



**EUROPEAN ALCOHOL POLICY  
CONFERENCE  
BUILDING CAPACITY FOR ACTION  
Barcelona, 3rd-5th April 2008**

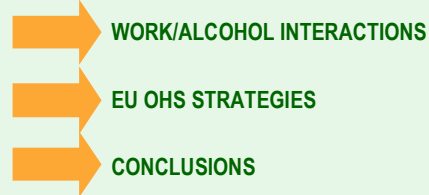
**Health in all policies: the example of alcohol**

Alcohol and the workplace: EU Strategy on Health and Safety at Work  
M<sup>a</sup> Dolores Solé - INSHT. Centro Nacional de Condiciones de Trabajo



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**ALCOHOL AT WORK STATISTICS**

❖ Around 10% of working people drink alcohol daily (ES: 12.3%) and 28% (38% blue-collar) of them drink 3 or more units (EUROBAROMETER n°272-2006)



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**HEAVY DRINKERS AT WORK: ES**

Men - Women	20,5% - 3,9%
Building industry	26,9%
Transport-communication	19,5%
Metallurgy	17,5%
Mines-Energy-Chemical	16,7%
Managers- Non Qual.	13,9% - 13,7% - 18,1%
Low – medium earnings	20,3% - 14,5%



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**1**

**EXTENT OF ALCOHOL MISUSE**

**ALCOHOL IMPACT ON WORK**

- ❖ Lowered productivity (EU: attributable absenteeism costs €9bn-€19bn; ES: 45 days/year lost working days)
- ❖ Higher risk of unemployment
- ❖ Increased absenteeism (UK: 3-5% of all absences; ES: 2x sickness absence; x3 duration)
- ❖ Negative impact on work/studies in 5% - 2% of drinking men/women
- ❖ Cause or contributing factor of Occupational injuries (UK: 23-25% ES: 3x Occup. injuries)



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## WORK IMPACT ON ALCOHOL?

Higher average of alcohol abuse

- ❖ Stressful workplaces
- ❖ Workplace culture (interplay with clients, enterprise social life)
- ❖ Easy availability of alcohol (hotel and catering industries)
- ❖ Long hours and working away from home (Healthcare workers, truck drivers, airline workers, sales reps)
- ❖ ETC.



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LACK OF DATA

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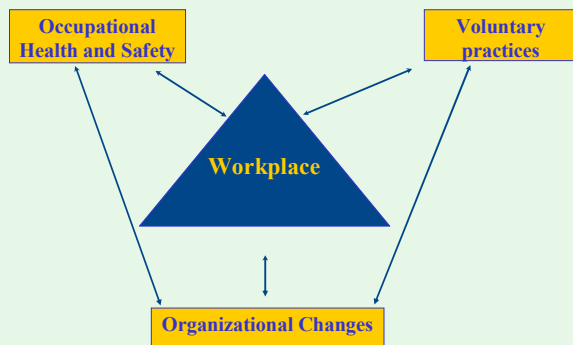
WORK/ALCOHOL RELATIONSHIP



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## HEALTH AT WORK: LINES OF ACTION



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## LEGAL RESPONSIBILITIES

### FRAMEWORK DIRECTIVE ON OHS AND RELATED REGULATIONS

**Restricted approach:** safety critical works (hazards related to alcohol misuse at work)

**Wider approach:** avoid/diminish occupational risk factors related to drinking alcohol (working conditions; availability...)



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## LEGAL RESPONSIBILITIES

OSH legislation improves the attitudes toward prevention in general and thus also improves attitudes towards drug prevention at work



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## FRAMEWORK FOR ACTION

### Key policy documents

#### ❖ OSH STRATEGIES

Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006

Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work

#### ❖ CORPORATE SOCIAL RESPONSIBILITY

Corporate Social Responsibility Green Paper, Promoting a European Framework for Corporate Social Responsibility (July 2001)(COM (2001)366 final of 18.7.2001



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## FRAMEWORK FOR ACTION

### Key policy documents

EXAMPLES OF OTHER RELATED STRATEGIES  
 Workplace as a setting – Workforce as a target

WHITE PAPER: Together for Health: A Strategic Approach for the EU 2008-2013 (COM(2007) 630 final)  
 An EU strategy to support Member States in reducing alcohol related harm (COM(2006) 625 final)



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## OSH STRATEGY 2002-2006

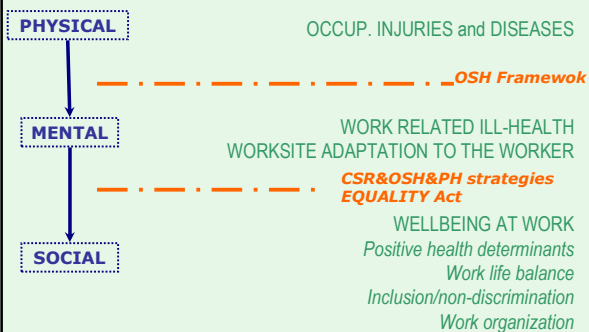
- ❖ Relaunching the policy on OSH
- ❖ Main features:
  - Global approach to **wellbeing at work**
  - Consolidation of **culture of risk prevention** by traditional and new instruments (CSR – Building partnership)
  - Importance of social policy for competitiveness
  - Cost of “no-prevention”



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## TRENDS IN OSH DEMANDS



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## PREVENTION

Concept which goes beyond risk control and workers' health protection entering the area of continuous improvement, commitment to people, efficiency and competitiveness.



Strategic element



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## ALCOHOL AND OSH STRATEGY 2002-2006

- ❖ Accident rates: importance of preventing substance-dependence effect, especially for alcohol and medicinal drugs.
- ❖ Recommend specific actions on alcohol problems:
  - Integrated in comprehensive health approach
  - Close collaboration with health care systems



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## OSH STRATEGY 2008-2012

- ❖ Emphasis on the connection of Social and economic policies and health policies.
- ❖ Promotion of an in work situation which enhances person's health and wellbeing
- ❖ Contribution of good health at work to public health on general.
- ❖ Recommends MS to make provision for technical assistance and advice on workers' health promotion



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## CONCLUSIONS

- ❖ Alcohol MISUSE is an issue at workplaces.
- ❖ Coping with it needs MANDATORY and VOLUNTARY actions at company level.
- ❖ Based on a comprehensive approach to health at work
- ❖ INDIVIDUAL and ENVIRONMENTAL
- ❖ Sectoral collaboration is NECESSARY
- ❖ Partnership models between OSH and PH are scarce



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**1 LACK OF DATA**

**2 WORK/ALCOHOL RELATIONSHIP**

**3 MANDATORY/VOLUNTARY ACTIONS**

**4 NATIONAL POLICIES/ACTION PLANS**



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## COMPANY LEVEL

### PREVENTION

Information/Training  
Training events  
Campaigns  
Healthy environments  
Limit availability  
Lower occupational risk factors  
Increase protecting factors  
Foster healthy life styles  
Empowerment  
Early identification

### INTERVENTION

Assistance programme  
Rehabilitation



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