziele:

- Erhaltung der Gesundheit der Beschäftigten
- Erhöhung der Arbeitssicherheit
- Vorbeugung von Suchtmittelmissbrauch
- Bereitstellung von Hilfsangeboten für Mitarbeiter
- Gleichstellung von suchtgefährdeten und suchtkranken Mitarbeitern mit anderen Kranken und Verhinderung von Diskriminierung der Betroffenen
- Sicherung der Anonymität und Gleichbehandlung aller betroffenen Mitarbeiter hinsichtlich der Hilfsangebote und arbeitsrechtlichen Folgen
- Vorgabe von suchtmittelspezifischen Richtlinien für Vorgesetzte und Kollegen im Umgang mit alkoholgefährdeten und - kranken Mitarbeitern
- Modellfunktion für Mitarbeiter
- Verhinderung von Mobbing

4. **Disziplinarischer Ablauf**

4.1. **Vier-Stufen-Plan (siehe Anlage 2)**

1. Stufe: Vertrauliches Gespräch Vorgesetzter - MA
2. Stufe: Information des Arbeitskreises „Suchtprävention“
Untersuchung beim Betriebsarzt,
Gesprächstermin bei der Suchtberatungsstelle/im Betrieb
3. Stufe: Annahme der Hilfsangebote bzw. Abmahnung
4. Stufe: Aufnahme einer Therapie bzw. Kündigung

4.2. **Wiedereingliederung**

Nach erfolgreicher Therapie nimmt der Mitarbeiter seine Arbeit an seinem alten Arbeitsplatz wieder auf. Sollte der alte Arbeitsplatz aus betrieblichen Gründen nicht mehr verfügbar sein, so wird ein

vergleichbarer Arbeitsplatz angeboten. Der unmittelbare Vorgesetzte, und die im Arbeitskreis „Suchtprävention“ tätigen Mitglieder der Abt. P&S Soziales und BR führen mit dem Betroffenen ein Gespräch. Ziel dieses Gespräches ist es, den abstinenten Betroffenen bei der Wiedereingliederung zu begleiten und zu unterstützen.

Der Mitarbeiter verpflichtet sich, sich nach Abschluss einer entsprechenden Behandlungsmaßnahme zunächst für den Zeitraum von einem Jahr weiterhin einer Selbsthilfegruppe anzuschließen. Bei erfolgreicher Wiedereingliederung und Abstinenz werden nach zwei Jahren alle Hinweise auf die frühere Abhängigkeit, einschließlich etwaiger Abmahnungen aus der Personalakte entfernt.

5. **Aufklärung/Prävention**

Die Mitarbeiter werden systematisch und fortlaufend über die Suchtproblematik und ihre Hintergründe/Gefahren durch den Bereich PL/Abt. Soziales informiert. Jeder Bereich erhält eine Kopie der Betriebsvereinbarung; die Mitarbeiter werden vom Vorgesetzten informiert. Die Betriebsvereinbarung kann an den roten Informationstafeln eingesehen werden.

6. **Fortbildung**

Mitarbeiter mit Vorgesetztenfunktion und die am Arbeitskreis „Suchtprävention“ beteiligten innerbetrieblichen Stellen werden für die Anwendung der Betriebsvereinbarung und für den innerbetrieblichen Umgang mit Suchtgefahren und Suchtproblemen geschult.

7. **Gebrauch von Suchtmitteln**

Mitarbeiter und Vorgesetzte sind zur genauen Einhaltung der Unfallverhütungsvorschriften, insbesondere des § 38 BGV A1 (vgl. Punkt 2.2), verpflichtet.

In den Getränkeautomaten innerhalb des Betriebes werden nur alkoholfreie Getränke angeboten. Die Einnahme von Medikamenten – insbesondere Schmerzmittel mit Suchtsubstanzen, Schlafmittel, Psychopharmaka und Appetitzügler – sollte nur in Absprache mit Ärzten erfolgen. Diese Arzneimittel können wegen ihrer stimmungsverändernden Substanzen erhebliche Unfallgefahren auslösen.

Der Besitz sowie der Konsum illegaler Drogen am Arbeitsplatz ist verboten (strafrechtliche Relevanz).

8. **Rückfall**

Ein Rückfall während oder kurz nach einer Entziehungskur zieht die Kündigung des Arbeitsverhältnisses nach sich.

Ein Rückfall nach erfolgreich abgeschlossener Therapie nach einer Frist von 2 abstinenten Jahren wird als Neuerkrankung gewertet.

9. **Schweigepflicht**

Alle an den Gesprächen mit dem betroffenen Suchtkranken oder suchtgefährdeten Beteiligten haben stets die Schweigepflicht zu wahren. Sie dürfen nur mit dem schriftlichen Einverständnis des Betroffenen Inhalte und Informationen über Hilfgespräche an Dritte weitergeben.

10. **Schlussbestimmung**

Diese Betriebsvereinbarung tritt am 01.07.03 in Kraft und kann mit einer Frist von drei Monaten zum Monatsende ohne Nachwirkung gekündigt werden.

Burgkunstadt, den 01.07.03

Baur Versand (GmbH & Co KG)

Annex 2: Company Agreement especially for drivers (2004)

BETRIEBSVEREINBARUNG

Zwischen der Geschäftsführung und dem Betriebsrat
der Firma BAUR Versand (GmbH & Co KG), 96222 Burgkunstadt

wird folgende Vereinbarung geschlossen:

Präambel

In dieser Betriebsvereinbarung wird zur Erhöhung der Arbeitssicherheit und zum Schutz vor Unfallgefahren im Umgang mit betriebseigenen Fahrzeugen bestimmt, dass der Bereich Personal in Zusammenarbeit mit dem Bereich Bau und Technik, dem zuständigen Vorgesetzten und dem Betriebsrat/SBV berechtigt ist, sporadisch Kontrollen per Alkomat zur Überprüfung der Fahrtüchtigkeit durchzuführen. Die Kontrollen werden immer von mindestens 2 Personen der o. g. Bereiche vorgenommen.

1. Jeder Beschäftigte, der zum Fahren von betriebseigenen Fahrzeugen die Berechtigung erhält, wird über die Unfallgefahren sowie die Handhabung dieser Betriebsmittel durch die Abteilung Arbeitssicherheit informiert.
2. Alle Führer von Fahrzeugen, zu deren Bedienung man eine Ausbildung benötigt (z. B. PKW, LKW, Flurförderfahrzeuge), müssen entsprechend ausgebildet sein. Ohne Nachweis der Ausbildung ist das Fahren eines solchen Fahrzeuges verboten.
3. Jeder Mitarbeiter, der zum Fahren eines Fahrzeuges seitens der Firma beauftragt ist, erklärt sich bereit, sich jederzeit freiwillig einer Fahrtüchtigkeitskontrolle per Alkomat durch die o. g. Personen zu unterziehen. Der Mitarbeiter kann jederzeit einen Betriebsrat seines Vertrauens hinzuziehen. Handelt es sich um einen schwerbehinderten Menschen, ist die Vertrauensperson der Schwerbehinderten auf jeden Fall zu informieren.
4. Feststellen von Atemalkohol-Werten mittels Alkomat
 - 4.1 Grundsätzlich ist das Fahren eines betriebseigenen Fahrzeuges unter Einfluss von Alkohol oder Drogen untersagt.
 - 4.2 Bei Atemalkoholwerten von 0,3 ‰ bis 0,8 ‰ wird das Fahren für einen Zeitraum von 4 Wochen untersagt und es erfolgt im Wiederholungsfall zusätzlich eine Abmahnung. Eine Meldung an den zuständigen Vorgesetzten, den Bereich Personal und den Betriebsrat/SBV erfolgt.
 - 4.3 Eine Atemalkoholkonzentration von über 0,8 ‰ hat den Entzug der Erlaubnis zum Fahren eines betriebseigenen Fahrzeuges für einen Zeitraum von 6 Monaten zur Folge und es erfolgt eine Abmahnung.
 - 4.4 Kommt es beim Führen eines betriebseigenen Fahrzeuges zu einem Arbeitsunfall, ist ein Alkoholtest obligatorisch. Der Bereich Personal ist umgehend zu informieren.
 - 4.5 Alle an den Fahrtüchtigkeitskontrollen beteiligten Personen unterliegen der Schweigepflicht.
 - 4.6 Die Betriebsvereinbarung zum Alkoholmittelmissbrauch vom 01.07.03 kommt zur Anwendung.
 - 4.7 Jeder Mitarbeiter, der ein betriebseigenes Fahrzeug führt, erhält bei Unterzeichnung der Einverständniserklärung (Anlage) eine Kopie dieser Betriebsvereinbarung.
 - 4.8 Diese Betriebsvereinbarung tritt am 01.05.04 in Kraft und kann mit einer Kündigungsfrist von einem Tag gekündigt werden. Eine Nachwirkung wird ausdrücklich ausgeschlossen.

Burgkunstadt, 01.04.04

(Geschäftsführung)

(Personalleitung)

(Betriebsrat)

Annex 3: guideline for line manager (2003)

**Leitlinie für Führungskräfte, BR und MA bei Alkoholabhängigkeit
4-Stufen-Plan**

Entwurf der disziplinarischen Vorgehensweise des Arbeitgebers bei Alkoholmissbrauch/-abhängigkeit

1. Stufe

Das erste Gespräch mit dem Mitarbeiter findet durch den zuständigen Vorgesetzten statt. Der Vorgesetzte weist den Mitarbeiter darauf hin, dass er ein Betriebsratsmitglied seines Vertrauens bzw. bei einem Auszubildenden, die Jugend- und Auszubildendenvertretung oder ggf. die Schwerbehindertenvertretung hinzuziehen kann. Handelt es sich um einen schwer behinderten Menschen, ist die Schwerbehindertenvertretung, vor der Durchführung des Gespräches zu informieren.

Die Auffälligkeiten am Arbeitsplatz (Mitarbeiter kommt häufig zu spät, nimmt immer wieder kurzfristig einzelne Tage Urlaub, Mitarbeiter vernachlässigt sein Äußeres etc.) werden sachlich aufgezeigt (Ort, Datum, Zeit etc.) und es wird die Besorgnis ausgedrückt, dass ein Zusammenhang mit Suchtmittelmissbrauch vermutet wird.

Der Vorgesetzte versichert dem Betroffenen Vertraulichkeit, d.h., er gibt diese Information an keine andere Person weiter, informiert ihn aber gleichzeitig, dass über das Gespräch eine schriftliche Notiz verfasst wird. Der Mitarbeiter bestätigt mit seiner Unterschrift, dass er vom Inhalt des Gespräches Kenntnis erlangt hat und erhält ebenfalls eine Kopie, die er an den Betriebsrat weitergeben kann.

Der Betroffene wird aufgefordert, sein Verhalten zu ändern; er erhält die Chance, sein Suchtproblem selbst in den Griff zu bekommen und wird auf innerbetriebliche Hilfsangebote (Kontakt mit einem Mitglied der Arbeitsgruppe „Suchtprävention“/Betriebsrat/Betriebsarzt) und externe Hilfen (psycho-soziale Beratungsstellen, Selbsthilfegruppen) hingewiesen. Der Vorgesetzte macht dem Mitarbeiter deutlich, dass er künftig verstärkt auf dessen Arbeitsverhalten achten und hierüber Tagebuch führen wird. Es wird ihm mitgeteilt, dass nach spätestens 6 Wochen ein weiteres Gespräch geführt wird (ein Termin hierfür wird bereits jetzt vereinbart) und der Bereich PL eine entsprechende Information erhält, wenn von den Hilfsangeboten kein Gebrauch gemacht wird, falls keine positive Verhaltensänderung eingetreten ist.

Verrichtet ein Mitarbeiter seine Arbeit offensichtlich unter Alkoholeinfluss (Alkomat, Zeugen), sodass ihm das Weiterarbeiten untersagt werden muss, erfolgt grundsätzlich eine Abmahnung.

2. Stufe

Ist nach Ablauf von 6 Wochen im Verhalten des Betroffenen keine positive Veränderung festzustellen wird der Bereich PL verständigt, der zur Klärung des medizinischen Hintergrundes eine Untersuchung des Mitarbeiters beim Betriebsarzt vereinbart.

Es findet ein Gespräch mit dem Betroffenen in der Suchtberatungsstelle Lichtenfels zusammen mit Mitgliedern des Arbeitskreises „Suchtprävention“ statt, in welchem geeignete Hilfsmaßnahmen erörtert und festgelegt werden (ambulante/stationäre Rehabilitation, Begleitbetreuung durch Suchtberatung oder Selbsthilfegruppe). Der Personenkreis kann um andere Personen erweitert werden, wie z. B. Ehepartner/Familienangehörige.

Über dieses Gespräch erstellt die Abt. PL eine Gesprächsnotiz, von der Bereichsleiter, BR, der Betriebsarzt und Suchtberatung eine Kopie erhalten.

Zugleich wird der Betroffene gebeten, die Mitglieder des Arbeitskreises „Suchtprävention“ und Suchtberatungsstelle bzgl. seiner Suchterkrankung von ihrer Schweigepflicht zu entbinden.

Ein weiterer Gesprächstermin in der Suchtberatungsstelle, der nach spätestens 6 Wochen stattfinden soll, wird vereinbart.

Im Anschluss an o. g. Beratungstermin wird in der Abt. PL ein Gespräch mit dem Mitarbeiter geführt, an dem der zuständige Bereichsleiter, die Mitglieder des Arbeitskreises „Suchtprävention“ und der Betroffene teilnehmen.

Der Mitarbeiter wird mündlich darauf hingewiesen, dass er durch sein Verhalten seinen Arbeitsplatz gefährdet.

Das auffällige Verhalten am Arbeitsplatz wird detailliert dargelegt (vgl. Stufe 1) und die vom Betroffenen beim ersten Gespräch gegengezeichnete Gesprächsnotiz vorgelegt.

Der Mitarbeiter teilt dem Arbeitgeber mit, für welche der ihm angebotenen Hilfsmaßnahmen zur Bekämpfung seiner Sucht er sich entschieden hat.

Ein Gesprächsprotokoll wird erstellt.

3. Stufe

Nimmt der Betroffene das Hilfsangebot des Arbeitgebers an, bleibt ihm sein Arbeitsplatz erhalten. Er verpflichtet sich mittels einer schriftlichen Vereinbarung, die empfohlenen Hilfsmaßnahmen wahrzunehmen. Bei begleitender Betreuung durch die Suchtberatung/Selbsthilfegruppe sind die Nachweise über den regelmäßigen Gruppenbesuch dem Arbeitgeber unaufgefordert vierteljährlich vorzulegen. Die Einhaltung der Maßnahmen wird durch den Bereich PL kontrolliert.

Nimmt der Betroffene jedoch nicht spätestens innerhalb eines Monats das ihm empfohlene Hilfsangebot an und verändert er auch sein Verhalten innerhalb dieser Frist nicht in positiver Weise, erfolgt eine Abmahnung.

Ändert sich das Verhalten des Betroffenen innerhalb des nächsten Monats nicht, erfolgt eine zweite Abmahnung.

4. Stufe

Nach erfolgreichem Abschluss einer längerfristigen Therapie nimmt der Mitarbeiter seine Tätigkeit an seinem alten oder einen vergleichbaren Arbeitsplatz wieder auf.

Lehnt der Betroffene trotz zweiter Abmahnung die angebotenen Hilfsmassnahmen ab oder bricht er eine begründete ambulante oder stationäre Therapiemaßnahme vorzeitig ab und ändert sein Verhalten nicht kurzfristig, wird der Arbeitgeber die Lösung des Arbeitsverhältnisses betreiben.

01.07.03



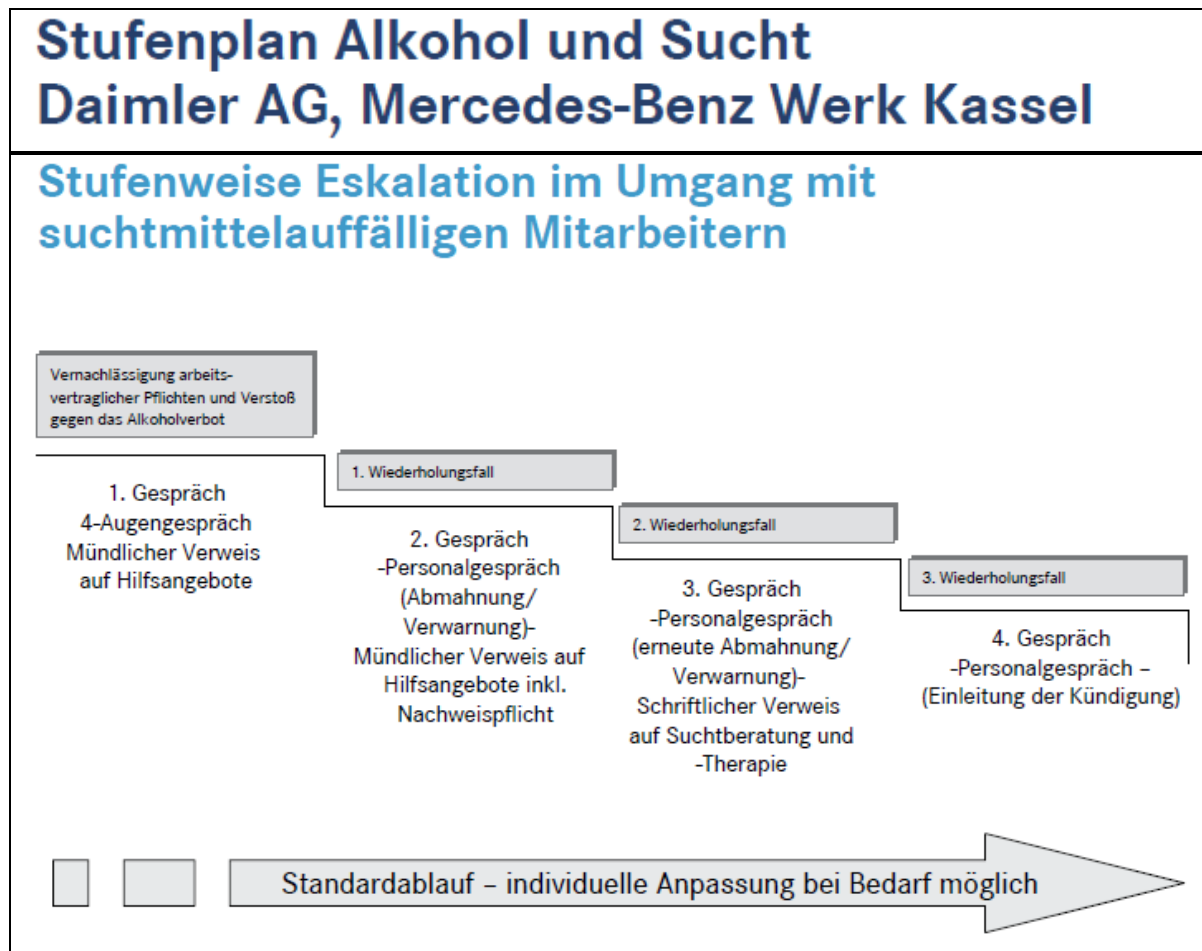
Germany (2)

| | |
|--|---|
| Country: | Germany |
| Name of the project: | Stufenmodell zum Umgang mit suchtmittelauffälligen Mitarbeitern |
| Name of the company/organisation: | Daimler AG, Mercedes-Benz-Werk Kassel |
| kind of company | Profit organisation Company in the production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 2776 |
| Location | Multinational company |
| Main aims and objectives | a) general prohibition of alcohol (firm location Kassel) - Employment agreement "alcohol and addiction", b) sensitization of line manager for employees with substance abuse; c) support concerned employees in leading a life without addictive drug; d) prevention of addiction, especially for apprentices |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | - Management - Work council |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Only in one location of the company |
| How was it developed? | It started as a pilot project only in one sector of the company. |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |

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|---|---|
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Complete ban on alcohol in the workplace. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| b) Selective prevention | <ul style="list-style-type: none"> - Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred - Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems - Others: special program "drink driving" for apprentices |
| cooperation with other companies, organisations, counsellors in the context of the PPP | <p>Yes,</p> <ul style="list-style-type: none"> - Blaues Kreuz (Blue Cross) - Verkehrswacht (Road-safety-promoting organization) in the district Nordhessen (region); - police headquarters Nordhessen |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> - Organised extra training or produced additional information for managers |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> - Information disseminated in the workplace by letters, by posters and by <i>intranet</i>. - company agreement "alcohol and addiction" |
| c) Participation of the employees: | - |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> - Safety aspects - Education campaign for young employees - Policy is an important part of the workplace health promotion program - Others: company agreement "Alcohol and addiction" as concession for the security of the economic future of the location |
| main aims of a workplace alcohol policy | Educate employees about the risks of alcohol use in the workplace |
| the PPP has been documented (not generally applicable to laws) by | <p>Yes,</p> <ul style="list-style-type: none"> - company agreement "Alcohol and addiction"; - guideline for line manager in handling periods of disability |

| | |
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| evaluation | No evaluation is being intended. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | <p>Yes.</p> <ul style="list-style-type: none"> - number of employees with (potential) alcohol problems in this location is "normal"; - there is a social counselling service in supporting measures of therapy and rehabilitation; - each year there are between 20 and 30 supported employees by this institution (one-third comes on one's own initiative; one-third referred by line manager and one-third by a member of the work council) |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | <ul style="list-style-type: none"> - unanimously agreed by the work council; - ban on alcohol has been an important cultural behaviour change |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, a complete ban on alcohol at the workplace as a part of an employment agreement must be possible everywhere and in each company. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, company agreement "Alcohol and addiction" (annex 1) |
| Organisation: | Daimler AG, Mercedes-Benz Werk Kassel |
| Contact person: | Jana Jung |
| Email address: | jana.jung@daimler.com |
| Organisational website: | www.daimler.com |

Annex 1: Extract of the company agreement "Alcohol and addiction", Daimler AG Kassel



| | 1. Gespräch | 2. Gespräch | 3. Gespräch | 4. Gespräch |
|-------------------|---|--|---|---|
| Gesprächs-Art | 4-Augengespräch | Personalgespräch, Aussprache der Abmahnung/Verwarnung | Personalgespräch, Aussprache der erneuten Abmahnung/ Verwarnung | Personalgespräch, evtl. Einleitung der Kündigung |
| Teilnehmer | Betroffener Mitarbeiter (MA), direkter Vorgesetzter (VG), auf Wunsch des MA BR und/oder SB | Betroffener MA, direkter VG, nächsthöherer VG, auf Wunsch SOB, BR oder SB | Betroffener MA, direkter VG, nächsthöherer VG, Personalbetreuer und auf Wunsch SOB, BR oder SB | Betroffener MA, direkter VG, nächsthöherer VG, Personalbetreuer und auf Wunsch SOB, BR oder SB |
| Ausgangssituation | Vernachlässigung arbeitsvertraglicher Pflichten und Verstoß gegen das Alkoholverbot | 1. Wiederholungsfall | 2. Wiederholungsfall | 3. Wiederholungsfall |
| Inhalt | 1. Nennung konkreter Fakten 2. Besorgnis über Verdacht formulieren 3. Hinweis auf Hilfsangebote (SOB, WD, ext. Beratungsstellen) 4. Benennung der Erwartungshaltung des VG und Aufzeigen der Konsequenzen (Abmahnung /Verwarnung im Wiederholungsfall) | 1. Nennung der neuen Fakten und Bezugnahme auf 4-Augengespräch 2. Zusammenhang zum Suchtmittelgebrauch aufzeigen 3. Erneuter Hinweis auf Hilfsangebote, Aufforderung eine Beratung aufzusuchen und Nachweis über das Beratungsgespräch zu erbringen 4. Ankündigung von weiteren Konsequenzen im erneuten Wiederholungsfall (erneute Abmahnung/Verwarnung) | 1. Nennung der neuen Fakten und Bezugnahme auf die vorherigen Gespräche 2. Zusammenhang zum Suchtmittelgebrauch aufzeigen 3. Nochmaliges Angebot von Hilfen 4. Schriftliche Aufforderung, sich in Suchtberatung und -therapie zu begeben -> Unterstützung wird zugesagt | Ist immer noch keine Verhaltensänderung erkennbar und der MA nicht bereit Hilfsangebote anzunehmen, wird die eventuelle Kündigung eingeleitet |
| Vereinbarung | Weiteres Gespräch, zwecks Rückmeldung über Verhaltensentwicklung | Schriftliche Dokumentation des Gespräches und Weiterleitung an P-Bereich, SOB, MA und verantwortlichen BR | Schriftliche Dokumentation des Gespräches und Weiterleitung an P-Bereich, SOB, MA und verantwortlichen BR | |



Germany (3)

| | |
|--|--|
| Country: | Germany |
| Name of the project: | Leitfaden Sucht (“guideline addiction”) |
| Name of the company/organisation: | Henkel KGaA |
| kind of company | <ul style="list-style-type: none"> - profit organisation - Company in the production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 52.000 |
| Location | Company with a headquarter and other branches/locations |
| Main aims and objectives | HR manager with personnel responsibility assume early recognition, impart action strategies and have a key personality. |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | Supervisor |
| initiative started and implemented by | occupational physician and social company service |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | <ul style="list-style-type: none"> - Nationwide all over the company - 2001: development of a workshop program for HR manager. “Guideline addiction” is a prevention approach to inform line manager for early recognition and reaction by addiction problems at the workplace. (8 workshops p.a., each with 12 members); - Some workshops for apprentice with a "Health day" at the beginning (inside the prevention of addiction has an important part) |
| How was it developed? | It was implemented over the whole company from the beginning. |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |

| | |
|--|---|
| Focus of the alcohol policy: | |
| a) Universal prevention | Managers are trained to identify alcohol problems at an early stage. |
| b) Selective prevention | Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | Yes, <ul style="list-style-type: none"> - drug advisory service - different detox centres |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) - Organised extra training or produced additional information for managers |
| b) Dissemination of the Alcohol policy developed: | Information disseminated in the workplace by brochures. |
| c) Participation of the employees: | <ul style="list-style-type: none"> - Workshop for employees and managers introducing guidelines for the handling of ‘at risk’ employees is arranged. - |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> - Concern about public image - Safety aspects - Work with potentially dangerous products (accident could have far-reaching consequences) - Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | Yes, “Guideline addiction” as a leaflet. |
| evaluation | No evaluation is being intended. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | Yes, each workshop member has to document the main experiences for further trainee meetings. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | The managers are being strictly open-minded for problems like alcohol abuse inside the company and they really want to help their employees. |

| | |
|--|---|
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, because there aren't any companies without having problems like alcohol abuse inside. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes (in German). → Please contact Mr. Knurr directly. |
| Organisation: | Henkel KGaA - Soziale Dienste (social company service) |
| Contact person: | Ludger Knurr |
| Email address: | ludger.knurr@henkel.com |
| Organisational website: | www.henkel.com |



Germany (4)

| | |
|--|---|
| Country: | Germany |
| Name of the project: | prevention program alcohol and drugs |
| Name of the company/organisation: | AUDI AG |
| kind of company | profit organisation Company in the production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 46.500 |
| Location | Company with a headquarter and other branches/locations |
| Main aims and objectives | The 'prevention program alcohol and drugs' is an integrated component of the Audi health-management-policy. It contains the following goals: 1. Risk prevention 2. Targeting of drug related problems 3. Support of people concerned (see facilities also) |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - Disseminators/information multipliers - All staff members - Line manager - Supervisor - Apprentice |
| initiative started and implemented by | <ul style="list-style-type: none"> - Management - Work council |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Before 2000 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |

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| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Alcohol testing policy e.g. works with potentially dangerous products. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| b) Selective prevention | <ul style="list-style-type: none"> - Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred - Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems - Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | <p>Yes, being part of a helping network: cooperation with external medical, social specialists + self support-groups.</p> |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Small discussion groups - Different guidelines were developed for different departments. - Organised extra training or produced additional information for managers - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |

| | |
|---|---|
| <p>b) Dissemination of the Alcohol policy developed:</p> | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by posters, by brochures <i>and by intranet</i>. - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted - Production of an inter-organisational media about the alcohol policy |
| <p>c) Participation of the employees:</p> | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of ‘at risk’ employees is arranged. - Organised training session for the group of employees who are responsible for the safety within the company - Discussions involving representatives of several departments (e.g. personnel, medical services) - Other: social education training |
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <ul style="list-style-type: none"> - Concern about public image - Safety aspects - Policy is an important part of the workplace health promotion program - Education campaign for young employees |
| <p>main aims of a workplace alcohol policy</p> | <ul style="list-style-type: none"> - Prevent alcohol problems causing productivity loss and absenteeism - Educate employees about the risks of alcohol use in the workplace - Develop a close links with alcohol services - Improvement of the health of employees - Improvement of company safety - Improvement of the company image |
| <p>the PPP has been documented (not generally applicable to laws) by</p> | <p>Yes, AUDI health department in cooperation with internal specialists (continuing)</p> |

| | |
|--|---|
| evaluation | Yes, self evaluation has been done by the company. |
| responsible for the evaluation | AUDI health department |
| Kind of evaluation | <ul style="list-style-type: none"> - Company has evaluated (elements of) the process of policy implementation - Company has evaluated workshops and training sessions - Company is gathering on the dissemination and using of information packages - Supervisors will be asked to fill in an evaluation form after completing their training (about the contents of the course, the applicability of the contents, the teacher and the materials used) |
| main results of the PPP evaluated | Employees get a good chance for modification their living habits and their life circumstances. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | <p>Yes,</p> <ul style="list-style-type: none"> - saved disability life years - reduction of burden of disease - reduced cost of illness in the isolated case - enhanced satisfaction of employees |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | Accepted human resources policy, well defined interaction of company sub-groups and focussing on target problems by all divisions and general acceptance of the approach and the results. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | <p>Yes,</p> <p>There is a big acceptance and success of the AUDI prevention program.</p> |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | <p>Yes,(in German)</p> <ul style="list-style-type: none"> - manual alcohol and drugs (Annex 1) - AUDI Checkup - Extract from the presentation „Sicht der betrieblichen Präventionspraxis: Gesund leben, arbeiten und führen“, 09.06.2009 (Annex 2) |
| Organisation: | AUDI AG – I/SW Gesundheitswesen |
| Contact person: | Frederick Barker |
| Email address: | frederick.barker@audi.de |
| Organisational website: | www.audi.de |

Annex 1: extract of the „AUDI - manual alcohol and drugs“ (p. 5-12)

Alkohol & Drogen - Risiken vorbeugen, Probleme eindämmen, Betroffenen konsequent helfen

Handlungsleitfaden AUDI AG Personal- und Sozialwesen S 8S 1/15 SR Juli 1997

Handeln durch Vorsorge

Mit der Thematik Alkohol & Drogen greifen wir eine gesellschaftliche Problematik auf, die auch vor den Toren unseres Unternehmens nicht Halt macht (Drogen werden hier als illegale Drogen definiert). Vor dem Hintergrund, dass betriebliche Hilfen möglich und effizient sind, ist weiterhin ein gemeinsames fachgerechtes und damit menschengerechtes Handeln am Arbeitsplatz erforderlich. Dies ergibt sich aus der unternehmerischen Fürsorge für die Mitarbeiter wie auch aus der Kollegialität in der Arbeitsgruppe und nicht zuletzt aus der Notwendigkeit einer sicheren und erfolgreichen Zusammenarbeit im Unternehmen.

Der Konsum von Alkohol und Drogen hat nicht nur Auswirkung auf Reaktion, Konzentration und Gedächtnis, sondern auch auf Verhalten und Leistungsfähigkeit des Mitarbeiters. Alkohol oder Drogenkonsum gefährdet den Arbeitsschutz, beeinträchtigt die Arbeitsleistung, schädigt die Gesundheit und führt darüber hinaus zu vielfältigen sozialen Problemen.

Aufgrund der Fürsorgepflicht und der Unfallverhütungsvorschriften sind alle Führungskräfte und Vorgesetzte verpflichtet, geeignete Maßnahmen zur Vorbeugung und zur Vermeidung von Alkoholmissbrauch und Drogenkonsum am Arbeitsplatz durchzuführen. Ziel des gemeinsamen Handelns im Unternehmen ist,

- Risiken im Hinblick auf Gesundheit, Sicherheit und Leistungsfähigkeit vorzubeugen,
- alkohol-/drogenbedingte Probleme frühzeitig zu erkennen und beim Mitarbeiter konsequent anzusprechen und
- Hilfen für betroffene Mitarbeiter frühzeitig einzuleiten.

Mit den nachfolgenden Handlungsleitlinien zur betrieblichen Alkohol- und Drogenprävention und den Arbeitshilfen zum Vorgehen im Einzelfall wollen wir Sie in Ihrer Führungsaufgabe unterstützen. Ihr konsequentes Handeln initiiert, fördert und unterstützt die Verhaltensänderung des Mitarbeiters im Sinne der Hilfe zur Selbsthilfe.

Es hilft auch, therapeutische Maßnahmen bei gefährdeten oder bereits kranken Mitarbeitern einzuleiten.

Weitergehende Beratung und Unterstützung erhalten Sie durch den Gesundheitsschutz und die Personalreferate an den jeweiligen Standorten.

Handlungsleitlinien

Was Sie wissen sollten: Die im betrieblichen Alltag bereits bewährten Handlungsleitlinien des Unternehmens zur Alkohol- und Drogenprävention **Risiken vorbeugen, Probleme eindämmen, Betroffenen konsequent helfen** betreffen alle Ebenen und alle Belegschaftsmitglieder des Unternehmens.

Zur Alkoholprävention

Die Aufnahme der Thematik, das Ansprechen betroffener Mitarbeiter, die notwendige Konsequenz und das Durchhalten-Können im Handeln erweisen sich seit mehr als 10 Jahren als effiziente Vorgehensweisen im Unternehmen.

Im Einzelfall zeigt die fachliche Handlungsstrategie der „Hilfe durch Konsequenz“ positive Wirkung. Wer die angebotenen betrieblichen Hilfen annimmt, hat eine gute Chance, abstinent zu werden und zu bleiben und entsprechend Leistung und Verhalten zu stabilisieren. Mit der Verhaltensänderung einher geht eine deutliche Reduzierung der Arbeitsunfälle und der Fehlzeiten und nicht zuletzt wächst die persönliche Zufriedenheit mit der Anerkennung durch die Arbeitsgruppe.

Auch alkoholfreies ist „in“ – immer mehr Mitarbeiter entscheiden sich für alkoholfreie Getränke am Arbeitsplatz. Der durchschnittliche pro Kopf-Verbrauch an alkoholischen Getränken geht seit 1985 kontinuierlich zurück. Zwei Drittel der im Unternehmen verkauften Getränke sind mittlerweile alkoholfreie Getränke.

Zur Drogenprävention

Der Drogenkonsum in der Gesellschaft nimmt zu. Gefährdet sind besonders junge Menschen, die bereits Kontakt zu drogenkonsumierenden Freunden und Cliquen haben. Auffallend ist nicht nur das sinkende Einstiegsalter, sondern auch die Einstellung in Verbindung mit dem Drogenkonsum. Dabei werden die gesundheitliche Gefährlichkeit, die Illegalität des Drogenkonsums und eine Fülle von Folgeproblemen typischerweise ausgeblendet. Betriebliche Drogenprävention gibt Orientierung und verdeutlicht, dass sog. illegale Drogen und das Arbeiten unter Drogeneinfluss im Unternehmen weder geduldet noch akzeptiert werden. Präventive Aufgabe ist, das Risiko der „sozialen Ansteckung“ zu vermeiden und vorbeugende Maßnahmen im Vorfeld von Auffälligkeit und Abhängigkeit aktiv um- und fortzusetzen. Darüber hinaus unterstützen die bestehenden betrieblichen Regelungen den Umgang mit gefährdeten Mitarbeitern bzw. die notwendige Verhaltensänderung mit der guten Chance zu einem Neuanfang ohne Drogen.

Risiken vorbeugen

Innerbetriebliche Regelungen

Informieren Sie sich anhand dieses Handlungsleitfadens über die im Unternehmen bestehenden Regelungen und geben Sie diese grundsätzlichen betrieblichen Informationen über Handlungsleitlinien, Arbeitshilfen, interne Ansprechpartner und rechtliche/betriebliche Rahmenbedingungen an Ihre Mitarbeiter weiter. Beratende Unterstützung bieten Ihr Betriebsarzt, Ihr Sozialreferent und Ihr Personalreferent. Information und Schulung. Nutzen Sie die betrieblichen Informations- und Schulungsangebote, in denen es im Zusammenhang mit **Führungsverhalten und Fürsorgepflicht, Unfallverhütung und Sicherheitsfragen, Gesundheitsschutz und Gesundheitsförderung** auch um die Vorbeugung von Alkohol- und Drogenproblemen am Arbeitsplatz geht.

Vorbildfunktion

Gerade Sie als Führungskraft und Vorgesetzter können durch verantwortungsbewusstes Verhalten gegenüber Ihren Mitarbeitern und durch Verzicht auf alkoholische Getränke während der Arbeitszeit erheblichen Einfluss auf Trinksitten, Trinkanlässe und Trinkmengen Ihrer Mitarbeiter nehmen. Unterstützen Sie persönlich unsere weiteren Bestrebungen, den Umstieg auf alkoholarme Getränke oder noch besser auf alkoholfreie Getränke am Arbeitsplatz zu fördern.

Alkohol schafft Risiko

Jeder Körper reagiert auf Alkohol unterschiedlich. Einfluss haben Geschlecht, Alter, Körpergewicht, allgemeines Gesamtbefinden, Krankheit, Arzneimittelgebrauch, Hitze/Kälte und Trinkgewohnheiten. Auch Alkohol in geringen Mengen beeinträchtigt die Wahrnehmung, Konzentration, Reaktion und erhöht die Risikobereitschaft. Die Leistungsfähigkeit sinkt und die Unfallgefahr steigt!

– Bereits ab 0,3 Promille verschlechtert sich die Sehleistung, Konzentration und Wahrnehmung lassen nach. Gegenstände erscheinen weiter entfernt als sie es wirklich sind.

– Ab 0,5 Promille lässt die Reaktionsfähigkeit deutlich nach (Brems- und Warnleuchten werden z. B. nicht mehr deutlich oder verspätet wahrgenommen).

Probleme eindämmen

Fehlverhalten erkennen/feststellen

Auch bei Alkohol- und Drogenproblemen gilt: „Vorbeugen ist besser als heilen.“

Vorbeugendes Handeln am Arbeitsplatz beinhaltet, Auffälligkeiten im Verhalten und Leistungsschwankungen Ihres Mitarbeiters frühzeitig zu erkennen. Fehlverhalten, z.B. in Form von auffälligen Fehlzeiten, kann ein Anzeichen für Alkohol- oder Drogenprobleme Ihres Mitarbeiters sein. Zur Vermeidung weiterer alkohol- oder drogenbedingter Auffälligkeiten nehmen Sie konsequent Einfluss auf das Fehlverhalten, denn nur so kann der betroffene Mitarbeiter sein Fehlverhalten erkennen und korrigieren. Darüber hinaus wird die Bereitschaft gefördert, Hilfe und Beratung in Anspruch zu nehmen.

Fehlverhalten konsequent ansprechen

„Nicht nur über den Betroffenen, sondern mit ihm sprechen!“

Vor dem Hintergrund, dass sich Alkohol- oder Drogenprobleme nicht von heute auf morgen entwickeln, ist die frühzeitige und direkte Ansprache des betroffenen Mitarbeiters auch im Verdachtsfall notwendig und hilfreich. Nicht abwarten und zuschauen, sondern aktives Handeln hilft Ihnen und Ihrem Mitarbeiter.

Als unmittelbarer Vorgesetzter unterstützen Sie Ihren Mitarbeiter bei der Bewältigung seines Alkohol- oder Drogenproblems durch

- sachliches und konsequentes Aufzeigen des Fehlverhaltens,
- direkte Einflussnahme auf Verhalten und Leistung (u.a. Arbeitsabsprachen) und
- Abstimmung der Vorgehensweise mit Ihrer Führungskraft und den internen Fachstellen.

Arbeitssicherheit gewährleisten

Entscheiden Sie immer unter dem Gesichtspunkt: „Sicherheit vor Risiko!“

Die Unfallverhütungsvorschriften schreiben für Mitarbeiter, die infolge von Alkohol- oder Drogenkonsum nicht mehr in der Lage sind, ihre Arbeit ohne Gefahr für sich oder andere auszuführen, ein sofortiges Beschäftigungsverbot vor. Aus Sicherheits- und Gesundheitsgründen sind Sofortmaßnahmen zu veranlassen:

- Mitarbeiter vom Arbeitsplatz entfernen
- Alkohol- bzw. Drogentest anbieten/veranlassen
- Heimtransport sicherstellen.

Bei Wiederaufnahme der Arbeit führen Sie mit dem Mitarbeiter ein Rückkehrgespräch.

Betroffenen konsequent helfen

Hilfe durch Konsequenz im Führungsverhalten

Eine der wirksamsten Hilfen für betroffene Mitarbeiter ist die konsequente Führung durch den Vorgesetzten. Konsequentes Handeln führt zu einem positiven Druck beim Betroffenen, der die Einsicht in die Realität fördert und die notwendige Verhaltensänderung unterstützt.

„Hilfe“, die ein großzügiges Übersehen bestimmter alkohol- oder drogenbedingter Auffälligkeiten beinhaltet, ist hier genau das Gegenteil der Hilfe und sogar eine zusätzliche Gefährdung. Notwendige Therapien oder Verhaltensänderungen werden hinausgezögert, die Krankheit und die Selbstschädigung schreiten weiter.

Dem betroffenen Mitarbeiter helfen Sie, wenn Sie im Falle des alkoholauffälligen Mitarbeiters das „Versteckspiel“ vor der Wirklichkeit nicht mitspielen oder der Forderung beim drogenauffälligen Mitarbeiter „lasst mich doch in Ruhe, ich hab’ alles im Griff“ nicht nachkommen. Gerade die konsequente Führung des betroffenen Mitarbeiters mit dem Aufzeigen der Realitäten ermöglicht dem Mitarbeiter, die in der Regel bestehende mangelhafte Selbsteinschätzung zu seinem Arbeitsverhalten und Alkohol- oder Drogenproblem zu verbessern.

Beratung und externe Behandlung

Patentrezepte für den Umgang mit betroffenen Mitarbeitern gibt es nicht. Bewährt hat sich eine Folge aufeinander aufbauender Gespräche, die in Abständen von 6-8 Wochen stattfinden. Die vertrauensvolle Beratung im Einzelfall geschieht im betrieblichen Gesundheitswesen. Neben der

beratenden Unterstützung des Vorgesetzten bezieht sich die Beratung des betroffenen Mitarbeiters je nach individueller Problemlage auf Hilfen zur Selbstbeurteilung, Therapieeinführung, Wiedereingliederung und Nachsorge und schließt ggf. Maßnahmen des Arbeitseinsatzes ein. Die Behandlung erfolgt wie bei jeder Erkrankung in qualifizierten Einrichtungen außerhalb des Unternehmens und wird durch die – betrieblich geförderte – Bereitschaft des Betroffenen zum Handeln wesentlich unterstützt.

Wiedereingliederung und Nachsorge

Auch ein erfolgreich behandelter alkohol- oder drogenabhängiger Mitarbeiter bleibt gefährdet. Sie und ggf. eine Vertrauensperson aus dem Kollegenkreis unterstützen den betroffenen Mitarbeiter in seinem Bemühen um Abstinenz. Rückfälle in Form von alkohol- oder drogenbedingtem Fehlverhalten müssen einkalkuliert werden. Sie erfordern Ihr erneutes konsequentes Handeln im Interesse des Betroffenen und des Unternehmens. Bereits erfolgte betriebliche Maßnahmen sind dabei zu berücksichtigen.

„Alkohol-/Drogenprobleme – Anzeichen einer Gefährdung oder Abhängigkeit“

→ Information für Vorgesetzte, Angehörige und Kollegen

Lassen Sie sich von fachkundigen Ansprechpartnern über den richtigen Umgang mit Betroffenen beraten.

Sprechen Sie mit dem Betroffenen, wenn er nüchtern ist. In diesem Zustand ist der Betroffene eher aufnahmefähig für ein Gespräch mit Ihnen.

Verlieren Sie nicht den Mut bzw. haben Sie Ausdauer, wenn sich nach einem Gespräch mit dem Betroffenen nicht viel oder gar nichts ändert. Ihre Gesprächsbereitschaft und Ihr konsequentes Handeln sind weiterhin erforderlich und letztendlich auch förderlich. Der Betroffene ist bereit, Beratung/Therapie anzunehmen und an sich zu arbeiten. Die Verhaltensänderung setzt ein und die persönliche Stabilisierung schreitet voran.

→ Information für Betroffene

Sie können die Probleme nur bewältigen, wenn Sie den ersten Schritt tun und fachkundige Ansprechpartner aufsuchen. Lassen Sie sich helfen, aber handeln Sie selbst!

Alkohol & Drogen

| | | |
|---|--|--|
| <p>Risiken vorbeugen – innerbetriebliche Regelungen – Information und Schulung – Vorbildfunktion – Steuerung des Getränkeangebots</p> <p>Probleme eindämmen</p> | <p>– Fehlverhalten erkennen/feststellen – Fehlverhalten ansprechen – Arbeitssicherheit gewährleisten/ Sofortmaßnahmen veranlassen</p> <p>Betroffenen konsequent helfen</p> | <p>– Konsequenz im Führungsverhalten – Beratung und externe Behandlung – Wiedereingliederung und Nachsorge</p> |
|---|--|--|

Annex 2: Extract from the presentation „Sicht der betrieblichen Präventionspraxis: Gesund leben, arbeiten und führen“, 09.06.2009 (Frederick Barker, Gesundheitswesen AUDI AG)



Prävention und Gesundheitsförderung für die gesamte Belegschaft

- „einfacher Zugang“; Ziel: hohe Teilnahmequote
- Untersuchung+Beratung mit Zielrichtung
 1. Arbeitsfähigkeit
 2. Präventionspotenzial
 3. Selbstwirksamkeit
- moderne Medizintechnik
- Integration internistischer, orthopädischer und psychischer Aspekte
- Definition von Standards
 1. Diagnose-Kriterien/-Dokumentation
 2. individuelle Gesundheitsförderung
 3. Epidemiologie
- Gesundheitsprofil; individuelle ärztliche Beratung
- Attraktivität des Angebots (ein Termin während der Arbeitszeit)

| |
|---|
| Audi Checkup: 01.07.06-30.04.09 |
| Teilnehmeranzahl: 19.334 MitarbeiterInnen |
| Teilnahmequote: 91,4% |
| → 42% der Belegschaft der AUDI AG |
| Standardisierte Erfassung der körperlichen, seelischen und sozialen Befindlichkeit mit adaptierten SF-12-Fragebogen |
| Methodik: deskriptive, univariate und multivariate, explorative statistische Analyse |

Betriebliche Suchtprävention

- ✓ Grundsatzentscheidung der Unternehmensleitung
- ✓ Mitwirkung der Arbeitnehmer-Vertretung
- ✓ Betrieblicher Konsens – Leitfaden mit Festlegung von Aufgaben und Verantwortlichkeiten
- ✓ Interventionskonzept, gestufte Gesprächsabfolge...
- ✓ Beratungs- und Hilfeangebote im Einzelfall
- ✓ Integration der Thematik in die betriebliche Aus- und Fortbildung von Personalverantwortlichen
- ✓ Durchführung präventiver Maßnahmen unter dem Aspekt...
- ✓ Suchtprävention und -hilfe ist integrierter Bestandteil eines betrieblichen Gesundheitsmanagement-Systems mit Ableitung von Präventionszielen

Audi Handlungsleitlinien

- Risiken vorbeugen
- Probleme eindämmen
- Betroffenen konsequent helfen

Betrieblicher Handlungsleitfaden Alkohol & Drogen

Suchtkrankenhilfe

Konsum-
reduktions-
maßnahmen

Information
Schulung
Aktionen

Kompetenzentwicklung
Gesundheitsförderung

Alkohol & Drogen

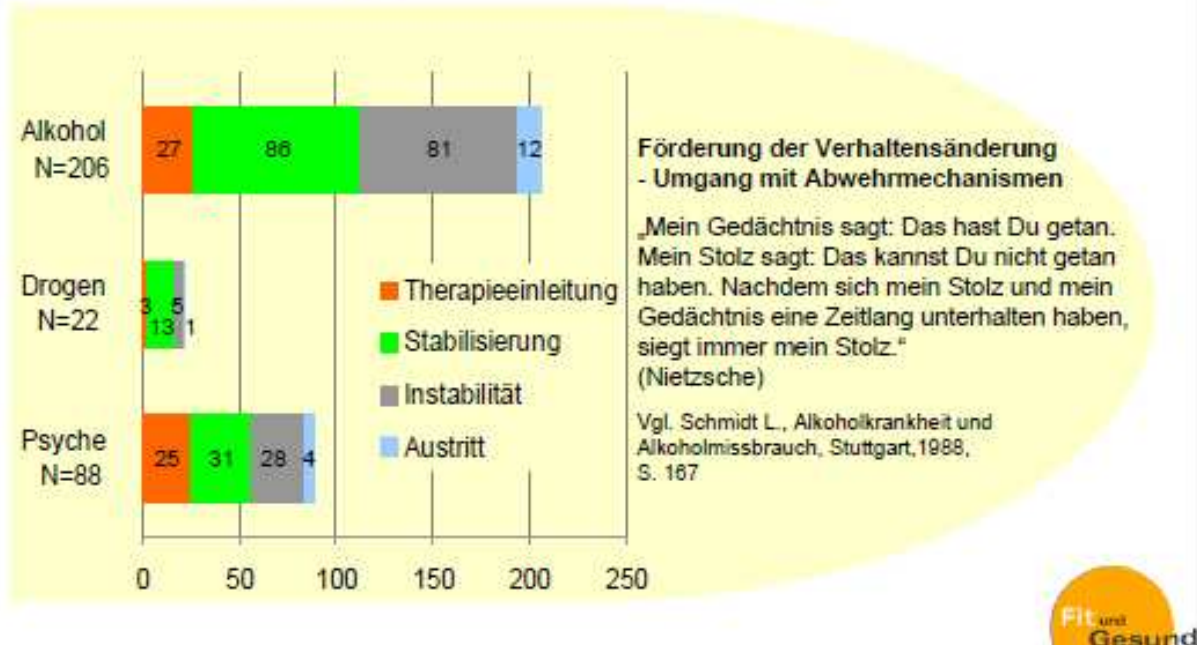
Risiken vorbeugen
Probleme eindämmen
Betroffenen konsequent helfen



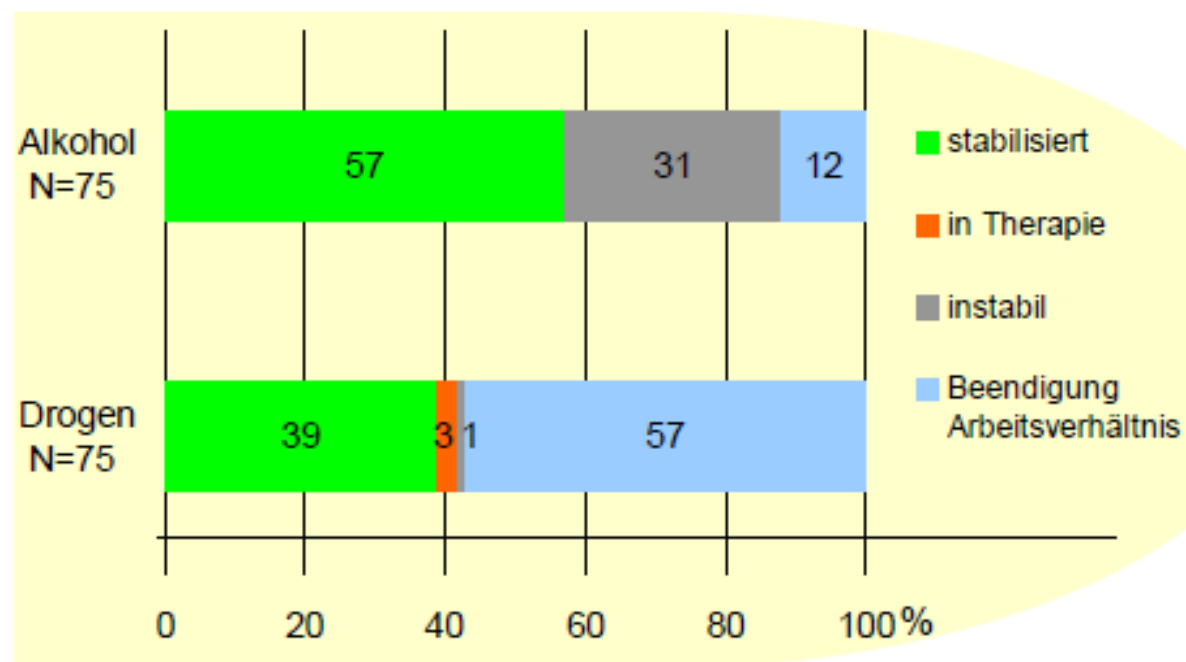
Auszubildende blicken durch die „Rauschbrille“
04.2009

Verkehrssicherheitstage in Kooperation mit der Landeszentrale für Gesundheit in Bayern e.V. und der Verkehrswacht Ingolstadt e.V.

316 Mitarbeiter in psychosozialer Beratung 2008



Verlaufsbeobachtung - 3 Jahre nach der Erstberatung





Germany (5)

| | |
|--|--|
| Country: | Germany |
| Name of the project: | Arbeitskreis Suchtgefahren im Betrieb („Working group against dangers of addiction at the workplace“) |
| Name of the company/organisation: | Fachstelle für Suchtvorbeugung / DROBS Dortmund (“addiction counselling service”) in cooperation with IHK Dortmund (the Chamber of Commerce and Industry in Dortmund) |
| kind of company | Non profit organisation Company in the service sector |
| Company size | small enterprise (10 to 50 staff members) |
| Number of employees | 19 |
| Location | Company is situated at one location. |
| Main aims and objectives | <ul style="list-style-type: none"> - Networking, advertising, counselling contact persons in companies, civil services and other facilities. - developing possibilities and options of prevention - supporting key persons or responsible leaders in their aims and skills - lectures and seminars take place in the setting |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - Disseminators/information multipliers - All staff members - Supervisor |
| initiative started and implemented by | <ul style="list-style-type: none"> - Selfhelp organisation - addiction counselling service (see above) - Chamber of Commerce and Industry |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | ? |
| How was it developed? | It was implemented over the whole company from the beginning. |
| Start of the PPP in the company | Before 2000 |

| | |
|---|---|
| Duration of the PPP applied | Measure works for more than two years |
| project is funded by | <ul style="list-style-type: none"> - Selfhelp organisation - addiction counselling service - Chamber of Commerce and Industry |
| financing for a successful implementation is guaranteed | It is still open. |
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Managers are trained to identify alcohol problems at an early stage. - Employees receive training in the early identification of alcohol abuse among colleagues. - developing possibilities and options of prevention - supporting key persons or responsible leaders in their aims and skills |
| b) Selective prevention | - |
| cooperation with other companies, organisations, counsellors in the context of the PPP | Yes, networking, advertising, counselling contact persons in companies, civil services and other facilities. |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Small discussion groups - Organised extra training or produced additional information for managers |
| b) Dissemination of the Alcohol policy developed: | - |
| c) Participation of the employees: | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of 'at risk' employees is arranged. |
| trigger for the decision to develop and to implement a workplace alcohol policy | Concern about public image |
| main aims of a workplace alcohol policy | <ul style="list-style-type: none"> - Educate employees about the risks of alcohol use in the workplace |
| the PPP has been documented (not generally applicable to laws) by | ? |

| | |
|--|---|
| evaluation | No evaluation is being intended. |
| responsible for the evaluation | Self evaluation has been done by some companies. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | Yes, <ul style="list-style-type: none"> - Long time running: since 1992 (!) - many members, high grade of contentedness and participation |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | Accepted human resources policy, well defined interaction of company sub-groups and focussing on target problems by all divisions and general acceptance of the approach and the results. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, see annex below (in German) |
| Organisation: | Fachstelle für Suchtvorbeugung Dortmund |
| Contact person: | Frank Schlaak |
| Email address: | frank.schlaak@suchtvorbeugung-dortmund.de |
| Organisational website: | www.suchtvorbeugung-dortmund.de |

Background:

- The members of the "Arbeitskreis Suchtgefahren im Betrieb" meet five times a year.
- In addition bigger arrangements like "Burn out - wenn Arbeit zum Feind wird" can be arranged beside the usual meetings.
- Specific topics according to the prevention of addiction the "Arbeitskreis" is amenable to the surrounding theme health promotion.
- Generally, 60 members are connected to this working team in Dortmund.

Annex 1: Extract of an article „Beraten, informieren, vernetzen – Der „Arbeitskreis Suchtgefahren im Betrieb“ im Zusammenhang mit betrieblicher Suchtvorbeugung und –hilfe“ by Frank Schlaak (2009)

Vorsorge-Verantwortung im Betrieb - Frühes Erkennen und Behandeln ist günstig

... Wie bei allen anderen Erkrankungen auch, ist ein frühes Erkennen und Behandeln günstig für den weiteren Verlauf und die Wiederherstellung der Arbeitsfähigkeit. Um diese Voraussetzungen zu erfüllen, hat es sich bewährt, Dienstvereinbarungen zu treffen, die in Betrieben eine einheitliche und verbindliche Grundlage für alle Beteiligten im Umgang mit Suchtmitteln bieten. Diese Interventionskonzepte erleichtern es einerseits den Vorgesetzten rascher auf Auffälligkeiten von Mitarbeitern zu reagieren und ermöglichen andererseits Beschäftigten einen schnelleren Zugang zu spezifischen Angeboten von Beratung und Therapie.

Waren dies früher die „klassischen“ Felder betrieblicher Suchtberatung, hat sich Suchtprävention in Betrieben weiter entwickelt und gegenwärtig als Bestandteil von Gesundheitsförderung etabliert. Damals stand das Krankheitsbild *Sucht* nahezu ausschließlich im Vordergrund und dessen Behandlung im Einzelfall; heute wendet man sich eher der Frage zu, was Mitarbeiter gesund hält bzw. was deren Gesundheit fördert.

Ziele von Suchtvorbeugung sind hierbei die Stärkung und Förderung von Persönlichkeit sowie das Erlernen adäquater Konfliktlösungen, die Fähigkeit mit Frustrationen umzugehen und den genussvollen von missbräuchlichem Konsum unterscheiden zu lernen. Die Belegschaft wird in diesem Sinne als wichtige Ressource betrachtet und geschätzt, deren Erhalt Aufgabe von Personal- und Mitarbeiterführung ist. Betriebliche Gesundheitsförderung versteht sich u. a. als Querschnittsaufgabe, an der viele beteiligt sind: Vorgesetzte, Betriebsärzte, Betriebsräte, Kollegen und Betriebliche Ansprechpartner Sucht aber auch externe Partner wie Mitarbeiter aus Beratungsstellen, Selbsthilfe und Mitarbeiter aus dem Gesundheitswesen.

Vernetzt zum Wohl der Beschäftigten

In Dortmund sind beide Gruppen im *Arbeitskreis Suchtgefahren im Betrieb (AK SiB)* vertreten, der seit 1992 besteht und nunmehr fester Bestandteil Betrieblicher Suchtprävention und –hilfe ist. Gegründet wurde der *AK SiB* (damals noch *Sucht im Betrieb*), durch eine Initiative aus der Selbsthilfe für Alkoholranke, der Fachstelle für Suchtvorbeugung und der Industrie- und Handelskammer zu Dortmund. Seitdem liegt die Geschäftsführung bei der Fachstelle in Kooperation mit der IHK, die sich – als ein wichtiger Partner - der Bedeutung betrieblicher Suchtvorbeugung bewusst ist. Der AK trifft sich grundsätzlich fünfmal im Jahr und gestaltet jede Sitzung thematisch, dabei werden viele Faktoren berücksichtigt, die mit dem Entstehen von Abhängigkeit zusammenhängen wie z. B. psychosoziale Belastungen am Arbeitsplatz, Mobbing, Burnout, Umgang mit Stress am Arbeitsplatz sowie Schuldenbelastung und Sucht.

Mit dieser vernetzten Struktur wird kommunal der kollegiale und fachliche Austausch im Arbeitsfeld betrieblicher Suchtprävention gefördert, von dem der überwiegende Teil der Mitglieder profitiert. Die Teilnehmer des *AK SiB* sind wichtige Multiplikatoren, die in ihren Betrieben und Institutionen Ansprechpartner für Suchtfragen sind und somit ein vielschichtiges Thema kommunizieren.

Betriebliche Ansprechpartner – hohe Sensibilität aus eigener Betroffenheit

... Typisch für die meisten Sozialen Ansprechpartner ist, dass sie nebenamtlich ihre Rolle als Helfer ausüben. Ihre besondere Nähe zu Betroffenen zeichnet sie aus, und die Betriebe wissen dies zu schätzen. ... Durch die Auseinandersetzung mit der eigenen Geschichte und der Bewältigung der Abhängigkeit, verfügen die [Sozialen Ansprechpartner] über eine hohe Sensibilität gegenüber Kollegen und Kolleginnen, denen die Kontrolle über den Alkoholkonsum entglitten ist.

Die Vorteile der Vernetzung vor Ort ...: „Besonders wichtig ist ... der Austausch mit externen Partnern wie z. B. Diakonie, Stadt Dortmund/Suchtvorbeugung, Caritas und vielen weiteren Ansprechpartnern. Bei diesem Austausch und der Vernetzung spielt der *AK SiB* eine sehr große Rolle.“



Greece

| | |
|--|--|
| Country: | Greece |
| Name of the project: | Cool@work |
| Name of the company/organisation: | Athenian Brewery S.A. |
| kind of company | profit organisation production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 1200 |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | <p>As one of the major beer companies in Greece committed to raising awareness regarding responsible alcohol consumption to our employees, customers and consumers.</p> <p>The Cool@work program is addressed to the employees and promotes responsible alcohol consumption in order to prevent alcohol abuse and misuse.</p> <ol style="list-style-type: none"> 1. Ensuring employees' safety at work and during work-related activities 2. Receiving employees' commitment towards Alcohol Policy and creating ambassadors of responsible alcohol consumption 3. Providing support in cases of misuse of alcohol 4. Encouraging employees to adopt Alcohol Policy in their daily lives |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | <ul style="list-style-type: none"> - The program is implemented in all Heineken operating companies around the world. - Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning. |

| | |
|---|---|
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | <p>Through our Cool@Work programme, they encourage all employees to drink beer responsibly - setting a good example to all those outside our business.</p> <ul style="list-style-type: none"> - Maintain an alcohol information programme for several years which informs employees about the effects of alcohol in beer and explains how they can enjoy it responsibly. - The programme has been introduced via workshops designed to help operating companies set up local Alcohol & Work programmes. - A special training programme has been devised for on-trade representatives, because people employed in this sector have to cope with additional pressures at work. - Heineken offers help for employees with respect of alcohol-related problems. |
| <u>a) Universal prevention</u> | <ul style="list-style-type: none"> - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| <u>b) Selective prevention</u> | - |
| cooperation with other companies, organisations, counsellors in the context of the PPP | Yes, Heineken N.V. (mother company);, Heineken Health Services, NGO "The Sober ones" |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |

| | |
|---|--|
| <p>b) Dissemination of the Alcohol policy developed:</p> | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by letters, by posters, by brochures and by intranet - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted |
| <p>c) Participation of the employees:</p> | <p>Discussions involving representatives of several departments (e.g. personnel, medical services)</p> |
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <p>commitment to promoting responsible alcohol consumption is part of our corporate social responsibility program</p> |
| <p>main aims of a workplace alcohol policy</p> | <p>Educate employees about the importance of responsible alcohol consumption not only at work but also in their daily lives, as a responsible way of living.</p> |
| <p>the PPP has been documented (not generally applicable to laws) by</p> | <p>?</p> |
| <p>evaluation</p> | <p>No evaluation is being intended</p> |
| <p>evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i></p> | <p>No.</p> |
| <p>pre-conditions for success for the PPP/ main lessons to be learnt from it</p> | <p>Effective communication of the programme to all employees.</p> |
| <p>sense to transfer the PPP to other companies <i>and/or</i> in other countries</p> | <p>Yes, it is explicit and professional.</p> |
| <p>documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc.</p> | <p>Yes, http://www.heinekeninternational.com/alcoholpolicy/brochure.aspx http://www.heinekeninternational.com/alcoholpolicy/pdf.aspx http://www.heinekeninternational.com/rulesresponsiblecommercialcommunicationnov2008.aspx</p> |
| <p>Organisation:</p> | <p>Athenian Brewery SA</p> |
| <p>Contact person:</p> | <p>Elli Panagiotopoulou</p> |
| <p>Email address:</p> | <p>elli_panagiotopoulou@heineken.com</p> |
| <p>Organisational website:</p> | <p>http://www.enjoyheinekenresponsibly.com/pages/languageselect.aspx; www.athenianbrewery.gr</p> |

Annex:

extract from:

Responsible beer consumption

http://www.heinekeninternational.com/7_focus_responsible_beer_consumption.aspx

Employees as Ambassadors – Cool@Work

We believe that our employees are the ambassadors of our Company. To this end, a core, Company-wide programme, Cool@Work provides employees with information on the meaning of responsibility and training when necessary. Specific elements such as sales force training and support for individuals who may have a problem dealing with alcohol are also elements of the programme. It is mandatory that all employees are made aware of their special responsibility as Heineken employees at least once every two years. The Cool@Work programme is implemented by the operating companies and supervised by our Group Head office.

Compliance with all three strategic pillars of our Alcohol Policy are subject to periodic audit by our Group Internal Audit department and the results are shared with the responsible Regional Presidents, the Executive Board and the Supervisory Board.



Hungary

| | |
|--|---|
| Country: | Hungary |
| Name of the project: | Company Alcohol Policy |
| Name of the company/organisation: | Alcoa-Köfém Ltd. |
| kind of company | Profit organisation Production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 1650 |
| Location | Multinational company |
| Main aims and objectives? | 1) Establish safety workplaces for the employees, contractors and visitors; 2) Reduce the alcohol related injuries to zero; 3) Improve the safety commitment of the employees |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members (+ contractors, visitors) |
| initiative started and implemented by | Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| <u>a) Universal prevention</u> | 1) Complete ban on alcohol in the workplace. 2) Alcohol testing policy e.g. works with potentially dangerous products. 3) Employees receive training in the early identification of alcohol abuse among colleagues. |

| | |
|---|--|
| b) Selective prevention | <ul style="list-style-type: none"> 3) Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems 4) Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | opportunity in the Employee Assistant Program (EAP) framework to take advantage of the psychologist's help |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> 3) Alcohol awareness training for the staff takes place. 4) Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> 4) Policy contains written material on the implementation and content. 5) Information disseminated in the workplace by intranet |
| c) Participation of the employees: | <ul style="list-style-type: none"> 3) Employees were involved in training/discussion about alcohol use (in the workplace) 4) Discussions involving representatives of several departments (e.g. personnel, medical services) |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> 1) Safety aspects 2) Work with potentially dangerous products (accident could have far-reaching consequences) 3) Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | <ul style="list-style-type: none"> 1) Prevent alcohol problems causing productivity loss and absenteeism 2) Educate employees about the risks of alcohol use in the workplace 3) Improvement of company safety 4) Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | CP-111 Company Alcohol Policy |
| course of action | EHS director is the owner of the policy, managers are responsible for their work, areas and subordinates |

| | |
|--|---|
| evaluation | no |
| responsible for the evaluation | - |
| Kind of evaluation | - |
| main results of the PPP evaluated | - |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | - |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | the key question is the commitment of management. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, the Alcoa-Köfém company alcohol policy is a good point of departure. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, <ul style="list-style-type: none"> - see Annex below. - EMPLOYEE ASSISTANCE” - COMPANY PROGRAM 2010 (Annex 1) - Alcoa Alcohol Policy, 2004 (Annex 2) |
| Organisation: | Alcoa-Köfém Ltd. |
| Contact person: | Nóra Rostaházi dr |
| Email address: | nora.rostahazi@alcoa.com |
| Organisational website: | www.alcoa.com ; http://www.alcoa.com/hungary/en/home.asp |

Annex

Alcoa is a multinational American aluminum company. It has own World Wide Health Standards (WWHS) including Employee Assistant Program, Hearing Conservation and Engineering Noise Control Program, Occupational Medical Services, Medical Surveillance of Mobil Equipment Operators etc. – all about 29 different standards.

Every production site establishes own company policies. This one is the EAP of Alcoa-Köfém in Hungary Székesfehérvár.

EAP - program was beginning in 2002 and is under carrying out product development continuously since then. The employees increasingly more people take advantage of the psychologist help.

In October of 2009, they started a new program in the framework of a “Talking Club”- occupation relaxation training. The aim of this new program is the alcohol, drug and increased medicine consumption prevention with help of stress solution. To achieve that aim they are looking for new devices and methods for stress reduction. In a group there are maximum 10 attendances. Each meeting has duration of two hours. At the end they are planning six groups which can contribute to improve a good and successful stress reduction method.

Annex 1: „EMPLOYEE ASSISTANCE” - COMPANY PROGRAM 2010

The Program is approved by Alcoa-Köfém Ltd. EHS Lead Team

Compiled by:

Dr.Nóra Rostaházi

**Senior Company
Physician**

Approved by:

Horváth Tamás

EHS & HR Manager

Approved by:

Dr. Béla Forgó

**Alcoa-Köfém Kft
General manager**



1. Purpose of Program

Alcoa Köfém Ltd. make every effort to provide healthy and safe work environment to their employees. As an item of this program we establish a mental hygiene service offered to the Alcoans that can help in solving private conflict situations.

2. General Description of Employees Assistance Company Program

The background of the program is the company philosophy that expresses the understanding that employees’ individual and family conflict situations or changes of personalities arising from addictions jeopardize safe work and have detrimental impact on employees’ performance at work.

Under the scope of the program the company plans to offer a mental hygiene service to employees, which is lead by professionals (psychologists). The employees will be entitled to involve their family members and/or make an appointment with the psychologist and all these can be made by maintaining privacy without the involvement of either the fellow-workers or anybody else from the company.

3. Scope

The service rendered by the service provider covers all Alcoa-Köfém Ltd. employees and family members in the same household (in this context family members mean spouses, parents, sisters/brother and children). The employee shall have to prove active employment with Alcoa-Köfém Ltd with his/her company access card and in case of family members the fact that they live in the same household shall be proven.

4. Detailed Description of Program

4.1 Human Resources

The service is coached and led by an authorized and licensed psychologist maintaining a contract with the company.

4.1.1 The psychologist leading the service will have the following responsibilities:

- Development of the program; establish professional and HR conditions
- Keeping contact with designated Alcoa-Köfém Kft. and AWPE Kft. personnel.
- Give professionally supported recommendations to resolution alternatives for emerging problems.
- Coordination of personnel involved to the service
- Develop a summary on the approaches and types of problems and forwards this to the designated company contact persons either in writing or verbally in meetings on as required basis.
- Make appointments for consultation for those requiring personal advice and indicating this in a telephone call.
- Recommends subjects of presentations, written professional communications for the contact persons with regard to the issues raised in the telephone conversations and personal discussions.
- Give assignment to the elaboration of written training documents and presentations for personnel knowledgeable about the topic and forward the written documents to the company contact persons.

4.1.2 The companies will designate a professional coordinator team to be the mentor of the program. Members of this team are manager of Alcoa-Köfém Ltd. Medical Services or his designee in his absence; a designated person of Alcoa-Köfém Ltd.

Responsibilities of the professional coordinating team are the following:

- On-going consultation with the Service provider; give feedback on the possible resolution alternatives of the problems raised and forwarding them to the management.

- Organization of copying the material received from the Service provider; organization of professional lectures/presentations delivered by the Service provider to managers or employees.

4.2 Crisis intervention

Service provider shall ensure round the clock availability via telephone. This will be provided by the free of charge night line of the Mental Assistance Hot Line. The psychologist coordinating the service is held responsible to organize the information flow between the Mental Assistance Hot Line to the professionals leading the day-time consultancy (when such information is available).

4.3 Personal Consultancy

Service provider shall provide private consultancy in the pre-scheduled times.
Subjects of the personal and telephone consultation are the following:

- Drug and alcohol program
- Handling stress situations
- Family conflicts
- Advising or giving recommendations on handling the situation in case of unusual events (work related accidents, near misses, etc.) both for individuals and teams.
- Assistance to re-align to the work.

4.4 Ensuring Re-Align To Work

Should the consultancy conclude that the mental status of the service requesting persons justifies other medical (psychiatric) check up or medical treatment in hospital then Service provider will direct the person to the proper Institution and undertakes the patient’s follow-up until he/she regains his/her abilities and able to re-align to work or the final disability to work is determined. Due to the law Alcoa-Köfém Kft. company physicians are entitled to determine the disability to work status.

4.5 Training and Advising Activities

- Service provider will develop written professional materials at request of Alcoa Köfém Ltd. to cover the ordered subjects, at a level to be published in company periodicals or hand-outs. The company coordinating team is responsible to place order for the related printing and have it completed.
- According to the preliminary need of the company the service provider will assure professional consultancy for the company management in subjects perceived important on the basis of the personal consultancy once or twice a year.
- The service provider will organize presentations either for target groups of employees or company groups interested in the subjects.

5. Handling Information

Service provide will handle any related information confidentially. Written records will be stored in a locked place while the electronic files will be stored on protected folders.

During its services rendered to Alcoa-Köfém the service provider shall act according to Alcoa business conduct requirements and Psychologists’ Code For Business Conduct.

Service provider will develop and send a report to Alcoa-Köfém Medical Services that contains number of checked up persons without any reference to the names. The spreadsheet shall refer to the problem triggering the request on consultancy. Exceptions are the cases when the nature of the claim is such that might have an influence of safe work. In such cases Service provider shall report the problem to the company Medical Services immediately. Medical Services will handle such information confidentially and sends the expertise to the person’s supervisor only as prescribed by the Hungarian law, that is, „fits for duty”, „unfits for duty”, „temporarily unfit for duty”.

The representative of service provider discusses the most characteristic problems or possibly accrued problems of a given area emerged in the period with the Employee Assistance team quarterly or more often if needed (this time again names are not mentioned) and offers assistance in searching for solutions.

Annex 2: Alcoa Alcohol Policy, 2004

| | | | |
|---|--|--|----------------|
| COMPANY POLICY | | ALCOA – KÖFÉM POLICY | |
| Number: CP-111 | Title: BREATHALYZER TEST POLICY | | Page 72 of 165 |
| Compiled by / Date: Fekete, József HR Manager September 28 2005 | Professionally approved by / Date: Horváth, Tamás EHS-HR Manager September 28 2005 | Approved by / Date: Dr. Forgó, Béla General Manager September 29 2005 | |
| Effective date: October 1, 2005 | Superseded by / Amended by/ Date: | CP-111 July 6, 2004 | |

1.0 Purpose

Purpose of the present procedure is to establish standard rules for the company breathalyzer tests and legal consequences of them.

2.0 Principle

In accordance with the relevant provisions of the Labor Code and Act On Safety, and with regard to the Collective Bargaining Agreement, Section I, “General Provisions”, Para. 6.2.1 and the company practice that developed on the above basis it is the **company’s principal expectation** that no employee under alcohol influence would enter to the premises of the company and work in this condition.

The inspection conducted by the company aiming to control the fitness for duty condition shall in no circumstances hurt the dignity of controlled person(s) and serve as a basis of unjustified harassment.

Due to the total abstinent requirement of the company the permitted blood alcohol content is 0.00 per mill.

3.0 Procedure for the breathalyzer tests

3.1 The company has the right to perform breathalyzer test on everybody (including employees, visitors, contracted partners, or their employees, vendors) at the time of access to the company and during the work at a frequency determined by the management randomly or in case of specific suspect.

3.1.1 Should the employee deny the breathalyzer test with such behavior he/she willfully violates an essential duty arising from the employment and therefore he/she will not be permitted to enter to the premises and/or he/she should leave the premises immediately.

The employee’s access right is to be suspended to the end of disciplinary procedure if no other measure is taken. Such circumstances are to be recorded in a report and based on this the executive of the employer’s right will apply the detrimental legal consequences imposed by Labor Code.

A notification on the event is to be sent immediately to the following:

- Employee’s line manager and HR manager of the affected organization, if the EHS Security and Fire Prevention Department conducted the test;
- HR manager of the affected employee and the EHS Security and Fire Prevention manager, if the line manager conducted the test.

If an outside contractor is involved in the event then a notification is to be sent to the project manager and through him/her manager of the contractor company immediately.

3.2 Such tests are to be performed in the designated room at the reception area, with the exclusion of public and by respecting the personal rights of the person who is subject to the test.

Should the test occur at the workplace then one of the offices are to be used at the conditions indicated above.

3.3 Persons authorized to perform such tests are:

3.3.1 At the time of access to the company the EHS Security and Fire Prevention Department personnel are entitled to perform the tests either when the electronic access system issues a signal for this on random basis or when signs refer to alcoholic influence. Nobody can give instruction to the person who is running the test regarding the procedure or repeat it except the EHS manager or EHS Security and Fire Prevention Department manager of Alcoa Kőfém. The supervisor or any leader of the organization has no right to give any kind of instruction to the person who perform the test.

3.3.2 At work the area manager executing the employer's rights or his/her designate is entitled to perform the test.

The help of EHS Security and Fire Prevention Department can be asked for the tests.

3.4 A Should the test result be positive then parallel to the test a report is drawn. The report form is Supplement No.1 of the present policy.

3.4.1 Should the result of a test conducted at the gates be negative no report is to be drawn up. The event will be entered to the electronic database with the confirmation of the person conducting the test. If the test is not conducted at the gates then a report is to be drawn up also on the negative test results with the completion of the form enclosed to the present policy as Annex no.2. A copy of the report is to be forwarded to the EHS Communication Center.

3.4.2 In case of positive breathalyzer test the employee's line manager is to be notified immediately.

3.4.3 Should the result of the test be positive the report is to be confirmed with the signatures of both the testing person and the tested employee.

3.4.4 The report on the test is to be developed in three (3) copies and each of them is to be signed. An original copy of the report should be passed onto the controlled person. Copies of the report shall be sent to the company Human Resources Department director and the area HR manager.

3.4.5 The positive breathalyzer test event shall be immediately reported through the company electronic mail system to the following persons:

- General manager of the company;
- BU manager of the affected BU;
- Company Human Resources director;
- HR manager of the affected BU;
- EHS director

4.0 Procedure for positive breathalyzer test and measures to be taken by the labor law

4.1 If the probe changes its color then the employee should be banned on entering to the company and the given workday of the person is to be considered unjustified absence until it is proven otherwise.

4.2 If the breathalyzer test was found positive at work then the person should be deprived of continuing the work. In this case the remaining hours of his/her work time is considered unjustified absence.

4.3 The supervisor of the person at fault will be held responsible to have investigation, identify all the possible substantial circumstances of the guilty violation and to investigate them all in each case.

4.4 In case of blood alcohol level of 0.3‰ or above the extraordinary termination ruled by the Labor Code and CBA is applied. At lower than 0.3‰ levels and in cases deserved to special consideration less strict detrimental legal consequences can be applied with the general manager’s consent.

5.0 Assurance of the application of blood alcohol content

5.1 Should the result of the breathalyzer test or the alcoholic influence be debated by the employee he/she may request to have an alcohol blood test immediately after the breathalyzer test. Immediate action is to be taken on blood sampling. The EHS Communication Center is responsible to make the necessary arrangements. If the employee abandons the option of using the blood alcohol test and leaves the testing room then any later report claims on blood tests are to be rejected with reference of being too late.

5.2 If the employee asks for blood alcohol content test, this must be submitted in writing and confirmed with the employee’s signature with the observation of conditions set in the above Section 5.1. The employer shall be held responsible to make the option of blood sampling available and forward the blood sample to the Institute of Forensic Medicine. Requests are to be submitted in writing. EHS Security and Fire Prevention Department acts on behalf of the employer.

5.3 Concerning taking blood samples and perform of the blood alcohol test provisions of Decree no. 16/1986 of the Ministry of Public Health (December 17), *Workplace Verification Of Drunkenness Via Blood Alcohol Content Test* are governing.

6.0 Scope of the Policy

6.1 Area Scope

6.1.1 Provisions of the present policy apply at company headquarters, on each company premises and workplaces for every job performed.

6.1.2 Affected Area - Outside of the company this policy applies to works performed during business related travels including the use of company cars.

6.2 Affected Persons

6.2.1 Provisions of the present policy cover each and every employee of the company.

6.2.2 Provisions of the present policy are to be reasonably applied to the employees of other companies who perform or want to perform any jobs on the premises of Alcoa-Köfém Kft.. The basis of this process is the contract between the contractor and Alcoa-Köfém Kft. with its liabilities and rights.

6.2.3 Provisions of the present policy are to be applied to every visitor who arrive at Alcoa-Köfém Kft. for a visit or any other purposes.

6.3 Time Effect

Provisions of the present policy will come to effect on the day succeeding the date of issue.

7.0 Other provisions

If the company employee or employee of an outside contractor is not completely sure whether the alcohol consumed earlier has already fully assimilated in his/her organ then the option is open to have a breathalyzer check made at his/her own request before the person would enter to the premises of the company. However, this option is only open when crossing of the entry arm has not been initiated yet. Should the system designate the person for breathalyzer test then from that point on the process is perceived official control.

8.0 Closing provisions

The present policy will be published through bulletin boards and E-mail.

Annex 3: CP-111 – Alcoa Breathalyzer Test

REPORT OF THE BREATHALIZER TEST

Was drawn up at Alcoa-Köfém Kft. Year.MonthDayHour.....Min.

Controlled person's name:

Clock number and department :

Job position:

Department manager's name:

Alcoa-Köfém contact person's name:

Alcoa-Köfém contact person's Location name:

Control was performed by (names):

Result of control: **NEGATIVE** **POSITIVE**%

Declaration of controlled person:/comments/:

.....

.....

The controlled person

ACCEPTS

the result indicated by the breathalyzer test and the consumption of alcohol which caused this result.

If the result of the blood alcohol test is positive the costs, i.e. HUF 25,000 are charged to the person who asked for the test; if the result is negative the costs are born by Alcoa-Köfém Kft. In the case of positive result the employee approves that the entire cost should be deducted from his/her wage according to Mt 161§ 1.

YES

I agree with above and
I received one copy of protocol

.....
controlled person signature

DOES NOT ACCEPT

Employee asks to do medical blood test:
(only in case of Alcoa-Köfém employees)

NO

I don't agree with above and
I received one copy of protocol

.....
controlled person signature

.....
Signature person(s) performing the control



Ireland

| | |
|---|---|
| Country: | Ireland |
| Name of the project: | Guidelines on Alcohol in workplaces |
| Name of the company/organisation: | social partners and government agencies |
| kind of company | Non profit organisation / public sector |
| Company size | |
| Number of employees | |
| Location | |
| Main aims and objectives | to produce a guidance document on alcohol in workplace which will assist employers develop their own policy on alcohol |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members and line manager |
| initiative started and implemented by | The Government |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide valid for all companies /organisations |
| How was it developed? | refers to a guidance document on alcohol in workplaces being developed by relevant government agencies and the social partners in Ireland. |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | government agency |
| financing for a successful implementation is guaranteed | - |
| Focus of the alcohol policy: | |
| a) Universal prevention | Managers are trained to identify alcohol problems at an early stage. |
| b) Selective prevention | <p>5) Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred</p> <p>6) Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems</p> <p>7) Support and care: employees could be referred to <i>external services</i> if required</p> |

| | |
|---|--|
| cooperation with other companies, organisations, counsellors in the context of the PPP | it is a guidance document developed by government agencies in cooperation with the main social partners |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> 5) Alcohol awareness training for the staff takes place. 6) Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> 6) Information disseminated in the workplace by posters and by intranet 7) Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted 8) Production of an inter-organisational media about the alcohol policy |
| c) Participation of the employees: | <ul style="list-style-type: none"> 5) Employees were involved in training/discussion about alcohol use (in the workplace) 6) Workshop for employees and managers introducing guidelines for the handling of ‘at risk’ employees is arranged. |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> 5) Result of external pressure (society, government) 6) Policy is an important part of the workplace health promotion program 7) Initiative arising from overall government taskforce dealing with alcohol. |
| main aims of a workplace alcohol policy | <ul style="list-style-type: none"> 5) Prevent alcohol problems causing productivity loss and absenteeism 6) Educate employees about the risks of alcohol use in the workplace 7) Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | government |
| course of action | It will be available free of charge. |

| | |
|--|--|
| evaluation | Yes, evaluation is planned. |
| responsible for the evaluation | all organisations involved in developing the guidance |
| Kind of evaluation | - |
| main results of the PPP evaluated | - |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | involvement of government and social partners in developing the guidance |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, it could be useful in other countries with similar alcohol work culture |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | → The guidance has not been published. |
| Organisation: | The Health and Safety Authority (HSA) |
| Contact person: | Kieran Sludds |
| Email address: | kieran_sludds@hsa.ie |
| Organisational website: | www.hsa.ie |

Annex:

Abstract from: Hope A (2008).

Alcohol-related harm in Ireland. Health Service Executive – Alcohol Implementation Group (HSE)

(http://www.hse.ie/eng/services/Publications/services/Hospitals/Alcohol_Related_Harm_in_Ireland.pdf)

Alcohol and the workplace

Alcohol use and abuse can impact on the workplace, in particular on absenteeism and its related costs. A survey undertaken in Ireland by IBEC (representing business and employer organisations) estimated that absence from work costs Irish businesses about €1.5 billion a year (IBEC 2004).

However, absence from work is not just an economic cost but also a serious social issue, as noted by IBEC. The survey found that the average absence rate was 3.4% which was higher in manufacturing than in the service sector and highest in large companies in comparison to medium or small companies. Short term absence from work was more common than long-term absence. The main cause of short-term absence, for both males and females, was minor illness. Alcohol and alcohol related illness was cited by 12% of companies as a cause of short-term absence for males and 4% for females. Some 40% of short-term absence occurred around the weekend. The main cause of long term absence was recurring health problems.

Alcohol and alcohol related problems were perceived by 4% of companies as a cause of long-term absence for males and 2% for females. As concluded by IBEC, "it is not unreasonable to suggest that alcohol and related problems are likely to be a significant cost to business".

IBEC (2004). Employee Absenteeism: A Guide to Managing Absence. Dublin, IBEC – the Irish Business and Employers Confederation



Lithuania

| | |
|--|---|
| Country: | Lithuania |
| Name of the project: | Alcohol prevention policy at workplaces |
| Name of the company/organisation: | JSC "Oil refinery" - Orlen |
| kind of company | profit organisation production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 3500 |
| Location | Multinational company |
| Main aims and objectives | - |
| main prevention strategy | Structural prevention |
| main target groups of the project | - group with specific functions - drivers |
| initiative started and implemented by | - Management - Legal requirements by law |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning. |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | It is still open. |
| Focus of the alcohol policy: | The Company's policies prohibit the introduction, consumption, possession, distribution or sale of alcoholic beverages or unauthorized drugs by employees on Company territory (buildings or other premises). It is a violation of internal work regulations for intoxicated persons to report to work. |

| | |
|---|--|
| a) Universal prevention | <ul style="list-style-type: none"> - Complete ban on alcohol in the workplace. - Alcohol testing policy e.g. works with potentially dangerous products. - Assessment of the harmful factors in the work places. - Training about healthy lifestyle or reducing harmful habits as smoking, alcohol use. |
| b) Selective prevention | - |
| cooperation with other companies, organisations, counsellors in the context of the PPP | ? |
| General tools being used | Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Small discussion groups - Organised extra training or produced additional information for managers - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. |
| c) Participation of the employees: | Discussions involving representatives of several departments (e.g. personnel, medical services) |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> - Work with potentially dangerous products (accident could have far-reaching consequences) - Problems associated with alcohol use at workplace (more than 30% fatal accidents at work, 50% of them in construction industry) are reported as being alcohol related, indirect effect of drinking itself including absenteeism, poor performance, tardiness or lost productivity. |
| main aims of a workplace alcohol policy | Improvement of company safety |
| the PPP has been documented (not generally applicable to laws) by | <p>Yes, responsible Deputy director for HR.</p> <p>The policy developed together with Safety and Health department and Trade Union.</p> |

| | |
|--|--|
| evaluation | No. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | Decreased number of alcohol using individuals per year. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | - |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes. But policy must be based not only on the safety, but on rising awareness about harmful impact of alcohol-use! |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | ?, |
| Organisation: | ORLEN Lietuva |
| Email address: | post@orlenlietuva.lt |
| Organisational website: | http://www.orlenlietuva.lt/en/main/company |
| Contact person (not in the company): | Raimonda Eičinaitė Lingienė raimonda@dmc.lt Project management depart. Occupational Medicine Centre Hygiene Institute |

Annex:

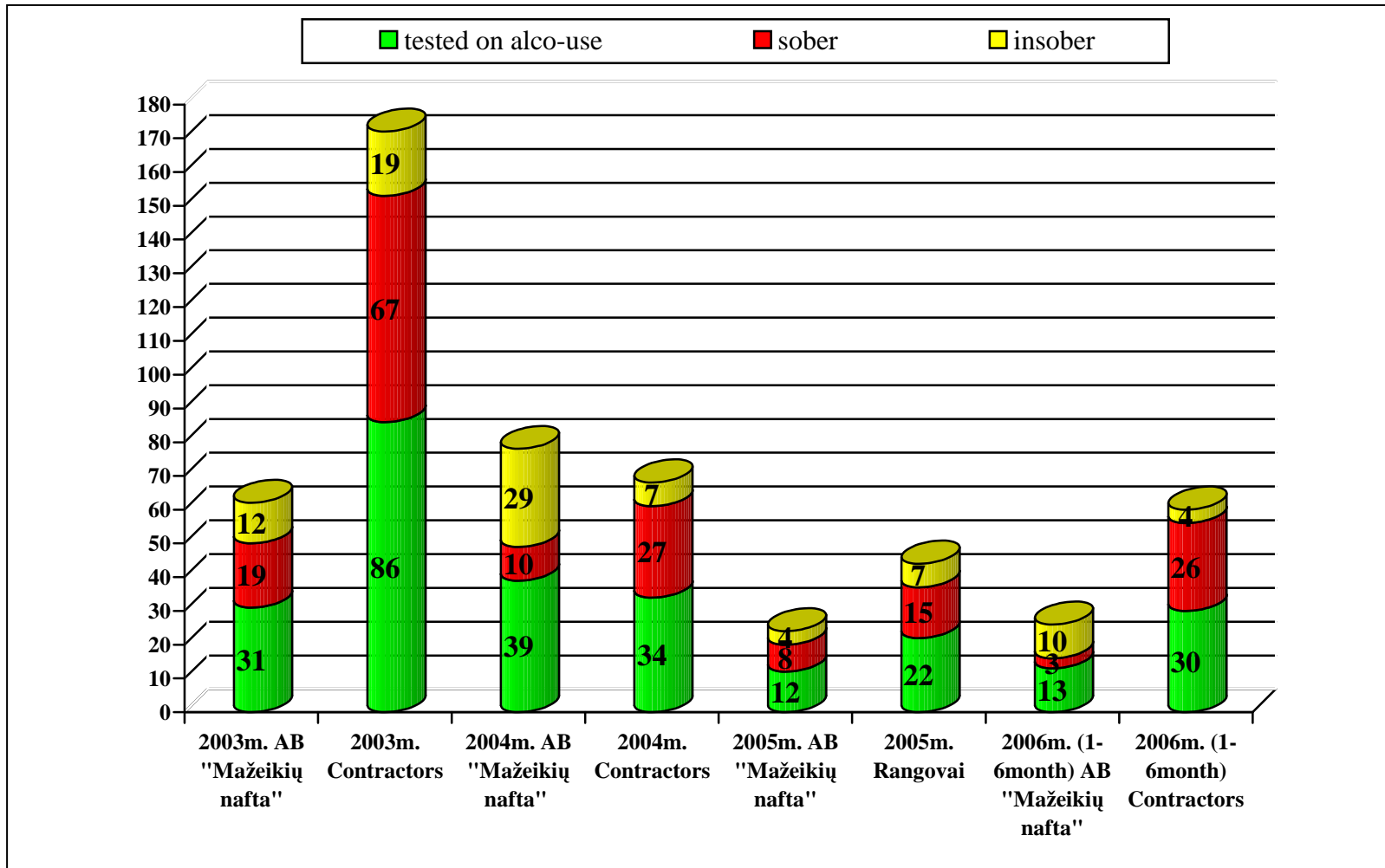
extracts of a presentation in scope of the ENWHP-conference in Cracow/Poland
(European Network for Workplace Health Promotion, 13-14th Oct 2006)

Testing for Reasonable Suspicion

- The observations of a supervisor, Security personnel, and/or the observations and report of at least two other persons is enough to initiate testing for suspicion of being under the influence of alcohol or drugs.
- If the test is positive and shows an alcohol content greater than or equal to 0.1 parts per thousand, but less than 0.4, the employee is dismissed from work, charged with unauthorized absence and issued with a disciplinary warning.
- If an employee is tested according to the established procedure and the results show an alcohol concentration greater than 0.4 ppm, the Administration, prior to terminating the employment contract of the employee in violation, shall request accelerated approval for termination from the Trade Union where the employee in question is a Trade Union member.

SUMMARY ON EMPLOYEES` ALCO-USE RESULTS IN COMPANY "Mažeikiu nafta" 2003-2006

Total number of employees AB "Mažeikių nafta" 3500 žmonių. Contractors 400 žmonių.





Norway

Contact:

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www.avogtil.no
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fon: +47 23 21 45 30

AKAN
Møllergt. 8 (Inng. Skråninga), 0179 Oslo
www.akan.no
akan@akan.no
fon: +47 22 40 28 00

About Norway all information based on AV-OG-TIL- and AKAN-websites:

Legislation

According to the **Act Relating to Workers' Protection and Working Environment**, all companies with more than 50 employees have to establish a working environment committee where employer, employees and the occupational health service are all represented.

The main task of this committee is to observe that work environment matters are taken care of according to the regulations of the law. These committees or, in smaller companies, similar committees with representation from employers and employees, **initiate the companies' work on an alcohol and drug policy.**

AV-OG-TIL is a campaign organization working for alcohol free zones, e.g. working life. Through campaigns and activities they contribute in raising public awareness about situations where alcohol can cause harm or insecurity. The organization is supported by political parties, unions, governmental and non-governmental organizations. They all support the efforts to reduce the harmful effects of alcohol in our society, and in raising alcohol awareness in the general public.

In 2009, AV-OG-TIL made a new online tool which workplaces can use to make their own alcohol policy: <http://www.avogtilprat.no/>. This online tool is developed in cooperation with experts at IRIS (International Research Institute of Stavanger) and AKAN (see above).

- AV-OG-TIL promotes the tool into the organizations, the communities they work with and national campaigns as well.
- It is important to promote it in many ways, arenas, media and so on to get the message across.
- The toll is useful for NGOs, local administrations, production factories etc.

With the program employees at the workplace can describe themselves the situation and there views and together get a result in form of a statistic. There, they can see which situations they have agreed on and what is not okay and this will help them make a policy. This will give them to legitimate the policy amongst the participators.

The idea of AV-OG-TIL member was to make a program that answers to the “new worklife”: There are not a lot of big integrated businesses anymore. People work more at small dynamic enterprises, shifting jobs, less clear lines between work and leisure...

Avogtilprat is not a “costly” program and it is easy to access. *The program is still new, so results - like number of Alcohol policies made at workplaces - do not exist yet.*

In Annexe 1 you will find an extract from this online tool (<http://www.avogtilprat.no/>)

AKAN [Arbeidslivets kompetansesenter for rus- og avhengighetsproblematikk] is the workplace advisory centre for issues relating to alcohol, drugs and addictive gambling.

Their activities are based on collaboration between employers and employees. A defined drug and alcohol policy and clear guidelines for dealing with drug and alcohol abuse in the workplace are important elements in AKAN's activities.

So far, **mostly large enterprises have established an AKAN system**. However, a drug and alcohol policy is also important for small and medium-sized firms. This **leaflet** has been produced to show how the AKAN system can be adapted for smaller firms:

The main objective is to contribute to the prevention and solving of alcohol and drug problems in Norwegian enterprises and workplaces and also to see to it that employees with abuse problems get help. The work is based on human consideration and on a concern for social, economical, medical and safety conditions in the field of work.

The main aims are to:

- Prevent alcohol and drug problems in Norwegian enterprises.
- Develop methods for early intervention and enable employers and employees to take action.
- Provide help and assistance for employees already having developed a substance problem.

Through its work and activities, AKAN aims at qualifying employees and employers for constructive collaboration when encountering the challenges of alcohol and drug problems in the workplace.

Their programs have been set up in numerous public and private workplaces all over the country.

Means

- a) Training and educating:** Arranging courses and conferences for employers and employees, aiming to:
 - Motivate and advise enterprises in the process of establishing their own written policy on alcohol and drugs.
 - Spread knowledge on how to handle alcohol and drug problems in the work place.
 - Inform about the possible consequences of alcohol and drug abuse in the workplace.
- b) Counselling:** Counselling enterprises and trade unions with regard to the establishment and adjustment of AKAN at their workplace and on general or specific substance abuse problems.
- c) Information:** Produce and distribute relevant information on the topic of working environment, organisation of the AKAN-system in the enterprises and on alcohol and drug problems related to the place of work.

AKAN's **individual contract model** consists of structured and specially adapted support in the workplace for a person with a drug or alcohol problem. This may include:

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

Relevant internal resources:

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

Relevant external resources:

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

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

"The important conversation": To confront someone with their drug or alcohol problem is not easy. However, it is important to show that the company has a position on this issue and that help can be provided. The immediate supervisor may confront an employee with a suspicion of drug or alcohol abuse even if the individual has never been intoxicated at work.

The background for the conversation

What is your concern?

The reason you suspect that there might be a drug or alcohol problem, for example:

- Absenteeism?
- Cooperation problems?
- Reduced work performance?
- Mistakes?
- Violations of company regulations or the individual agreement?

What to say?

- Plan what you will say.
- Inform the person concerned why this conversation is taking place.
- Be specific when you describe your observations.
- Present your suspicion about drug or alcohol abuse only when you are fairly sure that there are no other credible explanations.

What not to say

- Do not start out by demanding admissions.
- Do not force the person concerned to lie.
- Do not make a diagnosis.

What response to expect?

1. Defence, in the form of denial, accusations, and downplaying of the matter.
2. Despair
3. Relief

Closing the conversation

- Explain the employment-related consequences if things do not change.
- Ask the person concerned to help come up with a solution.
- Make positive statements.
- Plan another meeting.

→ **Your job as a manager or supervisor is not to analyze the problem, but to explain how the problem will affect the employment situation.**

The AKAN-model/levels

The working environment committee decides if the enterprise wants to establish e.g. the model of AKAN. When the enterprise establish this model, which is a mutual agreement, the workplace says that no employee should be dismissed on the ground of alcohol- and drug abuse as long as the employee has signed an individual AKAN-contract and sticks to it.

A sub-committee will be elected with the same kind of representation; employer and employees and health service. **This local "AKAN-committee" will be responsible for working out the Company's policy on the alcohol and drugs issue** and for proposing and executing activities to fulfil the policy of the enterprise.

- **A set of regulations** on how to act, when to act, who is responsible for doing what, etc. - **will be worked out** by the committee for approval in the environment committee.
- The AKAN-committee members shall also supervise all employers and employees in question about alcohol and drug problems and the AKAN-model.
- An important person in this work will be the appointed **AKAN-key person (employees)** who should be a person coming from the union in the workforce or another person among the employees who is respected and well known by most people in the enterprise.
- When an employee enters to an individual agreement a team will be set up. The team comprise the employee, supervisor, AKAN-key person and the health service.
- **Annual reports from enterprises:**
 - Primary Prevention in a company:* Having a drug policy known to everybody, information about alcohol and drugs
 - Secondary Prevention:* Training for supervisors in recognizing early signs of problems, "The inevitable conversation", focus on behaviour at work.
 - Tertiary Prevention:* Intervention, assistance programs, cooperation with professional treatment, a binding contract

Reactions to abuse

An employee who shows up at the workplace intoxicated has violated company regulations and will be sent home. His or her immediate supervisor has the responsibility for taking action:

1. Verbal warning: violation of work regulations
2. Written warning: recurring violation - an individual (AKAN-)agreement.
3. Further violations: additional written warning / the situation is evaluated.

YOUNG EMPLOYEES

AKAN provides a special programme directed at young employees. The programme has been developed since 1998. It has been very well received and is much requested.

Development of preventive strategies

A special educational programme has been worked out based on the findings in the survey and on pedagogical principles, which they hope trigger the interest of a young population. During the programme, three objectives will be focused on:

1. Trigger the interest of the young employees in the workforce.
2. Give the young employees more knowledge about alcohol and drugs as a tool for reflection to influence their attitudes and behaviour.
3. Motivate the young employees to realise the necessity of having an alcohol and drug policy at the workplace.

Annexe 1: Extract from the AVOGTILPRAT-online tool (in Norwegian) (<http://www.avogtilprat.no/>)

AV-OG-TIL PRAT
←

AV-OG-TIL PRAT



- AV-OG-TIL PrAT er et digitalt verktøy der grupper drøfter bruk av alkohol i ulike situasjoner.
- Formålet er å skape en mer bevisst alkoholkultur, og bidra til utforming av retningslinjer for alkoholbruk i organisasjonen.
- Programmet kan brukes i frivillige organisasjoner, skoler og bedrifter.
- Programmet består av tre deler og kjøres direkte via internett, uten eksterne veiledere.

Kom igang!

Hva trenger dere?

- En gruppe på inntil ti personer
- Et grupperom
- Fem timer effektiv arbeidstid
- En datamaskin med internett
- Projektor og lerret
- Eksterne høytalere

Når det praktiske er klart kan dere starte programmet.

Start

Evaluering

Gjennomført AV-OG-TIL PrAT? Svar på 5 enkle spørsmål og bidra til å gjøre løsningen enda bedre!

Evaluering

Brochure (<http://www.avogtilprat.no/brosjyre.pdf>)

- AV-OG-TIL PrAT er et svært relevant verktøy for arbeidslivet, spesielt for å kunne diskutere de kulturelle aspektene av alkoholbruk på arbeidsplassen.
Dan Postfald, universitetslektor, Vajoy Universitet
- I sosiale sammenhenger mellom arbeid og fritid inngår ofte alkoholen som en naturlig del. Når arbeidslivet er et enklekvibens, gjennom samarbeid mellom ledelse og tilføyelige utarbeider en rusmiddelpolitikk som også omfatter godbarnene.
Rita Lukang, LO-skrivner
- Det er beregnet at mellom 14 og 19% av kontordriverer (1-3 dager) er alkoholkretter, mens så mye som halvparten av endagsforværet kan kryttes til alkohol. Et viktig poeng er at det ikke er de som har et alkoholproblem som står for det meste av de alkoholinnterter forværet. Det er faktisk de med et lavere konsum som slipper de store kostnadene for bedriftene.
Sverre Nevelg, forskningsleder, Statenseg Utværetterterterterter

www.avogtil.no/prat

AV-OG-TIL PRAT er utviklet i samarbeid med:

AVOGTIL
UTVÆRETTERTERTERTER

AKAN
ÅRSRÅD OG ANSVERLIGHETS

IRIS
INSTRUMENTER



AV-OG-TIL PRAT

– et digitalt verktøy for bevisst alkoholkultur

Årsmøte i baren? Hvor går grensene for bruk av alkohol i din organisasjon?

Hva er AV-OG-TIL PrAT?

AV-OG-TIL PrAT er et digitalt verktøy der grupper drøfter bruk av alkohol i ulike situasjoner. Formålet er å skape en mer bevisst alkoholkultur, og bidra til utforming av retningslinjer for alkoholbruk i organisasjonen.

Vår alkoholkultur formes av de fellesskap vi deltar i. For mange er utdanning, engasjement og arbeid en viktig del av hverdagen. De fleste er enige i at man ikke bør drikke alkohol på jobb, men hvor går egentlig grensene i din organisasjon?

AV-OG-TIL PrAT inviterer deltagere til å utforske konkrete situasjoner der alkohol spiller en rolle i fellesskapet, og se på hvilke kjenner man mener er fornuftig. Programmet består av tre deler og kjøres direkte via internett, uten eksterne veiledere.

For mer informasjon se www.avogtil.no/prat.

Hvorfor ta en AV-OG-TIL PrAT?

AV-OG-TIL PrAT er en helt ny måte å tenke alkoholforebygging i organisasjonen. Aldri før har et digitalt verktøy, skreddersydd for brukersyn interaksjon og læring, blitt anvendt til å utforske alkoholkultur i grupper.

Programmet kan brukes i frivillige organisasjoner, skoler og bedrifter. Gruppediskusjon hjelper folk til å reflektere om et komplisert tema, uten at det blir personlig, og bidrar til samhold og læring.

Hvert år går millioner av arbeidstimer tapt på grunn av alkoholinnterter. PrAT kan bidra til å redusere forværet og gjøre hverdagen litt frivilligere for alle.

AV-OG-TIL tilbys gratis til alle organisasjoner skoler og bedrifter.

Enkelt Lønnsomt Trivelig

88

Operating Manual (<http://www.avogtilprat.no/brukerveiledning.pdf>)

Verktøykassen

Underveis i programmet får du tilgang til ulike ressurser som kan være til hjelp i gruppeprosessen. Ressursene er tilgjengelig i verktøykassen og kan hentes frem ved behov. Her er en oversikt over elementene i verktøykassen:

- * Definisjon av alkoholenheter og grenseverdier
- * Situasjoner og beskrivelser (bolk B og C)
- * Fargekart (bolk C)

1 AE
12 gram alkohol

1 liter flaske øl 1 glass vin 4 cl brennevin

Fargekart

1. Definisjon av alkoholenheter og grenseverdier
2. Situasjoner og beskrivelser (bolk B og C)
3. Fargekart (bolk C)

Mot slutten av programmet får man også anledning til å laste ned eksempler fra tre ulike organisasjoner som har utarbeidet retningslinjer for bruk av alkohol.

Oppfølging

Etter å ha gjennomført AV-OG-TIL Prat har man et grunnlag for å utforme retningslinjer for bruk av alkohol i gruppen eller organisasjonen. For å sikre en god forankring av retningslinjene er det viktig at det lages et dokument som de impliserte partene kan godkjenne. Vi anbefaler at det legges til rette for en åpen prosess der personer og organer som ikke har vært tilstede under gjennomføringen av AV-OG-TIL Prat får anledning til å komme med innspill. Først når dokumentet er endelig godkjent, vil det kunne fungere som en rettesnor for alkoholkulturen i organisasjonen.

Eksemplene på retningslinjer fra andre organisasjoner kan være nyttige som referanse. Det er også mulig å be om veiledning per e-post til avogtil@avogtil.no i det videre arbeidet.

UTEN ALKOHOL

Arbeidstilsynet

International Research Institute of Stavanger

www.avogtil.no/prat

BRUKERVEILEDNING

AV-OG-TIL PRAT

AV-OG-TIL Prat er et digitalt verktøy der grupper drøfter bruk av alkohol i ulike situasjoner. Formålet er å skape en mer bevisst alkoholkultur, og bidra til utforming av retningslinjer for alkoholbruk i organisasjonen.

For å gjennomføre AV-OG-TIL Prat trenger du tilgang til internett og noe teknisk utstyr. Denne brukermanualen vil gi en innføring i nødvendige forberedelser og svar på spørsmål som kan oppstå underveis.

www.avogtil.no/prat

AV-OG-TIL Prat på 1-2-3

- 1

Sjekk utstyr! Du trenger et grupperom med en PC koblet til internett, høyttalere og en projektor. Vi anbefaler at du gjennomfører lyd- og lystesten på www.avogtil.no/prat for du går videre.
- 2

Samle folk! Vi anbefaler en gruppe på inntil ti personer. De som deltar kan være et arbeidsfellesskap, eller representanter for ulike grupper i et slikt fellesskap.
- 3

Logg inn! Når utstyret er klart og de rette menneskene er på plass er det bare å sette i gang. Gå inn på websiden, klikk "Logg inn" og følg instruksjonen på skjermen.

Teknisk utstyr

Riktig utstyr er viktig for at du skal få en god opplevelse med AV-OG-TIL Prat. Vi anbefaler at du gjennomfører en lyd og lystest på følgende utstyr før oppstart:

- * En datamaskin med nettleser og internettforbindelse (1 Mbit/sek)
- * Eksterne høyttalere med god lyd som fungerer med maskinen du har tenkt å bruke
- * Projektor og lærret montert i tak eller løst i rommet

Datamaskin med internett

Eksterne høyttalere

Projektor og lærret

Hvem bør være med?

For at prosessen med å utforme retningslinjer for bruk av alkohol skal lykkes er det avgjørende at de rette personene er tilstede. I de fleste tilfeller er det tilstrekkelig å samle en gruppe på inntil ti personer. Deltagerne bør ha en varig relasjon der felles drikkeanledninger er en del av samværet. Dette kan være grupper som har regelmessige møter, for eksempel gjennom utvalg, kontorfellesskap, styre eller lag.

Dersom man ønsker å gjennomføre AV-OG-TIL Prat med en gruppe som ikke har jevnlig kontakt er det viktig at de som deltar representerer så mange deler av organisasjonen som mulig. Dette kan for eksempel være personer fra et styre, ledelsen, fagforeningsrepresentanter, medarbeidere, personalavdeling, hms, verneombud eller andre. Det avgjørende er at de som deltar har kjennskap til praksis i organisasjonen når det gjelder bruk av alkohol, og at det gruppen kommer frem til hensyn til alle deler av virksomheten.

Gjennomføring av programmet

AV-OG-TIL Prat består av tre bolker. Hver bolke ledes av de digitale veilederne Ida og Sverre som både holder faglige innlegg og gir oppgaver underveis. Totalt må det påregnes ca 5 timer effektiv arbeidstid, eller 1-2 timer per bolke. Tiden vil variere avhengig av gruppens diskusjoner og pauser.

Bolk A tar for seg drikkesituasjoner og gir en innføring i hvordan man kan beskrive disse på en måte som er relevant for alkoholkulturen i gruppen.

I bolke B ser vi nærmere på situasjonene som beskrevet i første del, og gir en innføring i hvordan man kan utforme kriterier for å vurdere disse situasjonene.

I den avsluttende delen, **bolk C**, oppsummeres arbeidet slik at man kan vurdere de ulike situasjonene, og om disse er i samsvar med den alkoholkulturen organisasjonen ønsker å fremme.

Ved å gjennomføre AV-OG-TIL Prat vil gruppen komme frem til et forslag til retningslinjer for bruk av alkohol.

Tastefører

For å gjennomføre AV-OG-TIL Prat må gruppen velge en tastefører. Tasteføreren skal skrive inn gruppens svar på oppgavene som blir presentert, og ellers følge instruksjonene i programmet. Tasteføreren jobber er å være en tilrettelegger for gruppens diskusjoner. Her er noen gode råd til deg som har blitt utnevnt til denne viktige oppgaven:

- * Noter ned stikkord for diskusjoner underveis
- * Vær oppmerksom på at alle kommer til orde
- * Sørg for at du også får bidratt i diskusjonene
- * Sjekk om gruppen er enig i dine formuleringer
- * Husk at du kan bruke verktøykassen hvis dere er i tvil

Annexe 2: Background of the online tool (only in Norwegian) <http://www.avogtilprat.no/info.html>

Gjennomføring av programmet

AV-OG-TIL Prat består av tre deler. I første del får du informasjon om alkohol, drikkesituasjoner og risiko. Første gruppeoppgave beskriver positive og negative sider ved bruk av alkohol. Videre velger deltagerne ut åtte drikkesituasjoner som er typiske for gruppen. Hver situasjon beskrives med fokus på formål, deltagerne, frekvens, alkoholinntak og stemning i de ulike situasjonene.

I del to jobber man videre med alkoholenheter, grenseverdier for helseskade og kriterier for å vurdere drikkesituasjoner. Gruppen får i oppgave å vurdere risiko ved bruk av alkohol i de valgte situasjonene. Til slutt vises et samlet bilde for de ulike situasjonene, og gruppas drikkemønster.

I siste del utarbeider deltagerne problemstillinger for drøfting av alkoholkulturen i organisasjonen. Disse blir sentrale når ressurspersoner hentes inn, og man gjør avtaler om å forankre retningslinjene for bruk av alkohol i organisasjonen.

Metodikk

AV-OG-TIL Prat bygger på IGOR-metodikken utviklet av IRIS (tidligere Rogalandsforskning) for rusmiddelforebyggende arbeid i arbeidslivet. Metoden er senere tilpasset for anvendelse på en rekke andre arenaer, blant annet utdanningsinstitusjoner og frivillige organisasjoner.

IGOR henspeiler på det vanskelige grenselandet Innimellom Grønt Og Rødt. I metoden arbeider man med å identifisere situasjoner der bruk av rusmidler forekommer i en gruppe, og vurdere om dette medfører høy eller lav risiko for fellesskapet ut fra de kriteriene man har valg.

AV-OG-TIL Prat er utviklet i samarbeid mellom IRIS, AKAN og AV-OG-TIL og gjennomføres som en gruppeprosess med digitale veiledere via internett. Programmet skal lede frem til et sett retningslinjer for bruk av alkohol i gruppen.

Aktørene:

IRIS International Research Institute of Stavanger.

AKAN Arbeidslivets kompetansesenter for rus- og avhengighetsproblematikk.

AV-OG-TIL





Portugal

| | |
|--|--|
| Country: | Portugal |
| Name of the project: | Prevention and Control Against Excessive Alcohol Consumption at the Workplace |
| Name of the company/organisation: | Estaleiros Navais de Viana do Castelo - Viana Shipyard |
| kind of company | Profit organisation Production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 950 |
| Location | Company is situated at one location |
| Main aims and objectives | - |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | Management + Legal requirements by law |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Only in one location of the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Before 2000 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company + Trade Union |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| <u>a) Universal prevention</u> | <ol style="list-style-type: none"> 1) Complete ban on alcohol in the workplace. 2) Managers are trained to identify alcohol problems at an early stage. 3) Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |

| | |
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| <p><u>b) Selective prevention</u></p> | <ol style="list-style-type: none"> 1) Linked with specialist alcohol services where employees with alcohol problems could be referred 2) Support and care: company has own medical staff to take care of employees experiencing alcohol-related problems 3) Support and care: employees could be referred to external services if required |
| <p>cooperation with other companies, organisations, counsellors in the context of the PPP</p> | <p>-</p> |
| <p>General tools being used</p> | <ol style="list-style-type: none"> 1) Measures developed were applicable to all company employees. 2) A broad dissemination of written information |
| <p>a) Management tools</p> | <ol style="list-style-type: none"> 1) Alcohol awareness training for the staff takes place. 2) Guidelines were developed for all employees. |
| <p>b) Dissemination of the Alcohol policy developed:</p> | <ol style="list-style-type: none"> 1) Policy contains written material on the implementation and content. 2) Information disseminated in the workplace by posters, by brochures and by intranet 3) Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted |
| <p>c) Participation of the employees:</p> | <ol style="list-style-type: none"> 1) Employees were involved in training/discussion about alcohol use (in the workplace) 2) Organised training session for the group of employees who are responsible for the safety within the company |
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <ol style="list-style-type: none"> 1) High proportion of the workforce belonged to a high-risk group for alcohol misuse (e.g. hospitality sector, train drivers ...) 2) Safety aspects 3) Work with potentially dangerous products (accident could have far-reaching consequences) 4) Policy is an important part of the workplace health promotion program |

| | |
|--|--|
| main aims of a workplace alcohol policy | Improvement of company safety |
| the PPP has been documented (not generally applicable to laws) by | the Safety and Health Department |
| course of action | The prevention and control program is made according a Safety and Health Standard (internal document), where are indicate how and in which conditions is put into practice the program. |
| evaluation | Yes, Self evaluation has been done by the company.Evaluation is planned every three month. |
| responsible for the evaluation | Management staff |
| Kind of evaluation | <ol style="list-style-type: none"> 1) Company has conducted a thorough effect evaluation of the alcohol policy, including objective measurements like alcohol use, absenteeism or work performance both before and after the implementation of the alcohol policy. 2) Company has evaluated (elements of) the process of policy implementation. 3) Company is gathering on the dissemination and using of information packages. |
| main results of the PPP evaluated | There are a small quantity of cases with excessive alcohol consumption at the work place (< 0,5 g/l). |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | ? |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | <p>The main conditions for success of the prevent programme are:</p> <ul style="list-style-type: none"> - Its general application, for all employees without exception; - The control is aleatory and automatic process (computer program); - All steps of program are confidential. It's a private process. The nominal results are not make public. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes. It's a simple program and it's easy to put in practice. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, see below |

| | |
|--------------------------------|--|
| Organisation: | Estaleiros Navais de Viana do Castelo, S.A. |
| Contact person: | Francisco Batista |
| Email address: | fbatista@envc.pt |
| Organisational website: | http://www.envc.pt |

Annex:



NORMA DE SEGURANÇA ÂMBITO GERAL

NS/AG - 07

PUBLICAÇÃO DOS ESTALEIROS NAVAIS DE VIANA DO CASTELO, S.A.

REPRODUÇÃO PROIBIDA SEM AUTORIZAÇÃO

PREVENÇÃO E CONTROLO DO CONSUMO EXCESSIVO DE ÁLCOOL

OBJECTIVO

Esta norma tem o objectivo de estabelecer os termos em que é efectuado, na Empresa, o controlo e prevenção do consumo excessivo de álcool.

O seu objectivo essencial é a manutenção de um elevado grau de segurança no trabalho, visando a eliminação desta causa de acidente, o bem-estar e saúde dos trabalhadores e a consequente melhoria do trabalho prestado.

NORMA

1 - EFECTIVAÇÃO E ÂMBITO

- 1.1 A eficácia dos procedimentos previstos nesta Norma pressupõe o empenho consciente da Estrutura da Empresa, dos Trabalhadores e dos seus Órgãos dos factores de risco e a colaboração de todos na criação de condições propícias a evitar a alcoolémia e ainda sensibilizar os alcoólicos para a necessidade do seu tratamento.
- 1.2 O disposto nesta Norma aplica-se a todos os trabalhadores.

2 - REALIZAÇÃO DE TESTES

- 2.1 Os testes serão realizados sob orientação da Medicina no Trabalho utilizando para o efeito equipamento calibrado nos termos legalmente fixados para o efeito.
- 2.2 Poderão ser submetidos ao teste:
 - a) Os trabalhadores que o pretenderem.
 - b) Por solicitação da hierarquia, Técnicos de Prevenção ou Bombeiros Navais, os trabalhadores cujo comportamento indicie estado de embriaguez.
 - c) Os trabalhadores envolvidos em acidentes com baixa.
 - d) Dois trabalhadores de manhã e dois de tarde, escolhidos por um processo aleatório automático.
 - e) Um trabalhador por dia, escolhido por um processo aleatório, pertencente a grupos de profissionais cuja actividade envolva maiores riscos para outros trabalhadores (exemplos: condutores, motoristas, montadores de andaimes, bombeiros, etc.).

Nota: Os referidos grupos profissionais serão determinados pelo Gabinete de Segurança.

- 2.3 A realização dos testes referidos em 2.2, nas alíneas b), c) e d) e e) é obrigatória. Serão realizados de forma discreta, ficando sujeitos a sigilo profissional os trabalhadores que os realizem ou testemunhem, sem prejuízo do disposto no ponto 3.2.
- 2.4 Quando da realização do teste, o trabalhador tem a faculdade de solicitar a presença de uma testemunha.

Good practice of projects, programmes and policies (PPP)

3 - RESULTADOS DOS TESTES

- 3.1 Sempre que o resultado do controlo de alcoolémia seja superior a 0,5 gramas/litro, considerase positivo e como tal sujeito às consequências previstas no ponto 4.
- 3.2 Sempre que o resultado do teste seja positivo será dado conhecimento por escrito ao responsável da área e ao Serviço de Pessoal.

4 - CONSEQUÊNCIAS

- 4.1 A prestação de trabalho sob influência do álcool constitui infracção, tendo como consequências:
- a) Suspensão do trabalho, acto imediato, durante o período que medeia entre o resultado do teste e o fim do seu horário de trabalho diário.
 - b) Processo disciplinar que graduará a correspondente sanção.
- 4.2 O trabalhador é considerado reincidente quando entre duas infracções mediar um período de tempo inferior a um ano.

5 - CONSUMO E VENDA DE ALCOOL EM INSTALAÇÕES DA EMPRESA

Não é permitido o consumo de bebidas alcoólicas na Empresa, salvo o já existente para acompanhamento da refeição.

6 - FORMAÇÃO E INFORMAÇÃO

- 6.1 A empresa promoverá acções de informação e formação, tendo em vista a prevenção e a diminuição da incidência e das consequências do consumo excessivo de álcool.
- 6.2 Cabe ao Gabinete de Segurança, em colaboração com o Gabinete Médico e o Centro de Formação, designadamente:
- a) Coordenar as acções de informação;
 - b) Coordenar as acções que, a diversos níveis, visem o controlo e eliminação dos efeitos do consumo de álcool.
 - c) Propor as medidas que considerar necessárias.
 - d) Acompanhar e dinamizar a aplicação da presente Norma de Segurança.

7 - CONSIDERAÇÕES GERAIS

Eventuais omissões serão submetidas à consideração da Comissão de Prevenção e Segurança, a qual procederá à respectiva análise e informará do procedimento a adoptar.



Slovenia

| | |
|--|--|
| Country: | Slovenia |
| Name of the project: | Health – Three Hearts |
| Name of the company/organisation: | Zdravilišče Radenci d.o.o |
| kind of company | profit organisation service sector |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | 250 |
| Location | Company is situated at one location |
| Main aims and objectives | <ul style="list-style-type: none"> - aware of the responsibility to employees and the environment where they operate. - continually introducing precautionary measures in order to improve conditions for work, minimise risk to injuries and health disorders and decrease negative influences on the environment. - policy provides a framework for goal definition and revision. The operation in accordance with the legislation is the minimum goal. <p>→ you will find the the policy complete following to this summary.</p> |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | <ul style="list-style-type: none"> - Management - Work council - Legal requirements by law |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |

| | |
|---|--|
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Complete ban on alcohol in the workplace. - Alcohol testing policy e.g. works with potentially dangerous products. - Employees receive training in the early identification of alcohol abuse among colleagues. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |
| b) Selective prevention | <ul style="list-style-type: none"> - Linked with specialist alcohol services where employees with alcohol problems could be referred - Support and care: company has own medical staff to take care of employees experiencing alcohol-related problems - Support and care: employees could be referred to external services if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No. |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Small discussion groups - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) - Organised extra training or produced additional information for managers - Different guidelines were developed for different departments. |

| | |
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| <p>b) Dissemination of the Alcohol policy developed:</p> | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by posters, by <i>brochures</i> and by <i>intranet</i>. - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted - Production of an inter-organisational media about the alcohol policy |
| <p>c) Participation of the employees:</p> | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of ‘at risk’ employees is arranged. - Organised training session for the group of employees who are responsible for the safety within the company - Discussions involving representatives of several departments (e.g. personnel, medical services) |
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <ul style="list-style-type: none"> - Concern about public image - High proportion of the workforce belonged to a high-risk group for alcohol misuse (e.g. hospitality sector, train drivers ...) - Safety aspects - Work with potentially dangerous products (accident could have far-reaching consequences) - New law or change in law (labour law, labour protection) - Policy is an important part of the workplace health promotion program - Education campaign for young employees |
| <p>main aims of a workplace alcohol policy</p> | <p>Educate employees about the risks of alcohol use in the workplace</p> |
| <p>the PPP has been documented (not generally applicable to laws) by</p> | <p>Yes, by a specific task of the Human Resources department and Safety and health components in collaboration with doctors to implement the measures in charge of all employees.</p> <p>The company has set internal rules on the prevention of alcohol at the workplace, as well as staff training in workshops, through fact sheets, internal newsletters, etc.</p> |

| | |
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| evaluation | No evaluation is being intended. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | Yes, <ul style="list-style-type: none"> - sick leave - employee satisfaction - higher productivity - higher quality services |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | <ul style="list-style-type: none"> - soft methods - talk with people - personal contact |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, the transfer of practice is possible and sensible. Soft methods of working with people, which is already occurring or alcohol problems can still be proven to be the right way awareness of employees. Productivity has increased, the fewer sick leaves, employee satisfaction is higher. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, see Annex 1 |
| Organisation: | ZDRAVILIŠČE RADENCI D.O.O |
| Contact person: | Eva Pintarič |
| Email address: | eva.pintaric@zdravilisce-radenci.si |
| Organisational website: | www.zdravilisce-radenci.si |

Annex 1: ZDRAVILIŠČE RADENCI Occupational health and safety policy

The occupational health and safety policy is defined and adopted by the management. As a rule, the policy suitability is reviewed at least once per year as part of the management review.

We are aware of our responsibility to employees and the environment where we operate. Therefore we direct the company operation so as to continually introduce precautionary measures in order to improve conditions for work, minimise risk to injuries and health disorders and decrease negative influences on the environment. The policy provides a framework for goal definition and revision. The operation in accordance with the legislation is **our minimum goal**.

In its policy, Zdravilisce Radenci d.o.o. obliges to do the following:

- **consider** legal requirements at its work, which refer to the company and other requirements, which the company determined in relation to occupational health and safety;
- prevent injuries and health disorders and continually improve the management system and effects of occupational health and safety;
- carry out activities to ensure a **permanent improvement** within its annual plans in the area of occupational health and safety, and in searching for improvements (planning) primarily focus on how to prevent appearance of any safety problems if possible;
- **incorporate** requirements for occupational health and safety in each new activity,
- if possible, hazardous substances will be **substituted** with less hazardous ones,
- regularly follow up the occupational health and safety condition and **take steps** for prevention and improvement,
- to make all persons who work under supervision of the company familiar with the policy in order to make them aware of their obligations in the area of occupational health and safety,
- **inform** the trade union and **trade union organiser for occupational health and safety** about the adoption of new rules or organisational provisions which concern the valid legislation and **consult** with them,
- **cooperate** with interested parties in an open and culture dialogue, thereby contributing to the success of common efforts that company invests in the improvement of occupational health and safety,
- **ensure** all resources required from the viewpoint of occupational health and safety,
- make **documented** occupational health and safety policy available to interested parties, take care that the policy is **implemented and maintained** and its suitability periodically **revised**.

A successful performance of occupational health and safety policy requires commitment and personal responsibility on the part of employees. By playing a role model, managerial employees will contribute to the increase in the employee safety culture and a positive attitude to the environment.



Spain (1)

| | |
|--|--|
| Country: | Spain |
| Name of the project: | Proimges - Salusline Comprehensive Program on Health Education |
| Name of the company/organisation: | Proimges SI |
| kind of company | profit organisation company in the service sector |
| Company size | small enterprise (10 to 50 staff members) |
| Number of employees | 75 |
| Location | Company is situated at one location |
| Main aims and objectives | <ul style="list-style-type: none"> - Comprehensive Program on Health Education through Internet to educate employees in general health principles. Using computer software specially designed, Internet, mobile telephone, written and video material, conferences and courses to evaluate, raise awareness, transmit, implement and maintain interactive and personalized health educational programs on the main pillars of health (nutrition, exercise, stress management, mind, Preventive medical exams). - Conferences and Seminar on Chi Kung/Qigong – Chinese Gymnastics – and its essence: Breathing, relaxation, concentration, and philosophical values to raise awareness and provide tools to manage stress and bring about personal and behavioural changes. |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/ organisation in each country |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |

| | |
|---|---|
| project is funded by | company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| <u>a) Universal prevention</u> | Employees receive internet evaluations, Information and programs to raise awareness and Seminars and conferences on Chi Kung/Qigong, breathing, relaxation, Concentration and oriental philosophy |
| <u>b) Selective prevention</u> | - |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No |
| General tools being used | Seminars and conferences and Internet (mailings, evaluations, general and specific information), as well as videos to implement positive habits (nutrition, exercise, stress management and personal skills: breathing, relaxation, etc |
| a) Management tools | - |
| b) Dissemination of the Alcohol policy developed: | Information disseminated in the workplace by brochures and internet/intranet |
| c) Participation of the employees: | <ul style="list-style-type: none"> - Discussions involving representatives of several departments (e.g. personnel, medical services) - use of internet communication "the doctor answers section" |
| trigger for the decision to develop and to implement a workplace alcohol policy | Safety aspects |
| main aims of a workplace alcohol policy | Improvement of the company safety |
| the PPP has been documented (not generally applicable to laws) by | ? |
| course of action | - |
| evaluation | <ul style="list-style-type: none"> - External evaluation has been done. - Self evaluation has been done by the company. |
| responsible for the evaluation | Consulting company |

| | |
|---|--|
| <p>Kind of evaluation</p> | <ul style="list-style-type: none"> - Company has evaluated (elements of) the process of policy implementation - Company is gathering on the dissemination and using of information packages - Company undertakes an annual review (by questionnaire) to establish staff familiarity with alcohol policy - Anonymous questionnaires containing questions on problem awareness among the staff, alcohol consumption at seminars, parties, and the image of alcohol within the company will be distributed - Anonymous Internet questionnaires on drinking habit filled the employee himself |
| <p>main results of the PPP evaluated</p> | <p>Positive in raising awareness and adoption of general health habits that improve the overall health of the employees, better team relation and communication</p> |
| <p>evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i></p> | <p>?</p> |
| <p>pre-conditions for success for the PPP/ main lessons to be learnt from it</p> | <ul style="list-style-type: none"> - The commitment of management and employees were the main precondition. - The openness of employees to learn and benefit of Oriental thoughts and techniques to help change negative mental patterns like drinking - the importance of providing regular and continuous Internet educational material to raise awareness, educate and implement healthy habits that contribute to move away from negative behaviours including drinking habit, into a healthier more productive life |
| <p>sense to transfer the PPP to other companies <i>and/or</i> in other countries</p> | <p>Yes, it is profound, efficient, inexpensive, perseverant on time and brings about an overall change in life habit behaviour.</p> |
| <p>documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc.</p> | <p>Yes. → Environmental and Occupational Health & Safety Report 2008</p> |
| <p>Organisation:</p> | <p>Proimges</p> |
| <p>Contact person:</p> | <p>Diego Fajardo Butler</p> |
| <p>Email address:</p> | <p>dfajardo@proimges.com</p> |
| <p>Organisational website:</p> | <p>www.proimges.com</p> |



..Spain (2)

| | |
|--|--|
| Country: | Spain |
| Name of the project: | Algeciras Sana - Salusline Comprehensive Program on Health Education |
| Name of the company/organisation: | Algeciras City Council, Cadiz |
| kind of company | <ul style="list-style-type: none"> - non profit organisation / <i>public sector</i> - administration sector |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | ? |
| Location | Company is situated at one location |
| Main aims and objectives | <ul style="list-style-type: none"> - Comprehensive Program on Health Education through Internet to educate employees in general health principles and support the work of occupational physicians in alcoholism and other illness and disorders. - Use computer software specially designed, Internet, mobile telephone, written and video material, conferences and courses to evaluate, raise awareness, transmit, implement and maintain interactive and personalized health educational programs on the main pillars of health (nutrition, exercise, stress management, mind, Preventive medical exams). |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - Disseminators/information multipliers - All staff members |
| initiative started and implemented by | Local city government |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/ organisation |
| How was it developed? | It was implemented over the whole company from the beginning |
| Start of the PPP in the company | Started in 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company (Local city government) |

| | |
|---|---|
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent). |
| Focus of the alcohol policy: | |
| <u>a) Universal prevention</u> | Employees receive internet evaluations, information and programs to raise awareness and to support the actions of the Occupational Physician. |
| <u>b) Selective prevention</u> | <ul style="list-style-type: none"> - Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred - Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | Yes, Occupational Physicians, Psychologist, Social Security |
| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Internet (mailings, evaluations, general and specific information), as well as videos to implement positive habits (nutrition, exercise, stress management, and personal skills: breathing, relaxation, etc.) |
| a) Management tools | - |
| b) Dissemination of the Alcohol policy developed: | Information disseminated in the workplace by brochures and by internet/intranet |
| c) Participation of the employees: | <ul style="list-style-type: none"> - Discussions involving representatives of several departments (e.g. personnel, medical services) - use of internet communication "the doctor answers section" |
| trigger for the decision to develop and to implement a workplace alcohol policy | <ul style="list-style-type: none"> - Concern about public image - Safety aspects - Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | ? |
| course of action | - |

| | |
|--|--|
| evaluation | evaluation is planned |
| responsible for the evaluation | Consulting company |
| Kind of evaluation | <ul style="list-style-type: none"> - Company has evaluated (elements of) the process of policy implementation - Company is gathering on the dissemination and using of information packages - Company undertakes an annual review (by questionnaire) to establish staff familiarity with alcohol policy - Anonymous questionnaires containing questions on problem awareness among the staff, alcohol consumption at seminars, parties, and the image of alcohol within the company will be distributed - Anonymous Internet questionnaires on drinking habit filled the employee himself |
| main results of the PPP evaluated | Answers to online questionnaires by participants seem to indicate that PPP has achieved the purpose of improve alcohol knowledge and better overall life habits of the employees and decrease alcohol consumption. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | ? |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | <ul style="list-style-type: none"> - The commitment of management and employees were the main pre-condition. - The main lesson was the importance of providing regular and continuous Internet educational material to raise awareness, educate and implement healthy habits that contribute to move away from negative behaviours including drinking habit, into a healthier more productive life. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, it is profound, inexpensive, perseverant on time and brings about an overall change in life habit behaviour. |

documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc.

Yes.

Salusline.com is the one-stop interface for managed care, health, wellness, fitness providers, corporations, pharmaceutical and medical equipment industries, food and nutrition, sports and leisure companies, Ministries of Health, Work, Education and Tourism, etc. providing online valuable services and ongoing professional information. In general, Salusline has four identifying characteristics:

1. Information: Salusline is an extensive preventive health portal that includes general information, in-depth articles, timely updates on topics of health and personal development, newsletter, multimedia area, forums and much more, all directed to reduce health risks.
2. Tools for increasing awareness and encourage action-taking for health prevention, like the HRA The Health Test® and many others that can be found at *Cool Tools*.
3. Health Programs created by our Medical Staff on specific health problems. All programs have been created for educational purposes and can be used to complement the information given by the medical staff or as a preventive program.
4. Possibility to Brand the portal for Collaborating Members. It is possible to adapt Salusline with the Logo and Company image of clients so that it is *them* who offer these services to their clients or to their workforce. A collaboration/partnership with Salusline is available and offer many advantages to clients, friends or staff and many benefits for the company.

SALUSLINE has specialized in the creation, promotion and implementation of interactive and personalized programs of Preventive Medicine through Internet focused on improving and maintaining good health in women and men through out their lives.

It has been conceived for four languages (Spanish, English, German and French).

| | |
|--------------------------------|--|
| Organisation: | Salusline.com |
| Contact person: | Dr. Gaspar García, MD |
| Email address: | gaspargarcia@salusline.com |
| Organisational website: | http://www.algecirasana.es/; www.salusline.com |

Annex:

<http://www.salusline.com/index.php?SEC=modulos&MOD=PREVENCION&aid=1476>

RETURN PER INVESTMENT - Cost Effective Health Promotion Programs

INTRODUCTION

Almost every day new scientific data comes out pointing to the effect that personal health and work conditions have on the company's balance sheet and economic results. On the other hand studies have repeatedly demonstrated that comprehensive worksite health promotion programs can: lower health care and insurance costs, decrease absenteeism, and improve performance and productivity.

- Improve performance and productivity.
- Decrease absenteeism.
- Lower health care and insurance costs.
- Bigger employee commitment and loyalty, and lower turnover.

EXAMPLE OF RETURN PER INVESTMENT IN SOME COMPANIES:

Health Care and Insurance Costs:

- A number of studies provide evidence of lower medical and insurance costs for participants in health promotion programs, particularly programs involving exercise.
- For \$30 per person, the Bank of America conducted a health promotion program for retirees using a risk assessment questionnaire, self-care books and other mailed materials. Insurance claims were reduced an average of \$164 per year in this group while they increased \$15 for the control group. Since they were able to document significant changes in risk behavior, they anticipate greater savings in future years.
- Pacific Bell's FitWorks participants claim \$300 less per case for a one year savings of \$700,000. Savings for conditions related to a sedentary lifestyle are \$722 per case.
- Coca Cola reported a reduction in health care claims with an exercise program alone, saving \$500 per employee per year for the employees (60%) who joined their HealthWorks fitness program.
- Prudential Insurance Company reports that the company's major medical costs dropped from \$574 to \$312 for each participant in its wellness program.

Decreased Absenteeism:

- Absenteeism has been shown to be impacted by employer health promotion programs. The evidence indicates a significant reduction in absenteeism and resultant dollars saved as a result of employee fitness programs.
- Pacific Bell's FitWorks program decreased absent days .8 percent to save \$2 million in one year. FitWorks members also spent 3.3 days less on short term disability for an additional savings of \$4.7 million.
- Focusing health promotion efforts on high risk employees can lead to better results. A national manufacturing company reports a decrease of 12.2% in illness days for these employees.
- A 2 year study by The DuPont Corporation of the effect of its comprehensive health promotion program on absences among workers reports that blue collar employees at intervention sites had a 14% decline in disability days vs. 5.8% decline for controls. There were a total of 11,726 fewer net disability days.

Enhanced Performance, Productivity and Morale:

A number of employers with health promotion programs report documented improvement in job attitude, work performance, energy level, and/or overall morale among program participants—all critical factors in enhancing productivity.

- A Johnson & Johnson study found that employee attitude changes were greater at health promotion intervention sites with significant positive attitude changes noted in the categories of organizational commitment, supervision, working conditions, job competence/security, and pay/benefits. In a Canadian government study, the Canada Life Assurance Company experimental group realized a 4% increase in productivity after starting an employee fitness program, compared to the control group. Further, 47% of program participants reported that they felt more alert, had better rapport with their co-workers, and generally enjoyed their work more. Swedish investigators found that mental performance was significantly better in physically fit workers than in non-fit workers. Fit workers committed 27% fewer errors on tasks involving concentration and short-term memory, as compared with the performance of non-fit workers.

It is excited at the new sensibility and support that private company and official organisms are showing for the benefits in promotion of healthy habits for all involved: employees, companies and society at large.



Spain (3)

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| Country: | Spain |
| Name of the project: | APREBA |
| Name of the company/organisation: | Inforges |
| kind of company | profit organisation service sector |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | 150 |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | To improve the employees health and to avoid absenteeism for all staff members |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | Management |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/ organisation in each country |
| How was it developed? | It started as a pilot project only in one sector of the company. |
| Start of the PPP in the company | Started in 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | Complete ban on alcohol in the workplace. |
| b) Selective prevention | Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No |

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| General tools being used | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| a) Management tools | Alcohol awareness training for the staff takes place. |
| b) Dissemination of the Alcohol policy developed: | <p>9) Policy contains written material on the implementation and content.</p> <p>10) Information disseminated in the workplace by intranet</p> |
| c) Participation of the employees: | Employees were involved in training/discussion about alcohol use (in the workplace) |
| trigger for the decision to develop and to implement a workplace alcohol policy | <p>8) Safety aspects</p> <p>9) Policy is an important part of the workplace health promotion program</p> <p>10) Education campaign for young employees</p> |
| main aims of a workplace alcohol policy | Educate employees about the risks of alcohol use in the workplace |
| the PPP has been documented (not generally applicable to laws) by | No |
| evaluation | No evaluation is being intended |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | The engagement of all staff members and the support of the managers. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | ? |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | ? |
| Organisation: | Inforges |
| Contact person: | Juan J. Ríos |
| Email address: | jrios@inforges.es |
| Organisational website: | www.inforges.es |



..Spain (4)

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| Country: | Spain |
| Name of the project: | Control del consumo de alcohol en la población trabadora |
| Name of the company/organisation: | Porcelanosa Grupo, S.A. |
| kind of company | profit organisation production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 2500 |
| Location | Company with a headquarter and one or more other branches/locations |
| Main aims and objectives | <ul style="list-style-type: none"> - eradication of cases of alcoholism - reduction of alcohol consumption for all employees |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | In-company Occupational Health Service |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Nationwide all over the company |
| How was it developed? | It was implemented over the whole company from the beginning. |
| Start of the PPP in the company | Before 2000 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | In-company Occupational Health Service |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | Complete ban on alcohol in the workplace. |
| b) Selective prevention | <ul style="list-style-type: none"> - Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems - Support and care: employees could be referred to <i>external services</i> if required |

| | |
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| cooperation with other companies, organisations, counsellors in the context of the PPP | No. |
| General tools being used | Monitoring of detected cases. |
| a) Management tools | - |
| b) Dissemination of the Alcohol policy developed: | - |
| c) Participation of the employees: | - |
| trigger for the decision to develop and to implement a workplace alcohol policy | Policy is an important part of the workplace health promotion program |
| main aims of a workplace alcohol policy | Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | No. |
| evaluation | No evaluation is being intended |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | No. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | creation of a climate of trust between the worker and the physician |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, improved results and optimized resources. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | ? |
| Organisation: | Porcelanosa Grupo |
| Contact person: | Antonio Tello |
| Email address: | atello@porcelanosa.com |
| Organisational website: | www.porcelanosa.com |



..Spain (5)

| | |
|--|--|
| Country: | Spain |
| Name of the project: | Promoviendo Estilos de Vida Saludables - Mejor |
| Name of the company/organisation: | CEMEX |
| kind of company | profit organisation production sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | 2400 |
| Location | Multinational Company |
| Main aims and objectives | <ul style="list-style-type: none"> - Company medical services in all the different centres located in Spain promote their employees health. - To promote different campaigns to improve health every year. One of this is the one related to alcohol (effects on health, prevention, detection and treatment of alcoholism). |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | <ul style="list-style-type: none"> - Disseminators/information multipliers - All staff members |
| initiative started and implemented by | Company physician (servicios médicos) |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | Selective in some locations of the company |
| How was it developed? | as an activity of health promotion |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company physician (servicios médicos) |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |

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| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Employees receive training in the early identification of alcohol abuse among colleagues. - information by brochures, conferences, explaining the effects on health, prevention, detection and treatment of alcoholism |
| b) Selective prevention | - |
| cooperation with other companies, organisations, counsellors in the context of the PPP | No. |
| General tools being used | Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. |
| a) Management tools | <ul style="list-style-type: none"> - dissemination of written information - personal training in the medical desk |
| b) Dissemination of the Alcohol policy developed: | Information disseminated in the workplace by <i>brochures</i> |
| c) Participation of the employees: | Others (?) |
| trigger for the decision to develop and to implement a workplace alcohol policy | Improvement of the health of employees |
| main aims of a workplace alcohol policy | <ul style="list-style-type: none"> - Educate employees about the risks of alcohol use in the workplace - Improvement of the health of employees |
| the PPP has been documented (not generally applicable to laws) by | No. |
| evaluation | No evaluation is being intended. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | No, we haven't elements about this matter. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | - |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, the transfer of practice is possible and sensible. Soft methods of working with people, which is already occurring or alcohol problems can still be proven to be the right way awareness of employees. Productivity has increased, the fewer sick leaves, employee satisfaction is higher. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, see Annex |

| | |
|--------------------------------|--|
| Organisation: | Cemex (Espana) |
| Contact person: | ESTEFANIA IRANZO GARCIA (Coordinadora de Salud - RRHH) |
| Email address: | estefania.iranzo@cemex.com |
| Organisational website: | www.cemex.es |

Annex: Tríptico alcohol (Drink limit)

¿Cómo puedo calcular lo que bebo?

Aunque el cálculo exacto del alcohol consumido comporta operaciones un poco complicadas, hay un sistema muy sencillo para hacer un cálculo aproximado.

Cuando hablamos de una bebida estándar nos referimos a:

- una copa de vino
- una cerveza
- un carajillo
- un chupito

Has de contar dos bebidas estándar si tomas:

- un combinado (cubata)
- una copa de coñac
- cualquier otro licor

En el Estado Español una UBE contiene 10 gramos de alcohol puro. Por tanto, una persona que en el curso de un día ha bebido dos cañas de cerveza, un quinto, dos vasos de vino comiendo, un carajillo, y una copa de whisky, ha tomado alrededor de 80 gr de alcohol.

Veamos cómo se llega a esta conclusión:

| Bebida | UBE |
|-----------------|-----|
| 2 cañas | 2 |
| 1 quinto | 1 |
| 2 vasos de vino | 2 |
| 1 carajillo | 1 |
| 1 whisky | 2 |
| Total UBE | 8 |

Gramos d'alcohol: 8 UBE x 10 g = 80g

¿Qué es beber demasiado?

La mayoría de la gente tiene tendencia a creer que bebe "normal". De todas maneras, diversos estudios científicos han permitido a la Organización Mundial de la Salud definir a partir de qué cantidades se puede considerar que una persona bebe demasiado (consumo de riesgo). Estos límites son diferentes para los hombres y para las mujeres (por razones fisiológicas y hormonales), y son los siguientes.

| Hombres | Mujeres |
|---------------------------------|---|
| 28 BEBIDAS ESTÁNDAR A LA SEMANA | 17 BEBIDAS ESTÁNDAR A LA SEMANA |
| HASTA 4 BEBIDAS ESTÁNDAR AL DÍA | APROXIMADAMENTE 2 BEBIDAS ESTÁNDAR AL DÍA |

También se considera consumo de riesgo beber más de 6 UBE en una ocasión de consumo (situación en que toma alcohol).

**EN EL TRABAJO,
HAZ SALUD**

**MEJOR SIN
ALCOHOL**

NO TE ABANDONES



Servicio Médico de Empresa

Tú puedes hacerlo

Lo más importante es tomar la decisión y estar convencido de que es posible dejar este mal hábito.

El alcoholismo es una enfermedad, y como tal requiere un tratamiento y seguimiento por personal sanitario experto.

El alcohol es una droga que acorta la vida.



Beber en exceso puede desencadenar patologías como la gastritis, inflamación del hígado, cardiopatías, etc.

Un bebedor excesivo suele vivir 15 años menos que el resto de la población.

Las consecuencias del consumo de alcohol en mujeres embarazadas y en menores pueden ser fatales.

Estos son algunos de los motivos suficientemente importantes, como para dejar de beber en exceso. Esta decisión sólo te dará ventajas.

Busca el apoyo necesario. Habla con alguien que lo haya conseguido. Elige alguien para que te de su apoyo y te escuche.

¿Cómo podemos ayudarte?

Podemos darte el soporte necesario. Podemos asesorarte y facilitarte guías y documentación.

Podemos dirigirte a centros especializados en la deshabituación alcohólica. Piensa que cada enfermo requiere un método personalizado, y en muchos casos se recomienda el control de un médico.

¿Qué efectos tiene el alcohol sobre tus sentidos?

Vista

Te disminuye la visión estereoscópica (relieve), te prolonga el efecto de deslumbramiento y te reduce el campo visual.

Olfato

Te disminuye el sentido del olfato y te dificulta percibir el olor de sustancias peligrosas.

Sistema nervioso

Te disminuye el tacto, la percepción del calor, el equilibrio y los reflejos.

Funciones intelectuales

Te disminuye la atención, la concentración, la capacidad de reacción, la coordinación, la percepción del tiempo y las distancias.

Todas estas alteraciones, sin duda, pueden llegar a desencadenar un accidente grave.

No corras riesgos

Un tercio de los accidentes de tránsito y la mitad de los mortales tienen como origen el abuso de bebidas alcohólicas.

El consumo excesivo de alcohol tiene una influencia negativa sobre la seguridad y el rendimiento laboral.

Una cantidad pequeña de alcohol puede ser motivo de un accidente.





..Spain (6)

| | |
|--|--|
| Country: | Spain |
| Name of the project: | Programa preventiu del consum d'alcohol i altres drogues |
| Name of the company/organisation: | FCC S.A. Fomento de Construcciones y Contratas |
| kind of company | profit organisation service sector |
| Company size | Big enterprise (501 and more staff members) |
| Number of employees | Ca. 1200 |
| Location | Multinational company |
| Main aims and objectives | decrease of the consumption of alcohol and drugs |
| main prevention strategy | Behavioural <u>and</u> structural prevention |
| main target groups of the project | All staff members |
| initiative started and implemented by | - Management - Trade Union |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/ organisation in each country |
| How was it developed? | It started as a pilot project only in one sector of the company. |
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | Permanent measure/offer |
| project is funded by | Company |
| financing for a successful implementation is guaranteed | Long-term (over 2 years or permanent) |
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Complete ban on alcohol in the workplace. - Employees receive training in the early identification of alcohol abuse among colleagues. - Managers are trained to identify alcohol problems at an early stage. - Managers are instructed to take disciplinary measures if an employee was deemed to be under the influence of alcohol during working hours. |

| | |
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| <p>b) Selective prevention</p> | <ul style="list-style-type: none"> - Linked with <i>specialist alcohol services</i> where employees with alcohol problems could be referred - Support and care: company has <i>own medical staff</i> to take care of employees experiencing alcohol-related problems - Support and care: employees could be referred to <i>external services</i> if required |
| <p>cooperation with other companies, organisations, counsellors in the context of the PPP</p> | <p>Yes.</p> <ul style="list-style-type: none"> - Labour office - Health department - Police - addiction specialist |
| <p>General tools being used</p> | <ul style="list-style-type: none"> - Alcohol policy implementation generally includes the broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers. - Measures developed were applicable to all company employees. |
| <p>a) Management tools</p> | <ul style="list-style-type: none"> - Alcohol awareness training for the staff takes place. - Management/supervisors received alcohol policy training prior to the dissemination of information packages among employees (Guidance how to implement the policy) |
| <p>b) Dissemination of the Alcohol policy developed:</p> | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by posters and by <i>brochures</i>. - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted |
| <p>c) Participation of the employees:</p> | <ul style="list-style-type: none"> - Employees were involved in training/discussion about alcohol use (in the workplace) - Small group discussions - Workshop for employees and managers introducing guidelines for the handling of ‘at risk’ employees is arranged. - Discussions involving representatives of several departments (e.g. personnel, medical services) |

| | |
|---|---|
| <p>trigger for the decision to develop and to implement a workplace alcohol policy</p> | <ul style="list-style-type: none"> - Concern about public image - High proportion of the workforce belonged to a high-risk group for alcohol misuse (e.g. hospitality sector, train drivers ...) - Policy is an important part of the workplace health promotion program |
| <p>main aims of a workplace alcohol policy</p> | <ul style="list-style-type: none"> - Prevent alcohol problems causing productivity loss and absenteeism - Educate employees about the risks of alcohol use in the workplace - Improvement of the company image - Improvement of the health of employees - Improvement of company safety |
| <p>the PPP has been documented (not generally applicable to laws) by</p> | <p>Personnel manager</p> |
| <p>evaluation</p> | <p>Yes, evaluation is planned.</p> |
| <p>responsible for the evaluation</p> | <p>committee assessor</p> |
| <p>Kind of evaluation</p> | <ul style="list-style-type: none"> - Company has conducted a thorough effect evaluation of the alcohol policy, including objective measurements like alcohol use, absenteeism or work performance both before and after the implementation of the alcohol policy - Company is gathering on the dissemination and using of information packages - Company undertakes an annual review (by questionnaire) to establish staff familiarity with alcohol policy - Supervisors will be asked to fill in an evaluation form after completing their training (about the contents of the course, the applicability of the contents, the teacher and the materials used) - Anonymous questionnaires containing questions on problem awareness among the staff, alcohol consumption at seminars, parties, and the image of alcohol within the company will be distributed |
| <p>main results of the PPP evaluated</p> | <p>-</p> |
| <p>evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i></p> | <p>Yes, productivity loss and absenteeism</p> |

| | |
|--|---|
| pre-conditions for success for the PPP/ main lessons to be learnt from it | <ul style="list-style-type: none"> - lack of enforcement of the internal regulation - high problem incidence - high motivation of human resources people and health professionals. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, better information and training of workers |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, <ol style="list-style-type: none"> 4. PROGRAMA PREVENTIU DEL CONSUM D'ALCOHOL I ALTRES DROGUES 5. PROGRAMA PREVENTIU DEL CONSUM D'ALCOHOL I ALTRES DROGUES EN EL TREBALL (12/2008) |
| Organisation: | FCC. S.A. Fomento de Construcciones y Contratas |
| Contact person: | Anna Puigdomenech Romero |
| Email address: | ApuigdomenechR@fcc.es |
| Organisational website: | http://www.fcc.es/fcc/corp/index_i.htm |

Annex: PROGRAMA PREVENTIU DEL CONSUM D'ALCOHOL I ALTRES DROGUES (2008)

PROGRAMA PREVENTIU DEL CONSUM D'ALCOHOL I ALTRES DROGUES

“A la feina drogues i alcohol 0,0”

LA MARIA COM A MOLT, PER ESMORZAR

PER QUÈ?? Com a empresa responsable amb el seu personal, i entenent la problemàtica de la societat actual del consum d'alcohol i altres drogues com un problema també de l'empresa, sorgeix la necessitat de fer un programa preventiu, sent la nostra obligació vetllar per la seguretat i la salut del nostre personal. Aquest programa neix del compromís adquirit entre la representació dels treballadors/res i l'empresa.

LES CANYES COM A MOLT, PER BEURE SUC

A QUI VA DIRIGIT?? Aquest pla serà d'aplicació a la delegació de Tarragona-Lleida de FCC,SA, realitzant-se inicialment la seva implantació en la contracta del servei de Neteja i Recollida de la ciutat de Reus, essent d'aplicació per a tots els treballadors/res, en totes les seves categories professionals, ja que la seguretat no entén de categories.

LES PASTILLES COM A MOLT, PER LA TOS

COM?? S'ha elaborat un PLA D'ACTUACIÓ en tres etapes: Campanya de Sensibilització: Dirigida a un públic molt concret, els treballadors/res d'una empresa de serveis públics de neteja i recollida. Es creen uns cartells, amb els que es vol fer arribar un missatge de forma visual relacionats amb el consum d'alcohol i altres drogues.

LES COPES COM A MOLT, LA D'EUROPA

Campanya de detecció i control: En aquesta etapa s'aplicaran mesures per identificar aquell personal que pugui tenir un problema derivat del alcohol i/o altres drogues.

A LA FEINA... LA XOCOLATA COM A MOLT, AMB XURROS

Campanya d'intervenció: Un cop detectat un problema d'abús de alcohol i/o altres drogues en un treballador/a de l'empresa, ja sigui dins o fora de la jornada laboral, s'activaran els recursos sanitaris, laborals i socials per poder ajudar-lo/a.

LA COCA COM A MOLT, DE CIRERES

Es crea un reglament intern d'acord amb la filosofia del programa de voler ajudar, per això s'ha adequat l'anterior règim sancionador a aquesta problemàtica.

LA BARREJA COM A MOLT, AMB GANXITOS

COL.LABOREN:

- Departament de Treball, serveis territorials
- Subdirecció General de Drogodependències del Departament de Salut de la Generalitat de Catalunya
- Centre d'Atenció i Seguiment de les Drogodependències de Reus i Tarragona



Sweden

| | |
|--|---|
| Country: | Sweden |
| Name of the project: | the risk drinking project in Sweden |
| Name of the company/organisation: | The Swedish National Institute of Public Health |
| kind of company | Non profit organisation / public sector The Swedish National Institute of Public Health |
| Company size | Medium-size enterprise (50 to 500 staff members) |
| Number of employees | ? |
| Location | Company is situated at one location |
| Main aims and objectives | Risk drinking work within Swedish health care and welfare service has been given high priority in the current national action plan. In particular, it states that pregnancy and work environments are areas that shall be alcohol free. → 2010 is the last year for the Swedish risk drinking project in this form. The Swedish National Institute of Public Health are going to arrange a national conference next year. The aim is to summarize experiences and discuss what conclusions can be drawn for the future work. |
| main prevention strategy | Behavioural prevention |
| main target groups of the project | All kind of staff members at different workplaces |
| initiative started and implemented by | The Swedish National Institute of Public Health |
| How does the PPP work: Is it valid in the whole company or only in some locations or specific work areas? | All over the company/organisation in each country |
| How was it developed? | The Risk Drinking project began within a special development institute for primary health care – The Family Medical Institute (FAMMI). When this unit was wound up in 2006 it was taken over by The Swedish National Institute of Public Health. The sections below account for how project work has been developed with the primary health care sector (first section) and occupational health and safety sector (second section). From 2007, work at hospitals will be added to the project. This area of work is run by the WHO network for health promoting hospitals. |

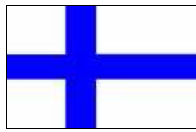
| | |
|---|---|
| Start of the PPP in the company | Between 2000 and 2009 |
| Duration of the PPP applied | unknown |
| project is funded by | The project was financed through special government funding (The Swedish National Institute of Public Health) |
| financing for a successful implementation is guaranteed | It is still open. |
| Focus of the alcohol policy: | |
| a) Universal prevention | <ul style="list-style-type: none"> - Alcohol testing policy e.g. works with potentially dangerous products. - Employees receive training in the early identification of alcohol abuse among colleagues. |
| b) Selective prevention | Support and care: employees could be referred to <i>external services</i> if required |
| cooperation with other companies, organisations, counsellors in the context of the PPP | Yes, different kinds of workplaces in Sweden. |
| General tools being used | Measures developed were applicable to all company employees. |
| a) Management tools | <ul style="list-style-type: none"> - find employers who had risk drinking habits with AUDIT |
| b) Dissemination of the Alcohol policy developed: | <ul style="list-style-type: none"> - Policy contains written material on the implementation and content. - Information disseminated in the workplace by posters and by <i>brochures</i>. - Information packages distributed to all employees: alcohol information package and a copy of the formalised alcohol policy, including details of how and why it was set up has been adapted - Production of an inter-organisational media about the alcohol policy |
| c) Participation of the employees: | The employers get questions from the company health services then they have health control at the workplace. The tool is AUDIT. |
| trigger for the decision to develop and to implement a workplace alcohol policy | ? |
| main aims of a workplace alcohol policy | Prevent abuse drinking. |
| the PPP has been documented (not generally applicable to laws) by | Yes, it's documented by The Swedish National Institute of Public Health. |

| | |
|--|--|
| evaluation | Yes, external evaluation has been done. |
| responsible for the evaluation | The Swedish National Institute of Public Health |
| Kind of evaluation | The company health service doctors had answered surveys from the Swedish National Institute of Public Health. |
| main results of the PPP evaluated | The evaluating is not completed yet. |
| evidence effect by the PPP for a <i>positive cost-benefit calculation for the company</i> | Yes. |
| pre-conditions for success for the PPP/ main lessons to be learnt from it | It's a national program and it's The Swedish National Institute of Public Health who is working with the method. |
| sense to transfer the PPP to other companies <i>and/or</i> in other countries | Yes, they use AUDIT as a tool so it would be possible.. |
| documents, reports, websites e.g. publicly available of this policy (in national language or in English) or a legal law, official guidelines by government etc. | Yes, <ol style="list-style-type: none"> 1. “A new way of preventing alcohol problems” http://www.fhi.se/PageFiles/8480/A-new-way-of-preventing.pdf 2. The risk drinking project in Sweden - Alcohol prevention in primary health care and occupational health care http://www2.fhi.se/upload/Riskbruksprojektet/Th e%20Swedish%20Risk%20Drinking%20Project.pdf |
| Organisation: | IOGT-NTO Sweden The Swedish National Institute of Public Health (www.fhi.se) |
| Contact person: | Peter Moilanen |
| Email address: | peter.moilanen@iogt.se |
| Organisational website: | www.iogt.se |

List of Case Studies

European countries with further alcohol initiatives and programmes at the workplace

| Country | | |
|----------------|---|-----|
| Finland | background | 129 |
| France | background and legislation | 131 |
| Hungary | national workplace prevention programme | 136 |
| Italy | workplace prevention programme | 139 |
| Luxembourg | alcohol policy guideline | 141 |
| Polen | background | 149 |
| Slovakia | legislation | 151 |
| Slovenia | legislation | 154 |
| United Kingdom | background and legislation and policies | 159 |



FINLAND

There is no further information found about Finland.

Kari Niilola. Production and sale of alcoholic beverages and employment. Helsinki, Finland 2007. 46pp. (Reports of the Ministry of Social Affairs and Health

http://www.stm.fi/c/document_library/get_file?folderId=28707&name=DLFE-3580.pdf&title=Alkoholijuomien tuotanto ja myynti tyollistajana fi.pdf

This study examines the employment effects of the production and sale of alcoholic beverages in Finland in 2005 as well as the development of employment in the years 2000 and, regarding the main sectors, also taking the year 1996 as baseline. Furthermore, the relationships between alcohol related employment and recorded alcohol consumption are examined. The study covers employment in the production, wholesale and retail distribution and on-premise sale (serving) of alcoholic beverages, as well as certain other sectors.

In 2005, the production and sale of alcoholic beverages accounted for altogether 27,188 person-years. On-premise sale was dominant with 17,054 person-years, which amounts to 62.7 % of the total. Other important sectors were the production of alcoholic beverages and operations connected with it, with 5,276 person-years or 19.4 %; and retail sale, with 3,606 person-years or 13.3 %.

The overall level of alcohol-related employment remained at the same level in the years 2000, at approximately 27,000 person-years. During 2001-2005, employment in the production of alcoholic beverages increased by 8.3 % and in retail sale by 13.8 %. Employment in on-premise sale decreased by 3.1 %. Compared with 1996, employment in retail sale increased by 806 person-years (28.7 %) and that in on-premise sale decreased by 1,546 person-years (8.3 %). The main cause for the decrease in alcohol-related employment was a decrease in the share of sales in the restaurant sector accounted for by alcoholic beverages.

The following can be said about relationships between alcohol-related employment and alcohol consumption from the year 2001 onwards:

- The employment trend in on-premise sale paralleled to some extent the trend in the monetary value of sales but not the volume (100% alcohol) of on-premise consumption.
- The employment trend in the production of alcoholic beverages paralleled the changes in the monetary value of recorded alcohol consumption until 2004, but not thereafter. The employment trend in production paralleled that in the volume of alcohol consumption (100% alcohol) through the entire period studied.
- The trend in alcohol-related employment in retail sale paralleled the changes in the monetary value of retail sales until 2004, but not thereafter. The trend in alcohol-related employment in retail sale paralleled the changes in the volume of retail consumption (100% alcohol) throughout the period studied.
- The trend in overall alcohol-related employment correlated to a degree with changes in the monetary value of recorded alcohol consumption but not with those in its volume. When comparing the employment in 2005 with that in 1996 (long-term), the following can be said:
- The trend in overall alcohol-related employment was opposite to that in the monetary value of alcohol consumption and to that in the volume of recorded alcohol consumption in 100% alcohol, and correlated fairly with changes in the employment in on-premise sale.

- While the recorded alcohol consumption in 100% alcohol per capita in 1996-2005 increased significantly (from 6.7 litres to 8.2 litres, i.e. by 22 %), overall alcohol-related employment decreased somewhat (from 29,000 person-years to 27,000 person-years, i.e. by 7 %).
- Employment in the production or retail sale of alcoholic beverages was not crucial to the changes in alcohol-related employment, but rather the employment in on-premise sale. This is due to the dominant position held by employment in on-premise sale in the overall level of alcohol-related employment.

ADDICTION REHABILITATION PROCEDURE

HOITONOHJAUS [ANVISNING TILL VÅRD]

Addiction rehabilitation is based on a recommendation between the central employers' and union confederations for reducing alcohol and drugs as harmful factors in working life. It involves a special rehabilitation model recommending that in workplaces employer and employees should jointly compile information on available places on rehabilitation-centre programmes and work out how, when necessary, rehabilitation can be carried out in practice. Such rehabilitation can be considered as an alternative to ending the employment relationship in cases where the question of doing so arises because of excessive alcohol consumption. A special rehabilitation agreement is concluded with the individual who is to undergo treatment.

A group of experts in the Centre for Occupational Safety has the task of implementing and developing workplace alcohol and drug programmes.

- Addiction rehabilitation is directed at individuals with a drink problem.
- The emphasis is nowadays on preventing harmful effects and promoting the control of alcohol abuse, and such activities are concentrated on individual abusers rather than the working community as a whole and all addiction groups.
- Aspects relating to alcohol and drugs are a permanent part of activities directed at maintenance of the capacity to work.

Page last updated: 14 August, 2009

<http://www.eurofound.europa.eu/emire/FINLAND/ANCHOR-HOITONOHJAUSANVISNINGTILLV-Aring-RD-FI.htm>



Contact:

A.N.P.A.A. France
Association Nationale de Prevention en Alcoologie & Addictologie
clriviere@anpa.asso.fr

About France all information based on A.N.P.A.A.-Homepage

Legislation (Code du travail)

The legislation

- does limit the introduction of alcoholic drinks,
- forbids the presence of drunk people
- oblige to offer to employees non-alcoholic drinks (free water)

Generally, firstly every employer has to avoid, to estimate, and to fight the risk on its source and secondly he has to take care of his own security and health and even that of his colleagues. An employee who is drunk can be dismissed

Alcohol workplace policy background from France:

Accidents

- accidents at work: **15 %**
- accidents on the way to workplace/home: **40%**
- Reasons of consumption: cultural conditions of work
- Consequences on production, organization of the work, relations - exclusion

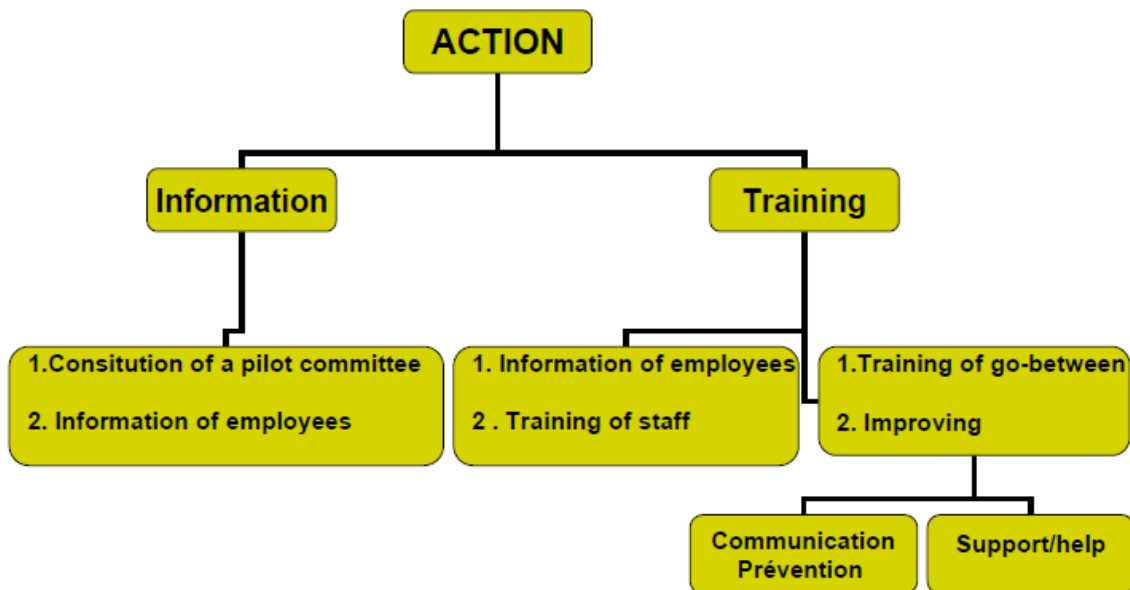
Principles of alcohol prevention at the workplace

- a voluntary group
- to envisage a global action
- mobilization of all the actors
- to be acquainted with the company
- to make public the project
- to communicate the steps to all the employees

Program of staff training

- history of the approach by the company, the role and the aims of the alcohol group
- presentation of the participants and exchange on their expectations
- presentation of the contents of the training
- work on the definitions, the keywords: alcohol, alcoholism ...
- the physiological effects, the Bac and the road safety rule
- the pathologies, the care
- the legislation and regulation
- the place of the alcohol in the company, the role of the professional circle of acquaintances, the co-responsibility
- the attitude in case of alcohol related situations
- evaluation

Methods/Objectives



Best practice found in France (A.N.P.A.A):

1. **RATP** (company of subway and buses in Paris - 43000 employees)

Key note: safety – reliability – durability

Trigger

1991: serious accident connected with alcohol

1997: a mass action: 200 sessions of information: 80% of the employees

a production of a Charter whom philosophy is:

“however your position, you can do something”

Results of the evaluation

- satisfaction of the employees
- less aggressiveness
- solidarity with colleagues in difficulties (survey 1999)
- 50 people with alcohol problems get help
- party’s organized with the choice of drinks (with/without alcohol)
- every new employee is systematically informed of the alcohol policy (decided by the head of the company)

2. **Local public transports** (290 employees)

What was made?

- After a dismissal for over consumption of alcohol, constitution of a pilot committee.
- Information sessions in small groups.
- Training of a group of prevention constituted by volunteers

Result on 4 years:

- Good appreciation of the risks.
- Motivation to help people with alcohol related problems.
- Party’s offering the choice of drinks (alcoholic drinks and non alcoholic drinks)

3. *Technologies of communication (2300 employees)*

What was made?

- constitution of a group of go-between
- trained about the technique of prevention
- Action coordinated by the medical social service

Results on 2 years:

- elaboration by the pilot committee of a charter
- Clarifying the conditions of consumption of alcohol on the workplace and the attitude to be held in case of difficulties.
- Increase awareness regarding the risks of alcohol and tobacco

4. *Nuclear research company (4000 employees)*

What was made:

- Further to several accidents, launch of a campaign of prevention with follow-up in the time.
- Training of go-between.
- Accent put on the role of the staff and of network.
- Medical advice proposed systematically to the persons in difficulties

Result on 10 years:

- decrease of the secret bars, reduction of the party's, variety of the offered drinks

conclusion

- Acting on the causes
- modifying the perception of the alcoholic disease
- engaging a thinking
- developing networks of help
- Foreseen the organization necessary for welcome of employees after a treatment.....

Extract from ANPAA-Homepage (only in French)

http://internet.anpaa.asso.fr/html-fr/frameset_appliquer.html

Alcool et entreprise (only in French)

Pour le milieu de travail:

Chaque entreprise est un cas particulier dont l'analyse des problèmes dans le domaines des dépendances doit permettre de définir une réponse adaptée en termes de formation.

Selon le contexte, les formations seront abordés sous l'angle de la prévention ou sous l'angle de l'intervention:

- Formation à la "**Démarche alcoologique en entreprise**" pour le groupe de pilotage de l'ensemble du projet.
- Une "**Sensibilisation au risque alcool en entreprise**" pour l'ensemble du personnel.
- Formation d'un "**Groupe relais de prévention**" représentatif du personnel de l'entreprise.
- Formation de volontaires à "**L'accompagnement de personnes en difficulté avec l'alcool**".
- Formation de l'encadrement à la "**Gestion des situations-problèmes**"

Legislation

Article L232-2 du Code du travail

Il est interdit de laisser entrer ou séjourner dans l'entreprise des personnes en état d'ivresse. Aucune boisson alcoolique n'est autorisée sur les lieux de travail **sauf** le vin, la bière et le cidre.

(→ *The internal regulation can forbid any alcohol consumption*).

Article L232-3 du Code du travail

Les contrats de travail ou les conventions collectives ne peuvent pas comporter de dispositions prévoyant l'attribution de boissons alcooliques au titre d'avantages en nature.

Article R232-3 du Code du travail

L'employeur est tenu de mettre de l'eau potable et fraîche à la disposition du personnel.

Article R232-3-1 du Code du travail

Dans certaines conditions de travail, l'employeur est tenu de mettre au moins une boisson sans alcool gratuitement à disposition.

La délivrance de boissons alcoolisées au moyen de distributeurs automatiques est interdite (art. L 3322.8).

Les textes du **Code du travail** relatifs à l'alcoolisation sur les lieux du travail visent trois objectifs.

- Limiter l'introduction de boissons alcooliques dans l'entreprise.
- Interdire la présence de personne en état d'ébriété.
- Proposer des boissons sans alcool.

L'introduction de boissons alcooliques dans l'entreprise

Exception faite du vin, la bière, le cidre, il est interdit à toutes personnes d'introduire ou de distribuer, de laisser introduire ou de laisser distribuer sur les lieux du travail des boissons alcooliques (art. L 132.2). Le règlement intérieur peut limiter ou interdire toute consommation d'alcool (circulaire du 13 janvier 1969).

Les contrats de travail ou les conventions collectives ne peuvent comporter de dispositions prévoyant l'attribution de boissons alcooliques au titre d'avantage en nature (art. L 232.3).

Personnes en état d'ébriété -Contrôles par alcootest

Il est interdit de faire entrer ou séjourner dans l'entreprise des personnes en état d'ivresse (art. L 232.2).

"Le recours à l'alcootest peut être prévu (dans le règlement intérieur) lorsqu'il s'agit de vérifier le taux d'alcoolémie d'un salarié qui manipule des produits dangereux ou est occupé à une machine dangereuse ou conduit des véhicules automobiles et notamment transporte des personnes ", c'est à dire dès qu'il existe un danger pour le salarié lui-même ou pour les tiers (circulaire du 15 mars 1983 - BO TRAV n° 83/16).

Cette position a reçu l'aval du Conseil d'Etat à propos d'une disposition du règlement intérieur ainsi rédigée : " les salariés qui manipulent des produits dangereux ou sont occupés à une machine dangereuse ou conduisent des engins ou véhicules automobiles et notamment transportent des personnes, peuvent être soumis à l'épreuve d'alcootest dans le cas où les intéressés ou leur environnement. Le contrôle sera effectué par un ou des agents habilités désignés par la direction de l'établissement".

Le conseil d'Etat a considéré que l'employeur n'était pas tenu de désigner nommément la ou les personnes habilitées à faire le contrôle et qu'il n'était pas nécessaire de prévoir la possibilité de recourir à une contre-expertise, la soumission à l'épreuve de l'alcootest étant destinée à prévenir ou faire cesser immédiatement une situation dangereuse et non à infliger une sanction (CE. 9.10.87, RNUR Ets Jean de La Ruelle - CE.1.7.88, RBUR Ets d'Hyères).

Proposer des boissons sans alcool

Les employeurs doivent mettre à la disposition des travailleurs de l'eau potable et fraîche pour la boisson (art. R 232.3).

Dans le cas où des conditions particulières de travail entraîneraient les travailleurs à se désaltérer fréquemment, l'employeur est tenu, en outre, de mettre gratuitement à leur disposition au moins une boisson non alcoolisée. La liste des postes concernés est établie par l'employeur après avis du médecin du travail et CHSCT (art. 232.3.1)



Hungary

Contact:

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H-1096 Nagyvárad tér 2. postal address:H-1450 Pf. 63 Hungary
<http://www.omfi.hu>

Ferenc KUDÁSZ MD (kudasz@omfi.hu)

Central Employment Office and Public Employment Service
<http://www.afsz.hu/>

About Hungary all information based on OMFI / AFSZ –Homepage (see above)

“National workplace prevention programmes” as part of the National Drug Strategy

In 09/2009 a “*Report on the workplace prevention programmes*” was prepared for the meeting of the Coordination Committee on Drug. The report is on state programme “*Stay within the green area - Activating employers and employees against harmful alcohol and drug consumption*”(2006). (Public Employment Service, http://www.afsz.hu/engine.aspx?page=mhelyi_alk_es_drogm; only in Hungarian):

Information on the prevention programme of the Ministry of Employment and Social Affairs and the Public Employment Service

“Motivating employers and employees against harmful alcohol and drug consumption”

This report on this website is only available in Hungarian. At the left hand menu of the website are downloadable documents (on the project, handbook, annexes, poster, flyers, studies and contact):

- **The main page** [[Munkahelyi alkohol- és drogmegeelőzés](#)] (http://www.afsz.hu/engine.aspx?page=mhelyi_alk_es_drogm) is the introductory text of the Minister. It refers to the *National Policy on Drug*, programmes like *Family-friendly workplace*, *Health-friendly workplace*, the tri-partite supervisory group, and the structure and management of the project that is done by *Public Employment Service (ÁFSZ)*.
- **The first link** on the left (http://www.afsz.hu/engine.aspx?page=alkdrogprev_projekt) underneath gives some details of the structure (in bullet points): Steps of the national prevention programme, Steps of the company prevention programme, Elements of the company prevention programme, Content of management trainings, Informing workers, Health protection, Ways of making work environment better and diverse, Counselling, Possible viewpoints of project evaluation, General elements of the prevention programme. Afterwards there are links to the Chapters of the project (I-IV).
- **The second link** on the left (http://www.afsz.hu/engine.aspx?page=alkdrogprev_kezikonyv) is on the handbook. The handbook is based on the ILO-UNDCP publication. At the end there are links to the Preface, Theoretical overview, Programmes, Definitions. The last link is to download the handbook in MS-Word.

- **The third link** (http://www.afsz.hu/engine.aspx?page=alkdrogprev_mellekletek) is about the Annexes:
 1. Promoting change by oneself
 2. Identification of the problem and early help
 3. Alarming signs for managers and colleagues
 4. Signs of problem drinking
 5. Self-evaluation questionnaire for workers assessing alcohol-dependency
 6. Drug evaluation scale (DAST-20)
 7. Effects of change
 8. Winning top management and trade unions
 9. Cost reduction
 10. Questionnaire on drinking habits
 11. Health care costs
 12. Alcohol consumption prevention programmes are effective!
 13. Drugs
 14. Frequent objections – possible answers concerning the programme
 15. Planning-introducing-managing company prevention programmes on alcohol and drug
 16. Questionnaire on needs
 17. Stress assessment paper
 18. Integrated alcohol and drug prevention programmes at workplaces
 19. Frequent justifications of refusing prevention programmes
 20. Alcohol consumption in the Hungarian population
 21. ARMADA brochure
- **The fourth link** (http://www.afsz.hu/engine.aspx?page=alkdrogprev_plakatok) and **fifth link** (http://www.afsz.hu/engine.aspx?page=alkdrogprev_szorolapok) are posters and flyers.



- **The sixth link** (http://www.afsz.hu/engine.aspx?page=alkdrogprev_tanulmanyok) is directing to studies and papers: guideline of the programme in MS-Word; the Phoenix programme (health promotion campaign at the Border Guards) and afterwards a study plan for continuing a prevention programme at the Nuclear Power Plant at Paks; three newspaper articles at the end.
- **The final link** (http://www.afsz.hu/engine.aspx?page=alkdrogprev_kapcsolat) at the end is contact.

→ The present situation is that after the development of the plan the implementation resulted difficulties. The supporting components are missing, so the programme did not reach the desired objectives. The analysis revealed the following inhibitory factors:

1. Negative social attitude towards drug and alcohol issues: stigmatisation, fear of bad company image. Instead focusing on more easy CSR issues.
2. Absence of good practice at state and municipal institutions
3. Low awareness and motivation concerning OSH and CSR among small and middle enterprises (2-3 are mainly due to the lack of financial resources)

The tackling of these factors could be:

- Channelling-integrating substance abuse prevention activities into the more accepted WHP programmes ("smuggling in" Also the effect is bigger and prolonged.)
- Quitting "general aims" and creating graded objectives for companies/institutions by tailoring the goals to the financial possibilities and motivation. Setting up objectives that can be achieved (realistic) is crucial. CRS is the recommended approach for wealthier companies, although grading within CSR is useful.

A recent study set up four categories concerning substance abuse policies and activities from "problems even with the provision of legal minimum" up to "companies with fully developed CSR policies". (Trade unions and the state are not active.)



About Italy all information based on Cooperativa Marcella-Website (see below):

| The Euridice model |
|--|
| Alcohol and drug abuse prevention at the workplace in Italy |
| <p>Background Euridice</p> <ul style="list-style-type: none"> - There exists no drug addiction prevention programme for the workplace. - At the beginning in 1989, around 50% of the people in care in the drug unit were employed (methadone/hard drugs, not considering soft or synthetic drugs). - To fill the gap in the policy of public intervention on drug addiction in the workplace - To promote the idea that the workplace is a specific and ideal setting in which to implement prevention programmes - In Italy, EURICIDE implemented the project in more than 140 enterprises. <p>Aims of the project</p> <ul style="list-style-type: none"> - Identifying the specific reality and adapt the model in accordance to its needs - Increasing workers' competencies and understanding - Promoting help and training - Linking the workplace with the resources available outside <p>Key aspects of an integrated model</p> <ul style="list-style-type: none"> - Co-planned with experts and workers - Implementation by taking into consideration needs, interests and attitudes of all workers - Developing cooperation and social dialogue - Implementation by using best possible effect of the expertise of researchers, experts and local agents - Impacts will be monitored and assessed at the community level, at the enterprise level and on the workers' competencies - Repeat and transfer only after being evaluated <p>The feasibility study</p> <ul style="list-style-type: none"> - Focus on the resources available locally - Define the setting where to operate - Start up a link between different public and local services and a steering committee for the management of the project - Define general goals, and start planning the intervention - Seek funding from public and private sources <p>The research (Aims)</p> <ul style="list-style-type: none"> - Monitoring of the perception of drug addiction in the workplace of all workers - Getting information by a questionnaire about the way workers think, feel and act towards drug addicts and their problems |

The information phase to increase knowledge and understanding of all workers

Information campaigns to all workers by distributing:

- Feedback from the questionnaire
- Brochure with information about drugs and addiction
- Information sheets on key concepts and aspects

Training stage and topics

Target: a group of 20 delegates and/or opinion leaders

Aims: creating a stable group of reference for fellow workers and introducing this group to an integrated model of management of diversity

Topics:

- Drugs, alcohol, smoking and related problems
- Group dynamics: information and methods how to act
- Teaching the basic components of planning a prevention programme in this field
- How to help workers in difficulty
- How to evaluate the efficacy of their own actions

Intervention

- The group of trained workers is able to carry out interventions (with the aid of the experts)
- Identifying and taking action on problems such as stress, alcoholism, psychopharmas abuse, etc
- Supporting workers, who have been in treatment, when they come back to work
- Counselling workers who want to know more about drug addiction and problems related
- Sharing information and organising training courses targeting workers
- Linking the requests for help with the health services network

Evaluation phase

- Measurement of cognitive, social and cultural changes on the culture / social factors of the enterprises
- training or learning processes

Dissemination of outcomes

- To create the basis on which to replicate
- To transfer the project through (press conferences, local workshops, National seminars and annual European seminars, websites).

Management

- Co-ordination committee composed by local health authority, city council, province, trade union organisations, Employers' association

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Luxembourg

About Luxembourg information based on internet research (see internet address below):

Annexe:

Alcool et lieu de travail - Guide pour responsables d'entreprise, cadres supérieurs, gestionnaires de ressources humaines, membres des comités d'entreprise et des délégations du personnel

Services d'information, de guidance et de consultation au Luxembourg:

- Conseil National Luxembourgeois d'Alcoologie (CNLA), avec l'aimable autorisation de l'Université de Trèves
- Consultations et renseignements par le Centre Thérapeutique d'Useldange
- Ministère de la Santé. Direction de la Santé. Division de la Santé au Travail. Division de la Médecine Préventive

1. Remarque préalable

Le guide "Alcool sur le lieu du travail" est le résultat du travail du comité de consultation et de prévention des toxicomanies réalisé à l'Université de Trèves sous la direction de Burkhard Schackmann, psychologue diplômé. La présente version a été traduite et adaptée aux besoins luxembourgeois par le «Conseil National Luxembourgeois d'Alcoologie» (CNLA). Le but de cette brochure consiste à donner aux responsables d'entreprise, aux cadres supérieurs, aux gestionnaires de ressources humaines et aux membres des comités mixtes ou des délégations du personnel, des indications pour aborder la gestion pratique du problème de la toxicomanie dans l'entreprise. Le guide contient:

- Des informations concernant les signes caractéristiques facilitant le dépistage précoce de problèmes de toxicomanie;
- Des indications quant la préparation de la prise en charge de travailleurs présentant des symptômes de toxicomanie et quant à la façon de mener un entretien avec le présumé dépendant;
- Des recommandations sur la conduite à tenir en face de personnes présumées dépendantes;
- Des réflexions générales quant à la prévention des abus de drogues sur le lieu du travail.

Le guide s'occupe en premier lieu de l'alcool, drogue dont on abuse le plus, non seulement dans la vie privée, mais aussi dans le cadre de l'entreprise. Les informations contenues dans ce guide peuvent être transposées à la gestion de l'abus d'autres substances (médicaments et drogues illicites). Le terme abus signifie l'utilisation de substances à des fins non réservées à ces produits (p.ex. prise de médicaments sans indication médicale) respectivement l'usage de drogues dans des situations non appropriées (p.ex. consommation d'alcool avant la conduite d'un véhicule automoteur ou sur le lieu de travail). Ce guide ne se veut pas exhaustif quant à l'information sur les conséquences de l'abus de drogues (l'alcool occupant la première place) au sein de l'entreprise. En effet, il est recommandé de coopérer pour chaque cas individuel avec des services de prévention et de guidance de la toxicomanie. Les adresses de contact respectives se trouvent en annexe.

2. Critères pour le dépistage précoce de problèmes de toxicomanie.

Dans la suite seront énumérés des signes caractéristiques qu'on peut observer et qui permettent le dépistage précoce de problèmes de toxicomanies. Du moment que plusieurs de ces signes sont observés chez un travailleur pendant une période assez longue, il y a lieu de soupçonner un risque de dépendance de drogues respectivement d'alcool. La description suivante se basant sur une répartition de signes clés relatifs aux changements du comportement au travail, aux changements de la personnalité ainsi qu'aux changements du comportement social d'un travailleur, sert à donner une meilleure vue d'ensemble de la problématique. Il existe certes des recoupements entre les signes et il est su qu'à la base de ces signes l'on retrouve une même problématique ayant une répercussion sur tous les domaines de la vie.

Signes se manifestant au niveau du travail:

- manque de ponctualité et manque de sérieux,
- absences de courte durée, mais fréquentes en début ou en fin de semaine; excuses par l'intermédiaire de tiers (p.ex. conjoints),
- fréquence élevée d'accidents (accidents du travail et accidents de la circulation),
- fluctuations au niveau du rendement et de l'endurance,
- diminution de la capacité de mémorisation (p.ex. oubli de commandes ou de rendez-vous, incidents de toute nature),
- isolement par rapport aux collègues, fuite devant les contacts avec les supérieurs,
- plaintes des collègues de travail,
- consommation de boissons alcooliques, respectivement existence d'une haleine typique d'alcool, déjà en début de travail.

Changement de la personnalité:

- manque manifeste de concentration,
- faculté d'autocritique diminuée ou surestimation des propres capacités, manque de soins apportés au travail,
- changement fréquent d'humeur variant entre irritabilité, nervosité, euphorie, dépression ou repli sur soi-même,
- étourderie croissante, vantardise, fanfaronnade,
- négligence de l'aspect extérieur,
- haleine à imprégnation alcoolique souvent cachée par le goût de menthe, par des solutions buccales ou des lotions de rasage,
- temps de réaction prolongé, dégradation de l'habileté motrice,
- états d'angoisse occasionnels,
- signes d'affections physiques éventuels tels que tremblement des mains, transpiration, visage boursofflé, couperose.

Changement du comportement social:

- consommation accrue d'alcool lors de fêtes, «comportement en dehors du cadre»,
- réputation « de tenir le coup»,
- consommation d'alcool dans des situations déplacées,
- création d'alibis pour expliquer la consommation continue d'alcool,
- mise en place de cachettes pour des provisions d'alcool,
- réticence aux conversations ayant trait à l'alcool,
- contestation et négation des habitudes de boire,
- négligence de l'environnement social / familial.

3. Entretiens avec des travailleurs montrant des signes de toxicomanie

A quoi peuvent aboutir les entretiens ?

Pour planifier et réaliser les entretiens, il est de prime abord peu important de savoir si quelqu'un est « déjà » toxicomane ou s'il est « seulement » au stade de la consommation abusive. Les collègues et les supérieurs ne peuvent et ne doivent pas le juger. Il est pourtant utile de savoir que la toxicomanie se développe en suivant des phases consécutives de prise de plaisir, d'habitude et d'accoutumance pour aboutir à l'abus et enfin à la dépendance, les délimitations des différents stades étant difficiles à faire.

Parler avec la personne concernée plutôt que de parler d'elle

Bien que dans ce guide la prise en charge de l'individu prime, il ne faudra pas oublier que les problèmes de toxicomanie doivent toujours être placés dans le contexte des habitudes de boire de la société en général et de l'entreprise en particulier ainsi que de l'approche permissive que la société et l'entreprise accordent aux attitudes de boire. L'alcoolisme est une maladie, de laquelle il est très difficile de s'en sortir de ses propres moyens. De ce fait, la responsabilité des supérieurs est d'autant plus sollicitée pour proposer des aides aux concernés, même si ceux-ci se montrent récalcitrants du fait de leur maladie. D'ailleurs après une thérapie, les concernés apprécient différemment l'aide offerte ou, (au cas où il n'y a pas eu d'intervention), regrettent plus tard, de ne pas avoir eu le soutien nécessaire. Dans le cadre de ce guide, il ne sera pas question d'exposer la genèse de la dépendance à l'alcool.

Les supérieurs ont le devoir de prendre en charge les travailleurs montrant des signes de dépendance.

Tant que les problèmes perdurent, il est impérieux de renouveler à des intervalles réguliers (4-12 semaines) les entretiens avec le concerné. La participation d'autres personnes est souhaitée (membre du bureau du personnel respectivement du conseil d'administration de l'entreprise, chef du personnel, médecin de l'entreprise, ainsi que collègues et membres de la famille de la personne en question).

Ces entretiens ont pour but:

- de guider le travailleur vers des institutions adéquates, avant que les problèmes ne s'incrument et/ou avant que le travailleur ne soit plus supportable pour l'entreprise.
- d'exercer une « pression de souffrance constructive »,
- de montrer aux concernés qu'on ne conspire pas en silence, mais qu'on aborde ouvertement les problèmes.

Pression de souffrance constructive

signifie d'une part:

**mettre les personnes menacées par l'alcool ou ceux qui en sont malades en face de la situation dans laquelle ils se trouvent,*

**leur indiquer en même temps les possibilités comment changer leur comportement,*

**leur proposer des solutions ou les aider à trouver les aides appropriées*

signifie d'autre part:

**avoir un comportement conséquent, même si les dépendants ne sont pas prêts à accepter cette aide ou s'ils refusent de changer d'attitude*

Les **supérieurs immédiats** ont un rôle fondamental à jouer parce qu'ils

- sont en contact direct avec leurs collaborateurs et ils sont à même de constater à un stade précoce d'éventuels comportements déviants,
- possèdent contrairement aux co-travailleurs des moyens de pression,
- ne sont pas dépendants financièrement ou émotionnellement du concerné, à l'opposé des membres de la famille qui dépendent matériellement de lui.

Or, il va de soi que les supérieurs ne peuvent pas motiver à eux seuls et par un entretien unique, un collaborateur menacé par l'alcool et le faire accepter une consultation ou un traitement dans un service spécialisé.

En effet, l'environnement social tout entier et les différentes instances de l'entreprise doivent agir en commun et présenter une attitude conséquente face au concerné. Les supérieurs hiérarchiques, les représentants du personnel ou du comité mixte, les collègues, de même que les membres de famille sont censés regarder dans la même direction et ne doivent pas se contrecarrer mutuellement.

Ce que des entretiens ne peuvent pas garantir:

- il n'est ni possible ni indiqué d'établir un diagnostic (alcoolisme ou autre),
- une discussion au sujet d'une consommation « raisonnable » d'alcool est contre-productive,
- les problèmes personnels de la personne intéressée ne peuvent pas être évoqués (pour une telle prise en charge le concerné doit être adressé à des services compétents).

Le but prioritaire d'un tel entretien consiste à proposer de l'aide professionnelle!

Comment préparer l'entretien ?

L'entretien devra être préparé de façon minutieuse. Les questions suivantes sont d'une grande aide pour préparer l'entretien avec une personne concernée:

- Quelle est ma **motivation strictement personnelle** pour cet entretien ?
- Quelle relation ai-je avec la personne concernée (supérieur, collègue, membre de famille)?
- Au cas où vous entretenez des contacts amicaux avec la personne concernée, ou s'il s'agit d'un ancien collègue, il est recommandable de confier l'entretien au chef hiérarchique immédiat.
- Quels sont les **but**s que je peux atteindre par cet entretien ?
Il faut fixer des buts réalistes; personne ne développe dans un premier entretien une prise de conscience de sa maladie. Il est conseillé de formuler par écrit les buts que l'on veut atteindre.
- Quels sont les faits que je veux aborder?
 - Quels sont les troubles comportementaux prouvés qui m'inquiètent respectivement qui donnent lieu à des réprimandes?
 - Où est-ce que je présume voir, respectivement où est-ce que je vois effectivement des corrélations entre le travail et un comportement de dépendance?
- Quelles propositions d'aide suis-je à même de faire? (les adresses utiles se trouvent en annexe de cette brochure)
- Quelles sommations et quelles **conséquences** s'imposent ?
Les conséquences d'un trouble comportemental qui se perpétue et les éventuelles mesures pour le contrecarrer devront être énoncées préalablement (pourvu que vous soyez autorisé à le faire en tant que supérieur hiérarchique) et uniquement si leur contenu peut être respecté. Le cas échéant il faut au préalable se mettre d'accord avec les représentants du personnel ou du comité mixte, avec le service du personnel et avec un service d'aide ou de guidance.

Conseils pour le déroulement d'un entretien.

- **N'ayez d'entretien seulement au moment où le travailleur concerné est sobre respectivement lorsqu'il se trouve dans un état de lucidité.**
- **Créez une atmosphère d'entretien agréable.** Les conditions extérieures (lieu et temps) devront garantir un entretien en toute tranquillité.
- **Montrez au travailleur que vous vous faites du soucis à son sujet.** La personne en question devra avoir le sentiment de ne pas être rejetée et que la motivation première de l'entretien est le désir de lui apporter de l'aide. Il est conseillé de prendre comme motif de la conversation un incident récent.
- **Pour les supérieurs: Dites au travailleur quel a été le changement dans son comportement de travail que vous critiquez.**
 - quels sont les comportements déviants que vous avez remarqués ?
 - quelles en étaient les suites et les problèmes ?
 - quelles possibilités de changement et d'aide pouvez-vous indiquer ?
- **Ne faites pas de reproches au travailleur et ne donnez pas de bons conseils «gratuits».** Le travailleur concerné a dû entendre des reproches au fil des jours. En cas de dépendance, des menaces ne l'éloigneront pas de la drogue.
- **N'essayez pas de convaincre le travailleur qu'il est alcoolique.** Vous n'êtes pas qualifié pour établir ce diagnostic et vous risquez de renforcer l'attitude négative du concerné.
- **Invitez le travailleur à prendre position.**
- **Tâchez de rester maître de l'entretien.** Ne vous laissez pas induire dans de longues discussions, ni au sujet de la quantité d'alcool qu'il boit, ni au sujet des raisons qu'il invente en rapport avec ses habitudes de boire. N'acceptez pas ses tentatives de détourner la discussion et d'écarter tout soupçon de lui en parlant des autres.
- **Terminez l'entretien sur des accords précis et des obligations que le travailleur devra observer dorénavant; réservez-vous le droit de contrôler s'il les respecte.** A titre d'exemple proposez: une consultation régulière auprès d'un médecin ou d'un groupe d'entraide, la sobriété absolue pendant les heures de travail, l'obligation de présenter un certificat médical dès le premier jour de maladie, pas de congé autorisé à court terme ou ultérieurement etc.

4. Comment réagir en face d'un travailleur en état d'ivresse aiguë.

La réglementation valable au sujet des drogues sur les lieux de travail est formulée dans le § 36 des "Prescriptions générales" pour la prévention des accidents du travail. (Association d'assurance contre les accidents, section industrielle - Grand-Duché de Luxembourg):

§ 36

(1) Les assurés ne doivent pas se mettre par une consommation abusive d'alcool dans un état tel qu'ils puissent constituer un danger pour eux-mêmes ou pour d'autres.

(2) Les assurés qui sous l'effet de l'alcool ou d'autres produits euphorisants ne sont manifestement plus capables d'effectuer leur travail en sécurité, sont à écarter du travail.

(3) Le chef d'entreprise a le droit d'interdire par le règlement interne d'entreprise toute consommation d'alcool pendant le travail et les pauses et de prendre les mesures nécessaires pour surveiller cette interdiction.

Qui doit prendre la responsabilité de constater si un travailleur n'est plus à même de faire un travail sans danger pour lui-même et les autres?

La responsabilité incombe toujours aux supérieurs hiérarchiques immédiats.

Pourquoi devez-vous en tant que supérieur hiérarchique prendre des mesures pour éviter l'abus d'une quelconque toxicomanie?

Vous êtes responsable de la sécurité de vos travailleurs et vous devez faire tout le possible pour éviter des risques d'accidents.

Quand devez-vous intervenir en votre qualité de supérieur hiérarchique?

Chaque fois quand l'apparence extérieure du travailleur vous donne l'impression qu'il n'est pas tout à fait sobre. Les indices typiques sont: des changements inattendus du comportement, des propos confus, une marche chancelante et, après une consommation d'alcool, souvent l'haleine alcoolique typique. De petites doses d'alcool peuvent déjà considérablement influencer les facultés tant corporelles qu'intellectuelles requises pour l'exécution sans risque de travaux, (le début d'un comportement à risques commence déjà avec une alcoolémie de 0,2 ‰, correspondant à un ou deux verres de bière). Des informations concernant les effets spécifiques des drogues (alcool, médicaments et autres produits) sont à la disposition des intéressés auprès des services de consultation pour toxicomanes et auprès des groupes d'entraide.

Etes-vous obligé en votre qualité de supérieur à prouver qu'un travailleur est ivre ou sous l'influence de drogues?

Votre tâche primordiale est de constater si l'intéressé est à même de faire son travail sans danger pour lui-même et pour des tiers. En tant que supérieur vous vous laissez guider par votre bon sens et vos impressions. Vous devriez toutefois prendre note des divers comportements qui vous ont donné cette impression (p.ex.»l'haleine d'alcool», «parle d'une façon mal articulée» «marche titubante,» etc). En général il est important d'avoir un entretien d'au moins de 10-15 minutes avec la personne en question pour déterminer si leur concentration diminue et si elle commence à parler d'une manière imprécise. Il est utile de vous assurer de vos observations par le témoignage d'une tierce personne.

Quel est le protocole d'un tel témoignage?

Le mieux serait de faire appel à un membre de la représentation du personnel ou du comité mixte - au cas où cela n'est pas possible - il faut faire appel à une autre personne. Le supérieur hiérarchique devra retenir dans un procès-verbal les motifs qui interdisent au travailleur en état d'ivresse de continuer son travail (prendre soins de détailler les comportements!). Le procès-verbal aura la signature du supérieur hiérarchique et la personne concernée devra être informée sur le contenu du procès-verbal. Au cas où, après l'établissement du procès-verbal, le concerné continue à nier être sous l'influence de l'alcool ou d'une autre drogue, il peut avoir recours sur sa propre demande à un examen médical pour prouver le contraire (si possible service médical de l'entreprise). En aucun cas, on a le droit de le forcer d'y aller.

Qu'arrive-t-il ultérieurement aux travailleurs en état d'ivresse ou qui sont l'influence de drogues?

L'interdiction de travailler d'après le § 36 des prescriptions sur la prévention d'accidents ne mène pas nécessairement au renvoi de la personne de son poste de travail. Le supérieur devra lui-même évaluer et statuer selon le cas.

En cas d'ivresse prononcée la personne en question devra être présentée à un médecin!

Entrent en ligne de compte:

- le médecin de l'entreprise ou le médecin du service de santé au travail auquel l'entreprise est affiliée;
- le médecin traitant du concerné;
- le service d'urgence de l'hôpital le plus proche (tél: 112);
- (une ambulance peut être demandée auprès de la Protection civile tél: 112)

Selon la situation les concernés peuvent:

- rester sous observation dans l'entreprise;
- être ramenés à la maison par la famille;
- être ramenés à la maison avec un véhicule de service ou au besoin avec la voiture privée d'un collègue. Dans les deux cas, il faut prévoir, outre le chauffeur, une deuxième personne accompagnant le concerné et prenant place avec lui au fond de la voiture;
- être ramenés en taxi à la maison à leurs propres frais.

Dans la mesure du possible le supérieur devra avoir un entretien avec le travailleur concerné, immédiatement après son retour dans l'entreprise.

En cas de suspicion d'un état d'ivresse, le supérieur devra retirer les clefs de voiture à la personne en question, s'il y a lieu de craindre que la dite personne veuille prendre le volant en état d'ivresse. Le supérieur est responsable de la sécurité tant sur les lieux de travail que sur le chemin du travail. Les accidents causés par négligence des supérieurs donnent lieu à un recours en justice par l'Association des Assurances contre les accidents du travail. De même que le manque de personnel ne permet pas d'affecter des travailleurs sous influence de l'alcool à des tâches demandant des mesures de sécurité importantes.

Règle générale:

en cas de doute, il faut opter pour la sécurité!

5. Réflexions sur la prévention de l'abus de drogues sur le lieu de travail.

Les chiffres suivants, généralement connus, montrent les répercussions de l'abus d'alcool sur lieu du travail:

- 25 % de tous les accidents de travail sont probablement dus à l'alcool, l'alcool est en cause dans chaque sixième cas de licenciement,
- les absences au travail sont trois à quatre fois plus fréquentes chez les alcooliques,
- d'après les estimations du CNLA, il y a environ 8.000 à 10.000 personnes dépendantes de l'alcool au Luxembourg,
- à peu près chaque dixième travailleur boit quotidiennement de l'alcool au travail.

Il n'est pas indiqué, dans ce contexte, de juger si les chiffres sus-indiqués sont valables pour chaque entreprise prise individuellement. Néanmoins, ces chiffres montrent que les problèmes de toxicomanie sur le lieu du travail existent avec une envergure telle qu'il est impérieux de recourir à des approches et à des solutions plus globales, plutôt que de s'arrêter uniquement au « traitement » de cas individuels. Pour ne pas rater le moment où il sera trop tard (c.à.d. quand des problèmes de dépendance plus manifestes et plus graves se sont formés), les mesures prises au niveau de l'entreprise contre les malades dépendants doivent aller de pair avec des mesures de prévention, afin de pouvoir intervenir à un stade précoce de la dépendance. Pour réaliser cette prévention, une position clef revient aux cadres et aux supérieurs à tous les niveaux hiérarchiques.

Quel est le soutien, que vous pouvez donner en votre qualité de supérieur hiérarchique, de membre de la délégation du personnel / ou de membre du comité mixte de l'entreprise, à la prévention de la toxicomanie au sein de votre entreprise?

- Prenez vos obligations de prévoyance sociale au sérieux pour permettre une intervention plus rapide quand un problème de toxicomanie survient.
- Ayez conscience de vos possibilités d'afficher une attitude exemplaire même en face de l'alcool sur le lieu du travail.
- Aidez à enlever tous les tabous qui existent autour d'une consommation dite « normale » d'alcool. Examinez avec soins les « mauvaises habitudes » de boire de l'alcool (la permissivité) et songez à offrir à l'occasion de festivités des boissons « sans alcool ».
- Engagez vous pour une offre réduite de boissons alcooliques sur le lieu du travail.
- Participez à l'amélioration des mauvaises conditions de travail.
- Résolvez d'une façon constructive des conflits sur le lieu de travail, en faisant appel, le cas échéant, à un conseiller indépendant.
- Soutenez la participation de travailleurs à des cours de formation d'éducation sanitaire.
- Faites part de vos expériences avec des problèmes de toxicomanie, de vos suggestions et de vos critiques aux adresses citées en annexe.

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<http://www.sante.public.lu/publications/rester-bonne-sante/alcool-dependances/alcool-lieu-travail/alcool-lieu-travail-fr.pdf>

<http://www.uni-trier.de/index.php?id=10436>



Poland

Contact

PARPA - Państwowa Agencja Rozwiązywania Problemów Alkoholowych (The State Agency for Prevention of Alcohol-Related Problems)

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Background

- There used to be such programmes in Poland in the 1990s. The efforts of education and raising awareness of the business organizations have resulted in a better understanding of problems connected with alcohol abuse. More and more alcoholics seek treatment upon recommendation of the workplace supervisors.
- **There are alcohol policy programmes** for the police and for the public transportation company in Warsaw, but **there exist no documentation on them** in the Agency, and there hasn't been any evaluation of these programmes.

Extract from “National Program for Preventing and Solving Alcohol-related Problems for the years 2006 to 2010 (Drafted on the basis of Art. 3 paragraph 3 indent 1 of the Act on Raising in Sobriety and Counteracting Alcoholism)

MINISTRY OF HEALTH; Warszawa, Poland

http://fas.nazwa.pl/parpa_en/index.php?option=com_content&view=article&id=49&Itemid=58&limitstart=7

7. Economic harm, detriment to work environment

Drunkennes at workplace still remains one of the reasons of absence and lower effectiveness of employees in many sectors of the economy.

Data accumulated by the Chief Labour Inspectorate indicates that alcohol consumption accounted for 0,8 % of all accident causes that came under scrutiny of labour inspectors in 2005 (0,6 % in 2003 to 2004).

IV. Primary strategies

9. Drawing up employee-related programs aimed at preventing drinking at workplace; also, interventions against persons who abuse alcohol.

Area VII. Economic harm attributable to alcohol abuse

Objective 1: To estimate actual extent of economic damage due to alcohol-related problems,

Objective 2: To decrease economic damage in the work environment caused by intoxicated employees,

Objective 3: To decrease other economic damage caused by intoxication (e.g. costs of accidents, insurance).

Activities:

- educating supervisory staff in early identification of alcohol-related problems and interventions,
- introducing and promoting preventive and educational programs at workplace,
- facilitating access to professional assistance in addictions treatment centers for alcohol-dependent employees and supporting them through self-assistance associations,
- Evaluation of economic costs of alcohol abuse.

Objective attainment indicators:

- number of accidents at workplace caused by intoxication,
- number of employees of the entities reporting to the governmental administration units who participated in preventive and educational programs,
- number of employers who implement preventive programs for other employees,
- number of studies and analyzes carried out to estimate economic costs resulting from alcohol abuse.



Slovakia

No project or programme regarding “alcohol at the workplace” could be found in Slovakia.

Legislation

Annex: Extract from the “Occupational Safety and Health Protection and on the Amendment of Certain”, ACT 124

“Alcohol at the workplace” is managed though the following articles highlighted in blue:

1 2 4 A C T
of 2 February 2006
on Occupational Safety and Health Protection and on the Amendment of Certain Acts as amended by Act No 309/2007 Coll. and Act No 140/2008 Coll.

The National Council of the Slovak Republic has adopted the following Act:

FUNDAMENTAL PROVISIONS

Article 1
Object of the Act

This Act lays down the general principles of prevention and the basic conditions for the purposes of ensuring occupational safety and health protection, and for avoiding risks and factors causing occupational accidents, occupational diseases and other damage to health from work.

Article 2
Scope of the Act

(1) This Act shall apply to employers and employees in all sectors of the manufacturing and non-manufacturing spheres....

Article 9
Controlling Activities

(1) **The employer shall be obliged to systematically control and request compliance with legal regulations and other regulations applying to the ensuring of occupational safety and health protection, with principles of safe work, health protection at work and safe conduct at workplaces and safe working procedures, and in particular to control.**

- a) the state of occupational safety and health protection, including the state of the safety of technical equipment; to ensure, in intervals stipulated in special regulations, the control, measurement and evaluation of factors of the working environment, official tests, the execution of professional inspections and professional checks of restricted technical equipment for the aforementioned purpose,
- b) **whether the employees are under the influence of alcohol, narcotics or psychotropic substances, during working time, and whether they adhere to the issued prohibition of smoking on the employer’s premises,**
- c) the activities of employees working at a dislocated workplace and employees who work alone at a workplace,
- d) the proper use of personal protective equipment, protection means and other protective measures.

(2) The employer is obliged to remove shortcomings found during his/her controlling activities.

Article 12

Rights and Obligations of Employees

(1) The employee shall have the right to

- a) negotiate all questions of occupational safety and health protection applying to his/her work, with the employer; when necessary, experts in the given field, could be invited to such discussion upon mutual agreement,
- b) refuse to perform work, or leave the workplace and go to a safe place in the event that he/she reasonably presumes that his/her life or health, or the life or health of other persons is under immediate and serious threat.

(2) The employee shall be obliged to

- a) comply with instructions, legal regulations and other regulations pertaining to the ensuring of occupational safety and health protection and with the principles of safe work, health protection at work and safe conduct at the workplace, and with determined working procedures, of which the employee was duly and provably notified,
- b) cooperate with the employer and with the employee safety representative to the necessary extent, to enable them to fulfil their obligations connected with the provision of occupational safety and health protection, along with those imposed upon them by the competent labour inspectorate or supervisory bodies,
- c) perform work, operate and use working equipment, materials, dangerous substances and other means in compliance with
 - 1. the instructions for their use, of which he/she has been duly and provably notified,
 - 2. exigencies representing part of the knowledge and skills acquired within the professional qualification,
- d) only operate working equipment and perform activities connected to increased risks stipulated by special regulations when holding the applicable certificate or authorisation and only when charged with such operation or performance by the employer,
- e) properly use safety and protection equipment, not exclude them from operation or willingly exchange them,
- f) use all assigned personal protective equipment according to the designated methods,
- g) comply with prohibitions to enter/stay on the premises and to perform activities specified in separate legislation, which could directly threaten his/her life or health,
- h) attend information sessions and other educational safety events provided by the employer in the interests of occupational safety and health protection, and submit to the verification of his/her knowledge acquired therein,
- i) undergo preventive medical examinations in relation to work,
- j) notify without undue delay the managing employee or, as necessary, the safety technician or authorised safety engineer, the employee safety representative, the competent labour inspectorate or the competent supervisory body of any shortcomings that could potentially pose a threat to occupational safety or health, particularly those which could directly and seriously pose a threat to life or health, and participate in their elimination to the best of his/her possibilities,

- k) refrain from consuming alcoholic beverages, narcotic and psychotropic substances at the workplaces and on the premises of the employer and outside such workplaces and premises during working time, and refrain from reporting for work while under such influence,
- l) undergo examinations organised by the employer or by the competent state authority in order to ascertain whether an employee is under the influence of alcohol, narcotic or psychotropic substances; the employer shall identify in his work regulations or other internal regulations the group of those employees and/or other persons who are authorised to instruct the employee to submit to such examination,
- m) Comply with the prohibition against smoking at workplaces,
- n) participate in reconditioning stays.

(3) The prohibition against consuming alcoholic beverages at and outside the employer's workplaces and premises during working hours does not apply to employees to whom the exceptional consumption of alcoholic beverages is a part of his/her working assignments or usually connected to the performance of such assignments.

(4) The provisions of paragraph 2 and 3 shall apply appropriately to the statutory body of an employer that is a legal entity, and to a natural person who is an employer, when personally performing the work, and the provisions of paragraph 2, letters a) through m) and of paragraph 3 shall apply appropriately also to a natural person who is an entrepreneur and not an employer.

(5) The managing employee shall, immediately, notify his supervisor about any identified shortcomings in the field of occupational safety and health protection in the event that the performance of necessary preventive measures and protective measures exceeds the scope of his obligations.

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Slovenia

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In Slovenia the Law on Reduction of Alcohol Consumption prohibits the sell and provision of alcohol at workplaces during working hours (Article 12 see below). The Labour Inspectorate of the Republic of Slovenia is responsible for the supervision of the enforcement of the above mentioned stipulation. However, there is no legal provision concerning general prohibition of alcohol consumption in working environment. The Health and Safety at Work Act stipulates that an employee must comply with and implement measures necessary to ensure health and safety at work. Furthermore, the employee must take care of his own safety and health and that of other persons affected by his acts at work.

Most Slovenian companies define this issue in their internal acts and employment contracts.

Who can carry out the breath analysis and how - it is more or less clear and it has been defined also through case-law.

There is a legal prohibition of alcohol consumption for certain professions, for example pilots (the Aviation Act), railway workers (the Safety of Railway Transport Act) and drivers (the Road Traffic Safety Act).

At the moment in Slovenia there is no national project dealing with alcohol abuse at workplace going on. However, some Slovenian companies have developed their own OSH projects which proved to be very successful also in the field of prevention of drug and alcohol abuse at workplace.

Annex 1: Extracts from “Law on Reduction of Alcohol Consumption (ZOPA)” of Slovenia

I. GENERAL PROVISIONS

Article 1

This Act defines ways and means of limiting the consumption of alcohol and of the prevention of the harmful effects of the consumption of alcohol.

Article 2

In accordance with this Act, an alcoholic drink is any drink that contains more than 1.2 percent alcohol by volume, and spirits are those alcoholic drinks that contain more than 15 percent alcohol by volume.

Foodstuffs containing alcohol are those foodstuffs that are provided to consumers in a pre-packaged form and contain more than 0.5 percent alcohol per mass of that foodstuff.

In accordance with this Act, the sale of alcoholic drinks includes any opportunity to purchase an alcoholic drink or any other form of direct provision of alcoholic drinks against payment.

In accordance with this Act, the provision of alcoholic drinks includes any provision of an alcoholic drink for tasting or any other form of direct provision of alcoholic drinks without payment.

The signs of alcohol intoxication are those generally recognisable signs displayed either in general appearance, behaviour, manner of walking or speaking, or in disturbed balance that are recognised as such by a non-expert.

Expressions used in this Act in their male grammatical form shall apply neutrally to either male or female sex.

II. MEASURES FOR THE PREVENTION OF THE HARMFUL EFFECTS OF ALCOHOL CONSUMPTION

Article 3

The following count as some of the measures for the prevention of harmful effects of alcohol consumption:

- monitoring alcohol consumption and the extent of the harmful effects of alcohol consumption on health;
- informing, educating and raising the awareness of the general public and of specific population groups about the harmful effects of alcohol consumption;
- coordination of activities for as early recognition as possible of persons with an alcohol problem and their inclusion in preventative programmes;
- coordination, monitoring and evaluation of preventative programmes aimed at specific population groups;
- creation and implementation of programmes encouraging a healthy lifestyle among different age groups and social groups, and their evaluation;
- expert advice and support for institutions, societies, non-governmental organisations and local communities and individuals in the implementation of preventative programmes in the resolution of problems associated with alcohol consumption.

Article 4

The ministry responsible for health, in cooperation with other relevant ministries, institutions, experts and non-governmental organisations shall draw up two-year programmes for the limitation of alcohol consumption and the reduction of the harmful effects of alcohol consumption (hereinafter: programmes), which include measures referred to in the previous paragraph.

The programmes referred to in the previous paragraph shall be adopted by the Government of the Republic of Slovenia on the basis of a proposal by the ministry responsible for health.

Article 5

The Health Council of the Republic of Slovenia is responsible for overseeing the overall protection of the health of the population against harmful effects of alcohol consumption, and thus has the following duties:

- monitoring harmful effects of alcohol consumption on health and proposing measures that require inter-ministerial cooperation,
- monitoring the implementation of the programmes referred to in the previous Article,
- monitoring the provision and sale of alcoholic drinks and proposing measures for the prevention of illegal provision and sale of alcoholic drinks;
- other duties related to the reduction of alcohol consumption and the prevention of the harmful effects thereof.

III. WAYS AND MEANS OF LIMITING ALCOHOL CONSUMPTION

Article 6

The packaging of foodstuffs containing alcohol must display the alcohol content and a warning that the foodstuff is not suitable for children.

The warning referred to in the previous paragraph must be printed in capital letters that are clearly visible, readable and are a distinctly different colour from the background.

Article 7

The sale and provision to persons under the age of 18 of alcoholic drinks or drinks to which alcoholic drinks are added shall be prohibited.

The sale of alcoholic drinks to persons displaying obvious signs of alcohol intoxication shall be prohibited.

The sale from vending machines of alcoholic drinks and drinks to which alcoholic drinks have been added shall be prohibited.

Article 8

A seller or provider can request that any person he presumes does not fulfil the condition referred to in paragraph 1 of the previous Article proves his age with a public document providing identification. If a person refuses to do this, the seller or supplier may not sell or supply an alcoholic drink to this person.

Article 9

It is prohibited to sell or provide alcoholic drinks to persons whom it is possible to justifiably assume will pass them on to persons under the age of 18.

In catering establishments and in relation to any other forms of provision to end consumers in accordance with the regulations governing catering (hereinafter: catering establishments) it shall be prohibited to sell or provide alcoholic drinks to persons whom it is possible to justifiably assume will pass them on to persons displaying obvious signs of alcohol intoxication.

Article 10

The sale of alcoholic drinks between 21.00 hours and 07.00 hours the following day shall be prohibited, except in catering establishments where the sale of alcoholic drinks is permitted until the closing time determined in accordance with the law.

Notwithstanding the previous paragraph, the sale of alcoholic drinks in catering establishments between opening time and 10 o'clock in the morning shall be prohibited. This prohibition includes the adding of spirits to non-alcoholic drinks and other beverages.

Article 11

The prohibition of alcoholic drinks and the time limitation for the sale of alcoholic drinks must be announced in a visible place on all the premises where alcoholic drinks are sold and to which apply the prohibitions referred to in paragraphs 1 and 2 of Articles 7, 9 and 10 of this Act.

Article 12

The sale or provision of alcoholic drinks shall be prohibited:

- in buildings and their functional areas where education and health-care activities take place,
- in sports facilities, where sports events are held, one hour prior to the start of an event and during an event,
- at workplaces during working hours.

Article 13

The sellers of alcoholic drinks must sell at least two different types of non-alcoholic drinks that have an equal or lower price than the cheapest alcoholic drink.

IV. RESOURCES

Article 14

Financial resources for the implementation of the programmes referred to in Article 4 of this Act shall be provided from the national budget. The amount is determined in the annual budget proportionally to the envisaged extent of the need and the income from excise duties on alcohol and alcoholic drinks.

V. SUPERVISION

Article 15

Supervision of the enforcement of this Act shall be carried out by the Health Inspectorate of the Republic of Slovenia, the Labour Inspectorate, the Market Inspectorate, the Police and the Inspectorate for Education and Sport.

The supervision referred to in the previous paragraph also includes supervision of the surreptitious sale and provision of alcohol.

In accordance with this Act, surreptitious sale or provision of alcoholic drinks is a way of selling or providing alcoholic drinks where there is an attempt to hide the sale or provision of alcoholic drinks by mixing them with non-alcoholic drinks or other beverages.

The Health Inspectorate shall carry out supervision of:

- the designation of foodstuffs containing alcohol (Article 6);
- the sale and provision in catering establishments to persons under the age of 18 of alcoholic drinks and drinks to which alcoholic drinks have been added (the first paragraph of Article 7);
- the sale of spirits, including the adding of spirits to non-alcoholic drinks and other beverages in catering establishments from opening time to 10 o'clock in the morning (the second paragraph of Article 10);
- notification of the prohibition of the sale of alcoholic drinks or the time limitations for the sale thereof in catering establishments (Article 11);
- the prohibition of the sale or provision of alcoholic drinks in buildings and their functional areas where educational and health activities take place (the first indent of Article 12);
- the supply of non-alcoholic drinks in catering establishments with respect to their price (Article 13).

The Labour Inspectorate shall carry out supervision of:

- the prohibition of the sale or provision of alcoholic drinks at workplaces during working hours (third indent of Article 12).**

The Market Inspectorate shall carry out supervision of:

- the sale and provision to persons under the age of 18 of alcoholic drinks and drinks to which alcoholic drinks have been added in shops (the first paragraph of Article 7);
- the sale of alcoholic drinks in shops to persons displaying obvious signs of alcohol intoxication (the second paragraph of Article 7);
- the sale from vending machines of alcoholic drinks and drinks to which alcoholic drinks have been added (the third paragraph of Article 7);
- the sale and provision of alcoholic drinks in shops to persons whom it can justifiably be assumed will pass them on to persons under the age of 18 (the first paragraph of Article 9);
- the prohibition of the sale of alcoholic drinks in shops between 21.00 hours and 07.00 hours the following day (the first paragraph of Article 10);
- notification of the prohibition of the sale of alcoholic drinks and the time limitation for the sale of alcoholic drinks in shops (Article 11).

The Police shall carry out supervision of:

- the sale and provision to persons under the age of 18 of alcoholic drinks and drinks to which alcoholic drinks have been added in catering establishments (the first paragraph of Article 7);
- the sale of alcoholic drinks in catering establishments to persons displaying obvious signs of alcohol intoxication (the first paragraph of Article 7);
- the sale and provision of alcoholic drinks in catering establishments to persons whom it can justifiably be assumed will pass them on to persons under the age of 18 (the first paragraph of Article 9);
- the sale and provision of alcoholic drinks in catering establishments to persons whom it can be justifiably assumed will pass them on to persons displaying obvious signs of alcohol intoxication (the second paragraph of Article 9).

The Inspectorate for Education and Sport shall carry out supervision of:

- the sale and provision of alcoholic drinks in sports facilities in which sports events take place one hour prior to the start of an event and during an event (the second paragraph of Article 12).

Legal and natural persons who sell and supply alcoholic drinks must provide the inspectors with a free sample of a drink, beverage or foodstuff for checking or laboratory testing.

If a laboratory test establishes that the sample taken during inspection is not in compliance with the provisions of this Act, the costs of the laboratory testing shall be paid by the legal or natural person supplying the sample.

VI. PENAL PROVISIONS

Article 16

A fine of between SIT 500,000 and SIT 8,000,000 shall be imposed on legal persons for the following violations:

1. making or selling foodstuffs containing alcohol in contravention of Article 6 of this Act;
2. selling or providing to persons under the age of 18 alcoholic drinks or drinks to which alcoholic drinks have been added (the first paragraph of Article 7);
3. selling alcoholic drinks to persons displaying obvious signs of alcohol intoxication (the second paragraph of Article 7);
4. selling from vending machines alcoholic drinks or drinks to which alcoholic drinks have been added (the third paragraph of Article 7);
5. selling or providing alcoholic drinks in contravention of Article 9 of this Act;
6. selling alcoholic drinks in contravention of the first paragraph of Article 10 of this Act;
7. selling spirits in contravention of the second paragraph of Article 10 of this Act;
8. not displaying in a visible place a notice of prohibition in accordance with Article 11 of this Act;
9. selling or providing alcoholic drinks in contravention of Article 12 of this Act;
10. selling alcoholic drinks in contravention of Article 13 of this Act.

A fine of between SIT 250,000 and SIT 5,000,000 shall be imposed on an individual committing a violation specified in the previous paragraph in relation to freelance activities.

A fine of between SIT 100,000 and SIT 500,000 shall be imposed on the accountable representative of the legal person who commits a violation specified in the first paragraph of this Article.

A person who enables a person under the age of 18 to drink alcoholic drinks in a public place or offers such a person alcohol to drink in a public place, or a person who in any other way facilitates an underage person's drinking in a public place shall be sentenced to a fine of SIT 50,000.

The fine referred to in the previous paragraph shall be pronounced and collected by a health inspector or a police officer on the spot where the violation was committed.

In addition to a fine, violations referred to in the third paragraph of Article 7 of this Act shall carry a sentence of compulsory deprivation of the vending machine.

VII. TRANSITIONAL AND FINAL PROVISIONS

Article 17

The printing of the information and warning on the packaging as referred to in the first paragraph of Article 6 of this Act must be provided by manufacturers and sellers of foodstuffs containing alcohol within a year of this Act entering into force.

Legal persons and individuals who sell alcoholic drinks must bring their activities in line with the first paragraph of Article 10 of this Act within three months of this Act entering into force.

First publication: Official Gazette of RS, No. 15-589/2003, page 2108

Date of publication: 14. 02. 2003

In force: from 16.03. 2003



United Kingdom

About United Kingdom all information based on internet research (see internet address below):

Annex 1: Extract of "IAS FACTSHEET – ALCOHOL & THE WORKPLACE"

There is no direct legal requirement for employing organisations to implement alcohol policies as such. However, health and safety at work legislation requires both employers and employees to maintain a safe working environment, and were an alcohol-related accident to occur, then, depending on circumstances, the employer, the employee concerned or both could be liable.

The **Transport and Works Act 1992** introduced the 80mg% legal limit for operational staff of British Rail. As employers, rail companies themselves set a maximum blood alcohol level of 39mg%.

The Exxon Valdez disaster in 1989 (an alcohol-related oil tanker disaster which devastated the coast of Alaska) prompted many companies in the offshore oil and related industries to introduce both no-alcohol rules for their staffs and screening for alcohol and drug problems.

In regard to alcohol dependent employees, **employment protection law** requires employers to treat dependence as a form of sickness, giving the employee the opportunity to overcome the problem.

Alcohol Policies in Practice

Many employing organisations operate workplace alcohol policies designed both to ensure that employees are sober during working hours and also to identify and help employees with a drink problem. Many company policies also encompass drugs other than alcohol.

Examples of employing organisations with alcohol policies include: British Rail, Ford Motor Company, Royal Bank of Scotland, Marks and Spencers, Whitbread, Manchester City Council, Shell, Nuclear Electric

There are *no reliable figures for the number of companies which operate alcohol policies*, although they are common in large companies and those which are safety sensitive, such as transport.

In its submission in regard to the **National Alcohol Harm Reduction Strategy** (February 2003), the **TUC (TRADES UNION CONGRESS)** called for further development of workplace alcohol policies. The TUC's report, "Drink and work - a potent cocktail", states that people are drinking more now than ever before, but few employers have alcohol policies in place to tackle any problems.

The TUC submission refers to a recent Alcohol Concern survey which showed that **almost two-thirds of employers (60%) were experiencing problems as a result of staff drinking**.

A separate Chartered Institute of Personnel Development survey found that **a large number of employers (43%) did not have alcohol policies and most (84%) did not run health awareness programmes for their staff**.

According to the TUC report, alcohol is a major factor behind **absences from work with up to 14.8 million working days lost as a result of drinking every year**. It is also estimated that longterm sickness, unemployment and premature death due to **alcohol abuse costs the UK economy some £2.3 billion a year**.

Unions are concerned that **many employers are turning to companies which offer screening and random testing as a means of dealing with alcohol and the workplace**. The TUC believes that these are **never effective at keeping drink away from work**, and they raise a number of privacy and human rights concerns.

'A potent cocktail' suggests a number of ways that the government, employers and unions might tackle the drink/work issue:

- The government should fund research looking at the extent of the misuse of alcohol by individuals at work, its effect on the workplace and its cost to the nation. The government could also offer financial incentives to those employers currently offering counselling and other types of employee assistance programmes to encourage more workers to come forward and admit their alcohol problems.
- Employers who don't have alcohol policies should draw them up in consultation with unions in the workplace. **Policies should cover such topics as tackling the causes of excessive drinking, confidentiality, counselling, screening, testing and occupational health services.**
- **Unions can play their part by training and providing information** to union reps on dealing with workplace alcohol issues, and by helping those members trying to deal with their drink problems through rehabilitation schemes.

IAS FACTSHEET – ALCOHOL & THE WORKPLACE Institute of Alcohol Studies, 03.06.2009
<http://www.ias.org.uk/resources/factsheets/workplace.pdf>

Annex 2: Extract of “Tackling alcohol and drugs in the workplace”

What are the legal issues?

As with many legal issues, organisations are advised to seek expert legal opinion on their specific circumstances. Substance misuse may involve employers in both employment and even criminal law. Outside certain industries, such as public transport, there is little legislation directly relating to drugs and alcohol in the workplace. However there is legislation on substance abuse which can affect an employer and an employee.

Misuse of Drugs Act 1971 - this is the key UK legislation relating to the control and classification of drugs. This Act and its subsequent amendments set down the penalties for possession and supply of various illegal drugs. Section 8 of the Act. Not taking reasonable action to prevent this has been legally found to constitute 'permitting' – turning a blind eye is not an option.

Health and Safety at Work etc. Act 1974 - sets out the duty of care of employers to employees in the workplace. Section 2 places a duty on employers to provide a safe place of work and competent employees. Failure to deal with an employee who is under the influence of drugs or alcohol, who may constitute a risk to other employees, could leave an organisation open to prosecution. There is a particular emphasis on young people under 18 years of age.

Management of Health and Safety at Work Regulations 1999 - regulation 3 places a duty on the employer to make a suitable and sufficient assessment of the risks to health and safety of employees and others affected by their undertaking.

Common Law - places a duty on the employer to take reasonable care of the health and safety of employees.

Provision and Use of Work Equipment Regulations 1998 - requires employers to assess any additional risk as a result of using work equipment in the conditions that exist in their business and particularly any special needs of young workers, in line with the Management of Health and Safety at Work Regulations 1998.

Data Protection Act 1998 - all health and medical information is sensitive personal data under the terms of the Data Protection Act. All information surrounding possible drug or alcohol misuse must be handled securely and confidentially.

Road Traffic Act 1988 - sets out the offence of driving or attempting to drive a motor vehicle while unfit through drink or drugs. With regard to alcohol it sets the legal limit (80 milligrams of alcohol per 100 millilitres of blood). Companies should ensure this is reflected within their car policy.

The Transport and Works Act 1992 - makes it a criminal offence for specified jobs to be undertaken by those unfit through drink or drugs. Employers may be liable unless they can show 'all due diligence'.

The Railways and Transport Safety Act 2003 - sets out the limits and numerous offences that can be committed by people working in the field of aviation, transport and shipping.

Reference: "Tackling alcohol and drugs in the workplace – a toolkit for business"
www.cityoflondon.gov.uk/ldpf (2007)

Annex 3: HEALTH PARTNERSHIPS IN SCOTLAND

Improving Health in Scotland - the Challenge sets out the Scottish Executive's strategic plans to improve health and reduce health inequalities throughout Scotland and identifies the workplace as one of the most important settings in which to drive positive change.

Alcohol and drug abuse is having an increasingly detrimental impact on employees, their colleagues and organisational harmony and efficiency. **Alcohol and Drugs – Policies and Employment** is a resource pack and training course commissioned by NHS Health Scotland from specialist consultants and is aimed at:

- encouraging organisations to develop a positive approach
- increasing their knowledge of the effects of various substances
- promoting greater understanding of the implementation of workplace alcohol and drug policies, including the emotive issue of alcohol and drug testing

'Train the trainers' workshops are organised for multi-disciplinary audiences from a wide spectrum of workplaces. The workshops also provide an opportunity for participants to enhance their personal training skills so that they can facilitate their own courses, which help to promote further the key messages of addressing alcohol and drug issues in the workplace.

→ **Model Alcohol Policy – January 2009** developed by The Scottish Government & Alcohol Industry Partnership in conjunction with The Scottish Centre for Healthy Working Lives
... It is the responsibility of any organisation using this policy to adapt it to the needs of their own workplace. It is recommended to consult with employees and an employment law or human resources specialist before developing and implementing a new policy.

<http://www.infoscotland.com/alcohol/files/alcohol-policy.doc>

Annex 4: Northern Ireland Drugs and Alcohol Campaign

The booklet is an integral part of the Workplace Resource Pack on Drugs and Alcohol which has been developed as part of the Northern Ireland Drugs and Alcohol Campaign.

This tool has been available since 2003 and it is free to employers. The main aim is to achieve three objectives:

- To raise awareness of alcohol and drugs and to prevent alcohol and drug related problems affecting the workplace;
- If any problems to arise then to identify them at the earliest possible stage;
- To protect the health, safety and welfare of employees by offering support to those who inappropriately use alcohol and drugs.

→ **Guidelines on developing and implementing workplace drugs and alcohol policies**

http://www.hseni.gov.uk/workplace_drugs_and_alcohol_policies_-_guidelines.pdf

→ **Workplace Drugs and Alcohol Policies - example of a Model Policy**

http://www.hseni.gov.uk/workplace_drugs_and_alcohol_policies_-_example_policy.pdf

Annex 5: Extract of the Wales Good Practice Guidance on Managing Alcohol Misuse in the Workplace by the Welsh Assembly Government

This document provides a summary from the evidence, professional opinion and existing policy statements on best practice in relation to the management of alcohol misuse in the workplace. It will be used by Welsh Assembly government to inform the publication of a consultation document.

Summary

- Community Safety Partnerships (CSPs) should work with their local employer organisations to ensure that they have alcohol policies consistent with the principles and models proposed in this guidance. The workplace will often be the environment where an individual's alcohol problem is first recognised and should be acknowledged as such in CSP action planning.
- Workplace alcohol policies can provide a framework for managing all alcohol related issues and should be seen as being central to the principles of a responsible, supportive and caring organisation. It is important, however, that the alcohol policy links in with other relevant human resources and health and safety policies.
- The proactive involvement of employees through their trade unions or representative groups, a commitment to joint negotiation, confidentiality, and systems for referring drinkers to counselling/treatment are the essential elements of an effective workplace policy.
- There is strong evidence that worksite interventions, including core components of employee assistance programmes, are effective in rehabilitating employees with alcohol problems.
- Worksite training on alcohol can also affect the attitudes of supervisors and employees.
- Work based training programmes that focus on employees' alcohol problems and possible interventions are likely to be effective.
- Workplace interventions that are broadly based on the model of employee assistance programmes should be supported. Programmes that offer employee assistance as a core component report a high degree of success.
- Training and interventions modelled on employee assistance programmes should be seen as complementary and not substitutes for each other.

→ **Good Practice Guidance on Managing Alcohol Misuse in the Workplace**

<http://wales.gov.uk/docs/dsjlg/publications/commsafety/091127treaten.pdf>

Annex 5: Extract of “Don’t mix it - A guide for employers on alcohol at work Health and Safety Executive (HSE)”

A model workplace alcohol policy would cover the following areas:

Aims: Why have a policy? Who does the policy apply to?

(Note: best practice would be for the policy to apply equally to all grades of staff and types of work.)

Responsibility: Who is responsible for implementing the policy?

(Note: all managers and supervisors will be responsible in some way but it will be more effective if a senior employee is named as having overall responsibility.)

The rules: How does the company expect employees to behave to ensure that their alcohol consumption does not have a detrimental effect on their work?

Special circumstances: Do the rules apply in all situations or are there exceptions?

Confidentiality: A statement assuring employees that any alcohol problem will be treated in strict confidence.

Help: A description of the support available to employees who have problems because of their drinking.

Information: A commitment to providing employees with general information about the effects of drinking alcohol on health and safety.

Disciplinary action: The circumstances in which disciplinary action will be taken.

<http://www.hse.gov.uk/pubns/indg240.pdf>

Annex 6: IAS FACTSHEET – ALCOHOL & THE WORKPLACE

Main elements of the Workplace Alcohol Policy by Manchester City Council

The policy is that the Council will attempt to:

- alert staff to the problems associated with alcohol
- offer encouragement and assistance to all employees who feel they may have an alcohol problem to seek help voluntarily at an early stage
- offer assistance to an employee with a drink-related problem which comes to light through observation or by the normal disciplinary procedures, for example through poor work performance, absenteeism or conduct.

It will also try to create a working environment which understands the problems that inappropriate consumption of alcohol can cause by:

- promoting and publicising health and alcohol education and information
- demonstrating a sympathetic managerial attitude towards problem drinkers
- not encouraging excessive consumption of alcohol in connection with any of the Council’s functions, facilities or civil business.

Identification

Problem drinkers tend to be identified by poor performance, high sickness absence or disciplinary problems. Once they enter the monitoring system, either by the line manager’s intervention or by self-referral, they are interviewed by a personnel officer.

A trade union representative can be present if the employees request it. If treatment is sought, time off is granted in accordance with the usual conditions of service concerning sick pay.

Regardless of whether employees make the approach themselves or their problem comes to light as a result of disciplinary action, the Council will still attempt to help them.

If employees refuse to undergo treatment, their work performance is monitored for a specified period. If it remains unsatisfactory, the employee will be interviewed again and if necessary disciplinary procedures invoked.

Employees who accept a course of treatment devised by the medical department are asked to sign an agreement drawn up by the personnel department setting the obligations on both sides so that both the Council and the employee know what is expected of them.

A limited amount of counselling is carried out in-house by the Council's two part-time counsellors. There is a limit of six formal sessions, typically held with decreasing frequency. If more are needed, the occupational health unit will refer employees to local services, while always seeking to avoid dependency. In severe cases, employees may be referred to a detoxification unit.

Return to Work

When possible, the Council will guarantee employment in the previous job of an employee who has undergone treatment. Where the problems may have been caused by the nature of the work, however, the Council will attempt to redeploy the employee.

If an alcohol problem occurs again, whether during treatment or following a return to work, each case is assessed on its merits. It is possible that reasonable further treatment will be offered but this is increasingly unlikely.

Staff will continue to be monitored for at least a year after their return to work.

Confidentiality

The policy guaranteed the employee confidentiality while undergoing a programme of treatment. No personnel record is made that the employee underwent treatment, although the medical department maintains a medical record. The report sent to the employee's department may mention an alcohol problem, but is likely to refer instead to nervous debility. Employees are encouraged to tell their GP's about the treatment but are not obliged to do so.

Screening

All employees are given a pre-employment health screen by one of the Council's two occupational health nurses. This consists of simple physical checks, with any problems referred to the doctor. As part of this screening, prospective employees complete a questionnaire on alcohol intake.

Publicity

Each employee received a pack containing a copy of the policy and a leaflet on drinking levels when the policy was launched. At the same time, line managers were trained in identifying problem drinkers and in the range and sources of treatment available.

Monitoring

There have been *no formal studies of the operation of the alcohol policy*.

- The Council notes that it has proved advantageous for a number of individuals who have been helped to solve their problems and remain in employment.
- Over the last two years about 50 employees have been placed on programmes of treatment for alcohol problems and
- About 15 of them have subsequently left the Council's employment.

Reference: IAS FACTSHEET – ALCOHOL & THE WORKPLACE Institute of Alcohol Studies, 03 June 2009

<http://www.ias.org.uk/resources/factsheets/workplace.pdf>

Further information about the situation in United Kingdom:

- "Managing drug and alcohol misuse at work" Chartered Institute of Personnel and Development (CIPD) (09/2007)
<http://www.cipd.co.uk/NR/rdonlyres/0731B5C2-3AAA-4A40-B80D-25521BDBA23A/0/mandrgalcmisusesr.PDF>
- "Running alcohol campaigns in the workplace - A guide for HR professionals" by CIPD/NHS
<http://www.cipd.co.uk/NR/rdonlyres/57A09952-72C8-44EE-A979-5A30DFF7E689/0/Evaluationform.pdf>
- Alcohol and Work - a potent cocktail Trades Union Congress (TUC), 01/2003
http://www.tuc.org.uk/h_and_s/tuc-6286-f0.pdf



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German Centre for Addiction Issues (DHS)

This overview has been composed by Armin Koeppel as part of the Focus on Alcohol Safe Environments (FASE) project cofinanced by the European Commission and BARMER GEK.

