

European Workplace and Alcohol Project

Mary Cruz Rodriguez, Lidia Segura and Joan Colom

Department of Health of the Government of Catalonia

Introduction

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.

General objective of the project

The primary aim of EWA is to develop effective methods of engaging with workplaces, and their workforces, to raise awareness and bring about individual and organisational change that leads to reduced alcohol consumption and alcohol-related harm. It will inform the development of alcohol-related health policies at European, regional, country and local levels.

EWA aims to engage with workplaces:

- to evidence existing good practice in workplace-based methods of raising awareness and changing behaviour to reduce alcohol-related harm
- to engage in each of 12 pilot areas at least 5 workplaces and at least 750 employees in innovative, evidence-based alcohol-focused interventions
- to assess new and innovative methods for reducing alcohol-related harm
- to prepare and disseminate a tool kit and policy recommendations for better workplace practice to reduce alcohol-related harm

EWA targets medium to large workplaces in the public and private sectors and their workforces – including multi-national companies and firms employing manual workers.

EWA will, in 12 member states, including 3 eastern European countries and 3 southern European countries, pilot, assess and disseminate the lessons from innovative interventions that engage workplaces and their workforces in addressing alcohol-related health issues.

The overall objective of the project is to culminate in the development and dissemination of a practical and robust cross-cultural tool-kit able to support the delivery of workplace-based interventions that will bring about reduced alcohol consumption and alcohol-related problems amongst the European workforce. The project will also produce a report identifying best practice and recommendations for European, national, regional and local policy-makers. Finally, the project will improve the health and well-being of European citizens, contribute to the objectives of the Lisbon agenda, and enable workplaces to mitigate the potential negative consequences of the economic recession on alcohol-related harm.

Strategic relevance and contribution to the EC programme

The European Workplace and Alcohol project will bring new and added value to existing knowledge of work place policies that reduce alcohol-related harm, ensuring widespread and practical implementation of this knowledge throughout workplaces, large and global companies, as well as small and medium enterprises. By collecting and documenting information on relevant laws and infrastructures on work place and employment policies across Europe as they relate to alcohol, the project should inform on opportunities for harmonization of relevant work place laws, enabling a common work space for a supportive environment to promote wellness at work. By identifying and bringing together good practice for effective actions, and by developing possibilities of how to implement good practice on a wider scale through the involvement of employers and their organizations, trade unions and health professionals, the project is fully consistent with the 2009 Work Plan. By contributing to the reduction of alcohol-related harm at the workplace, and by promoting workplace related actions, the project directly supports the European Commission's strategy to support Member States in reducing alcohol related harm.

Methods and means

The project comprises a series of integrated activities structured around five sequential phases: following a common protocol, all associated partners will prepare at least two workplace case studies that demonstrate good practice from their own country; based on developed guidelines for pilot interventions, each pilot intervention partner will prepare a pilot work plan; pilot interventions will be carried out in twelve countries, each engaging at least 5 companies and at least 750 employees over a period of 12 months; analyses of each pilot intervention to assess the effectiveness of the process of workplace engagement, identify outputs, assess impact and health outcomes and highlight good practice; based on previous phases, development of a tool-kit and policy recommendations.

Expected outcomes

A cross-cultural tool-kit that will provide a Europe-wide resource to support the implementation of alcohol-focused interventions that involve workplaces and their workforces; a project report that will provide evidence-based recommendations, derived from the project's experience and findings, to influence alcohol and workplace policies at European, national, regional and local levels; increased number of workplaces with comprehensive alcohol policies; increased number of workplace managers trained in good practice for supporting workplaces and workforces to address alcohol-related health issues; reduced alcohol-related absenteeism, presenteeism and work site accidents and injuries; improved health and well-being of European citizens; and contribution to the goals of the Lisbon agenda.

Preliminary conclusions

- Alcohol consumption has a very negative impact on work: 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.
- Workplace alcohol consumption has economic, safety and legal implications. Overall, lost productivity costs feature as the dominant element in social costs studies arising from the harm done by alcohol, being about half of the total social cost of alcohol to the European Union.

- Evidence suggest that prevention activities at the work place to reduce the harm done by alcohol should be embedded in broader workplace health promotion and well-being at work initiatives.
- Alcohol affects all environments thus a percentage of the workforce will have alcohol problems: a proactive approach to addressing the situation with professional expertise is the best way to benefit both the company and the employees.
- Benefits for companies for undertaking a workplace intervention:
 - Improved safety: especially important if risk to third parties is an issue
 - Improved productivity: by reducing absenteeism, presenteeism and injuries.
 - Improved corporate image and working environment (social corporate responsibility)
- Doing a basic intervention is better than not doing anything, and might be a good first step. Quality has to be assured, though, and in enterprises with significant resources comprehensive programmes should be encouraged. A transparent process within a trusting and confidential environment will help overcome potentially initial hostility / suspicion.
- Good team work, high participation and commitment of the whole company including employees, workers' representatives, management, production departments, human resources, occupational medicine and health and safety departments, and health and safety committee are very important. In particular, including employees' representatives in this process is likely to increase success, and the occupational health professionals will often be the best situated for confidentially dealing with the medical aspects of the case.
- One of the most cost effective single interventions is to design and implement an alcohol policy:
 - if well planned and conceived, it should not generate much cost;
 - implementing it in itself has a lasting, on-going effect unlike other one-off activities;
 - its mere existence might act as a deterrent too;
 - policies make procedures clearer and fairer as the same rules will apply to everybody and avoid improvisation;
 - policies should have clear disciplinary procedures, but should include supporting mechanisms too (both medical and occupational).
- To improve effectiveness:

- the target group for the intervention should be clearly defined. If the intervention is addressed to several target groups, the content will have to be adapted accordingly. Managers, in particular, should have enough training (knowledge and skills) so as to act appropriately on alcohol issues.
- an implementation schedule should be carefully designed and planned as the most useful interventions are long term, on-going and developed in stages.
- Evaluation is of utmost importance to assess the effectiveness of the intervention and adjust objectives accordingly: a baseline assessment should be performed for comparison reasons.