European Workplace and Alcohol

The European Workplace and Alcohol project is a European project co-financed by the European Commission, and is coordinated by the Department of Health of the Government of Catalonia. The primary aim of EWA is to develop effective methods to raise awareness and bring individual and organisational change that leads to safer alcohol consumption, and thus a reduction in alcohol-related absenteeism, presenteeism and injuries.

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What is EWA

Read and learn more about the European Workplace and Alcohol (EWA) project.

Read more on page 2

Main topic: Best practice report

The EWA project is gathering case studies on different kinds of alcohol interventions among companies in Europe, which will be used to identify examples of good practice

Read more on page 3

Focus on Alcohol Safe Environment

Focus on Alcohol Safe Environment (FASE) collected best practices in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy. Read short summary of results here.

Read more on page 4

Scientific Opinion of the Science Group of the European Alcohol and Health Forum (EAHF)

In September 2011, the Science Group of the EAHF presented their report on Alcohol, Work and Productivity. A summary will be presented in this newsletter.

Read more on page 5

Country story: Belgium

Read about the Viralco project in Belgium, which explores the context of developing and implementing an alcohol and workplace strategy at a local level.

Read more on page 6

For more information about EWA: www.ewaproject.eu

European Workplace and Alcohol

Why alcohol and workplace?

- Alcohol and heavy drinking increase the risk of unemployment, absence from work and poor performance on the job (presenteeism). All of these cost employers and lead to lost productivity, with presenteeism having the greatest negative impact.
- Work place structures and stress at work increase the risk of heavy drinking and alcohol use disorders. Alcohol policies at work should be embedded in overall well-being at work programmes, all of which show a good return on investment.
- There are two important target groups: the young who are starting their working careers, because they are most vulnerable, and run much greater risks of unemployment; the older middle age because they have accumulated enormous work experience and capital, yet are the age group at greatest risk in absolute terms of an alcohol-related death.
- There is an enormous breadth and depth of experience in implementing work place based policies for alcohol, and broader well-being. These have been poorly researched, yet need to be identified and tapped into, so that lessons learnt (good and bad) can be widely disseminated and shared.

EWA aims to:

- raise awareness amongst employees about how, in relation to alcohol, they can live healthier lives;
- inform employers how, in relation to alcohol, they can support their workforce to live healthier during and outside working hours;
- encourage employees to change their alcohol-related behaviour to live more healthily;
- encourage employers to adopt a workplace culture that, with respect to alcohol, is supportive of healthier living

EWA work packages

Phases

Phase 1
Preparation of two workplace case studies following a common protocol

Phase 2
Preparation of a pilot work plan for implementing new actions on alcohol in the workplace

Phase 3
Carrying out 12 country based interventions, engaging with at least 5 companies to deliver comprehensive alcohol-focused interventions.

Phase 4
Analysing each pilot to assess the effectiveness of the process of workplace engagement.

Phase 5
Development of a tool-kit and policy recommendations for implementing work place based alcohol policies and programmes.

Good practice review

EWA will evidence existing good practice in workplace-based methods of raising awareness and changing behaviour to reduce alcohol-related harm.

Pilot interventions

EWA will engage in each of 12 pilot areas at least 5 workplaces and at least 750 employees in innovative, evidence-based alcohol-focused interventions.

Tool kit and policy recommendations

EWA will prepare and disseminate a tool kit and policy recommendations for better work place practice to reduce alcohol-related harm.

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Main topic: Best practice report

The overall objective of the EWA project is to develop and disseminate a cross-cultural tool-kit able to support the implementation of workplace-based interventions that will bring about reduced alcohol consumption and alcohol-related problems amongst the European workforce.

The EWA project will be developed in 5 phases, the first one being the preparation of two workplace case studies following a common protocol.

Methods

Companies that had carried out some type of alcohol interventions were engaged with, and their experiences presented as "case studies". This would help to identify examples of good practice while obtaining a general overview of what the situation is like across Europe: the common issues and the main differences.
A form specifying the content and the format was designed for standardised data gathering, in order to facilitate subsequent analysis of the information.
Information collected included general data from the country and the participating company, information about the intervention itself (background and objectives, content and key elements, how was it developed and implemented…), information about the impact and evaluation of the intervention and lessons learnt from the experience.

Results

To date, twelve European countries (Germany, Belgium, Spain (Catalonia), Croatia, England, Finland, Greece, Ireland, Italy, Poland, Portugal, and Scotland) presented 22 case studies. Romania and Estonia are still working on it. Once the case studies were received in the required format, they were assessed, and authors contacted back in search of clarification or completion of information as needed.
This compilation of case studies is interesting enough in itself, and it is intended for publication, provided permission is given by the participating companies to do so.
At the analysis level conceptual and integrative efforts have been made to overcome the intrinsic differences between companies and countries to draw the conclusions from the common elements. Lessons learnt exposed in the case studies have been summarised and systematized.

Conclusions

The situation of companies in relation to the handling of alcohol issues in the workplace is very different across European countries and also within the same country, both in relation to content and level of development of the interventions.
Several case studies commented upon the importance of the development and implementation of an alcohol policy as a lasting contribution to the workplace. Occupational health services played an important role on most occasions.

Evaluation of the programmes was not common in most companies, as it posed an important challenge (lack of resources, time constrains, confidentiality issues).
Initial hostility and suspicion was frequent but later on interventions were well accepted, especially if workers had been involved. This can be due to the fact that alcohol continues to be a taboo and very embedded in traditions: cultural change is needed and the workplace makes a good space to raise awareness and influence change to healthier patterns.
The conclusions extracted and the "lessons learnt" shared by the participating countries, will help in the design and implementation of phase 2 of the project ("Preparation of a pilot work plan for implementing new actions on alcohol in the workplace"), by providing hints of what pilots interventions should look like, and taking into account the warnings of what has worked and what hasn't in other cases in the past.

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Focus on Alcohol Safe Environment

Short summary of results

In its 2007 work plan, the European Commission called for the collection of best practices in work-place strategies to reduce the impact of harmful and hazardous alcohol consumption on the economy; networking, evaluation and collection of best practices on well-resourced community mobilisation and intervention projects to create safer drinking environments; and development of best practice in advertising, self regulation and monitoring.

This was implemented in the project “FASE – Focus on Alcohol Safe Environment”.

With the help of FASE project partners more than 20 best practice policies or programmes (PPP) in 13 European countries were found. 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 good practices were received 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. Fifty percent 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.

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.

Please have a look at the files of “Best Practices (PPP) from European countries” on the website.

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Scientific Opinion of the Science Group of the European Alcohol and Health Forum

Summary

Globally, alcohol is the world's number one risk factor for ill-health and premature death amongst the 25-59 year old age group, the core of the working age population. It is unsurprising, therefore that lost productivity costs feature as the dominant element in social costs studies arising from the harm done by alcohol (contributing to one half or more of the total social costs)

Becoming unemployed worsens alcohol-related harm, and heavy drinking, itself, leads to unemployment. Alcohol is a significant risk factor for absenteeism and presenteeism at work, largely in a dose response manner, with a relationship between societal and individual level of alcohol consumption and sickness absence.

Although some studies have reported a positive impact of alcohol consumption on earnings, a proxy measure of productivity, a meta-analysis of relevant studies suggested that the relationship was an artefact. Often forgotten is the impact of drinkers on the productivity of people other than the drinker. An Australian study found this to be comparable in cost size as the lost productivity costs of the drinkers themselves.

The work place itself also impacts on alcohol-related harm. Certain occupations (in particular bar staff and sea workers) are at particular risk, and, in general, stressful working environments increase the risk of alcohol-related harm.

Despite the extensive evidence base for the potential negative impact of alcohol consumption on productivity, the evidence base for effective responses is rather poor. It is not known if changing work structures can reduce workplace alcohol-related harm. Whilst there is some limited evidence from systematic reviews for an impact of counselling based interventions at the work place, peer support programmes and web based programmes, most of the evidence is based on self-report, with few outcomes that are objective.

Mandatory screening programmes seem to have an impact and can be appropriate for those employees in high risk situations, such as in the transport sector. Although systematic reviews find in general that health promotion programmes at the workplace have little impact, with, perhaps the exception of programmes that promote physical activity, well-being at work programmes seem to bring a productivity return on investment of 2.73 financial units for every financial unit spent.

Finally, policies outside the workplace seem to have an impact. Investing in social welfare programmes and active labour programmes to keep and reintegrate workers in jobs can mitigate the negative effective of economic downturns on alcohol-related deaths.

Alcohol polices themselves, such as increases in the price of alcohol, can reduce sickness absence and overall unemployment and improve overall productivity.

The full report can be found at http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

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Country story: Belgium

In 2006 the Flemish Health Conference on alcohol recommended to develop a strategy for the implementation of early identification and brief intervention (EIBI) in the Belgian system of occupational health. We developed an implementation strategy that could be considered as a pilot-study for nation wide implementation.

We used the Alcohol Use Disorder Identification test (AUDIT), a validated screening instrument which is promoted by the World Health Organisation (WHO). Staff were trained with a program developed in the Primary Health Care European Project on Alcohol (PHEPA). The software used during medical examinations was adapted to facilitate registration of screening results. These results were used to develop a benchmark for hazardous consumption in the Belgian working population. All companies with more than 50 employees were given individual feedback about the risk behaviour of their employees. We offer the introduction of an alcohol policy plan to enterprises who score above the average. This approach is compatible with new legislation that imposes the introduction of formal policies on alcohol and drugs in all enterprises (CAO 100).

In 2008 we screened 49026 employees with AUDIT questionnaire. This is 42% of the target population. 13,13% of people screened were identified as risky drinkers. A survey was conducted to identify the factors that influence staff performance. Response rate of staff was 75%. We used regression analysis to identify barriers and incentives that influence the participation of staff in the project . Role acceptance and motivation of staff is more important than training, knowledge and structural incentives.

Collective agreement on alcohol and substance abuse (CAO 100)

A collective agreement is valid for any private company in Belgium, regardless of size or activity of the company. A CAO itself is a non-legislative document. It is a framework which means that every employer must enter their own policies. CAO 100 emphasis on the implementation of an effective alcohol and drug policy in the Belgian companies, and clarifies the legal framework. The role of the occupational health doctor is also clarified.
The emphasis is mainly on prevention rather than on sanctioning of problem behavior. Tests are not prohibited, but if an employer wishes to make use of tests, they should be included in a specific procedure of testing.
The CAO emphasis the relationship between substance abuse and functioning. -The practical application relies strongly on the implementation of some form of performance evaluation in the company

The CAO makes a distinction between two phases:

First phase: policy intention

The first phase is mandatory for every company. The purpose of the first phase is that the social partners in the company reach a consensus and the outlines of a policy . This written consensus will automatically be part of the work rules.

Second phase: development of alcohol policy

The second phase is not mandatory but is recommended in companies where the “necessity” is present. The notion of ‘necessity’ is not defined, but you might think of: specific risk behavior, specific groups of employees, screening results during medical examinations, other qualitative information from the company, etc.

Phase 2 starts with an initial audit. This can be both qualitatively and quantitatively. In a qualitative audit current procedures and regulations are compared with the intentions mentioned in the vision statement It examines the changes and innovations necessary to achieve the desired policy. It is important to determine the indicators on which the policy will eventually be evaluated. In this context it might be interesting to perform also a quantitative audit with validated instruments. The further development of Phase 2 is translated into an action plan.

An effective alcohol and drug policy, according to CAO 100 is based on four pillars
These pillars are

-Procedures
-Regulations
-Information and training
-Helping people with problems

Working on the 4 different pillars is important to get involvement of all social partners but is also essential to achieve an effective policy for employees.

Securex External Prevention Services

The Law of August 4 1996 on the wellbeing of employees in the workplace is the Belgian Basic Law in this area. This law acts on safety and health but also on all other domains of wellbeing at work . This includes the psychosocial aspects, the ergonomic approach, the hygienic conditions and the prevention of occupational accidents and diseases. This law is the transposition of the Framework Directive 89/391/EEC to encourage improvements in the safety and health of employees.

A EDPB (External Service for Prevention and Protection at Work) is a non-profit organization that specializes in services to employers to implement this legislation. Every employer must have a contract with a EDPB, even if he employs only one person. The law defines five disciplines that must be present in each company. Few companies can organize all disciplines themselves in their internal prevention service. Only very large companies do this. Many small companies have no internal competence at all and rely completely on their external service for the implementation of the legislation.

The external service always consists of two sections:
A “risk management” department, led by an engineer. It consists of five disciplines:
(safety, health, ergonomics, industrial hygiene, psychosocial issues)
A department occupational medicine, led by an occupational physician.

The Securex group is a successful international player in the fields of social administration and HR-services Within the department health and safety of Securex operates one of the external services for prevention and protection at work. Out staff of psychologists provide a thoroughgoing psychosocial policy for companies who are client of our external prevention services.
Psychosocial health does not come about in isolation. It is heavily dependent on safety, health, sickness and absence as well as the conditions of work. Thus, our solutions always fit into this broader framework.
Securex acts specifically in five essential psychosocial domains: Alcohol and drugs, Stress, Smoking, Post-traumatic stress and Employee Assistance Programs

Within the domain of alcohol and drugs we help companies to apply CAO 100 and to develop alcohol policy which is recommended in the legislation .
The Securex approach works in four phases and is proactive and curative An effective alcohol and drugs policy has four pillars: Training and awareness, assistance in case of problematic use, regulations and education. Securex Health and Safety Solutions will guide our clients every step of the way.

Awareness

Employees who are aware of the dangers and consequences of abuse tend to be less susceptible to it. That is why Securex will raise an awareness session on 'alcohol and other drugs' at our clients company. The program is adapted for every company and the target group within the company. At any rate, we do discuss regulations regarding alcohol and drugs, provide background information on addiction, point out alarm signals and warn about the issues associated with detox. The large majority of the employees will not be abusers – and this information session wants to keep it that way. Next to the information session, we also use brochures and posters to raise awareness.

Procedures for abuse and aid

Our prevention advisers in the field of psychosocial welfare have a lot of experience with substance abusers. They will provide the right assistance and guidance and will incite our clients employees to change their behaviour.
Is the problem more deeply-rooted? Then we will refer them to confidential aid and even to nearby curative institutions.

Regulations

It goes without saying that the companies of our clients require clear rules about what is permitted and prohibited when it comes to alcohol and drug abuse. In this frame, a company cannot exceed the legal boundaries; at the same time, our clients also need to assure the safety and efficiency within their companies. Each company also needs to ensure that its communication is clear: So that everybody knows and understands the rules. Securex puts together this package of rules and help companies to adapt their labour regulations.

Training and coaching of executives

The executives of our clients will be provided the information pertaining to legislation and the consequences and dangers of drug abuse. But we will also look into problem scenarios by means of video material and role-play during a two-day session. It will enable the team of our clients to identify potential problem situations much faster. Often revealing that the solution is still within reach.
Moreover, we also organize permanent individual coaching for key figures within the organization.

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