



# Use of alcohol and drugs at the workplace

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This report is available in electronic format only.

*Alcohol and drugs represent a serious problem for a significant percentage of the working population (5%–20% of workers), especially in some sectors and occupations. Consumption of alcohol and drugs at work can have negative impacts for individuals and organisations in terms of health problems, more instances of sick leave/short-term absenteeism, reduced performance, labour conflicts, more work accidents, company image problems, and damage to equipment or products. Public authorities and social partners in EU countries have developed national legislation and agreements banning/limiting alcohol/drug use at work, with a focus on testing practices intended to control usage at work. Public authorities and social partners have also adopted various policy measures to prevent and combat the negative effects of alcohol and drug use at work.*

## **Introduction**

Workplaces reflect to some extent the general presence of alcohol and drugs in European society but particularly as far as alcohol is concerned. More importantly, alcohol and drugs represent a serious problem for a significant proportion of the working population, with important consequences for affected individuals, enterprises and the economy as a whole.

This comparative analytical report (CAR), which covers the 27 EU Member States (EU27) plus Norway, aims to:

- identify the main European and national statistical surveys providing information on the prevalence of alcohol/drug use at the workplace;
- present the latest information on the extent of alcohol/drug use at the workplace, the sectors and occupational categories most concerned by this use, the rationale behind this use and the subsequent consequences in terms of absenteeism and sick leave, reduced performance, risk of work accidents, etc.;
- identify legislation and agreements concerned with the prohibition/limitation of alcohol/drug use at the workplace;
- identify information on testing practices intended to control alcohol/drug use at the workplace (regulations, voluntary/compulsory nature of testing practices, types of testing, possible consequences, current public debates, etc.);
- describe national prevention programmes intended to combat alcohol/drug use at the workplace (especially those based on agreements and cooperation of social partners).

The report focuses on alcohol and drugs as psychoactive substances according to the World Health Organization ([WHO](#)) [definition of psychoactive substances](#) as those ‘substances that, when taken in or administered into one’s system, affect mental processes, e.g. cognition or affect’ and that include ‘the whole class of substances, licit and illicit, of interest to drug policy’.

Examples of psychoactive substances include alcohol, opioids (heroin, etc.), cannabis, psycho-stimulants (cocaine, amphetamines, etc.), hypnotosedatives and other hallucinogens. Tobacco is excluded from this study as are medicinal drugs prescribed by a doctor, although some references are made to them when the workplace dimension is included in the sources of information.

Finally, it is important to stress that the analysis focuses primarily on the issue of alcohol/drugs specifically at the workplace (use and consumption, rationale, effects, existing legislation, etc.). Nevertheless, some attention is paid to the work-related effects of alcohol/drug consumption outside the workplace, as these effects are often interlinked irrespective of the place of consumption.

## **Main sources of information**

The first stage of the research was to identify sources of information dealing with the issue of alcohol/drug use at the workplace and its relationship with working conditions.

A relatively large number of statistical sources in Europe provide information on drug/alcohol use by the general national population, where the data are often disaggregated by the characteristics of individuals (gender, age groups, national origin, work status, etc.).

A key source is the European Monitoring Centre for Drugs and Drug Addiction ([EMCDDA](#)), which was established in 1993 as an EU decentralised agency. Among its activities, the EMCDDA publishes an annual statistical bulletin with the most recent data on the drugs situation in Europe as a whole and for 43 countries including EU Member States plus Norway, as well as candidate and potential candidate countries and other neighbouring countries.

The European Commission has carried out several Special Eurobarometer surveys (for example, [Special Eurobarometer 186 \(1.18Mb PDF\)](#), [Special Eurobarometer 272b \(1.61Mb PDF\)](#) and [Special Eurobarometer 331 \(2.78Mb PDF\)](#)) to collect information on the attitudes of EU citizens towards alcohol and their consumption patterns. The most recent (Special Eurobarometer 331) was published in 2010 and contains information collected in October 2009.

Table 1 summarises the most important national statistical surveys that provide information on the prevalence of alcohol/drug use at the workplace in the EU27 Member States and Norway.

**Table 1: Main national surveys on alcohol/drug use at the workplace**

Country	Study	Brief description
Belgium	<a href="#">Alcohol consumption among Belgian employees (in Dutch)</a>	As part of a systematic medical screening, the Securex Group examined the results obtained from 7,169 participants in the WHO's <a href="#">Alcohol Use Disorders Identification Test (172Kb PDF)</a> (AUDIT) in 2007. This sample was a representative of the Belgian private sector by age, gender, occupational category and sector.
Germany	<a href="#">DAK health report 2009 (in German, 1.77Mb PDF)</a>	The German health insurer <a href="#">DAK</a> published in 2009 the results of a survey conducted in 2008 among a representative sample of 3,000 employees aged 20–50 years. The main goal of this research was to identify the prevalence of medical drug abuse and doping among German workers
Latvia	<a href="#">Prevalence of alcohol use and elimination of consequences of alcohol use in the working environment in different sectors of the economy (in Latvian, 816Kb PDF)</a>	This study by the Institute of Philosophy and Sociology of the University of Latvia ( <a href="#">LUFISI</a> ) investigated the use of alcohol at work in a number of sectors such as: <ul style="list-style-type: none"> <li>• agriculture, forestry and fishing;</li> <li>• manufacturing;</li> <li>• electricity, gas and water supply;</li> <li>• construction;</li> <li>• transport and communications;</li> <li>• state governance and related services.</li> </ul> The study was partly based on a survey of 500 employers and interviews with 10 different experts on the issue conducted in 2007.
Norway	<a href="#">Use of alcohol and drugs by</a>	In 2008–2009, the Norwegian Institute of Public

Country	Study	Brief description
	<a href="#">Norwegian employees – pilot study (529Kb PDF)</a>	Health (FHI) and the Norwegian Institute for Alcohol and Drug Research (SIRUS) conducted a pilot study on the use of alcohol and psychoactive drugs in the workplace. A total of 526 people participated in the study. Participation was voluntary and anonymous. Participants filled in a short questionnaire and gave a saliva sample to test for recent use of alcohol, illegal drugs or psychoactive medicines that may cause drowsiness. A larger follow-up study is being planned.
Netherlands	<a href="#">Alcohol and work (in Dutch, 465Kb PDF)</a>	Research on alcohol and work by the Addiction Research Institute Rotterdam (IVO) was commissioned by the Ministry of Social Affairs and Employment, together with the Ministry of Health, in 2003. The study aimed to obtain information on the prevalence of alcohol use just before, during and after working hours and to compare alcohol use between sectors. In addition, it looked at relationships between work and non-work factors and alcohol use before, during and after working hours. The study consisted of a telephone interview with 4,289 respondents with a follow-up telephone interview with 640 respondents
Poland	<a href="#">DRUID – Driving under the influence of drugs, alcohol and medicines (in Polish, 95Kb PDF)</a>	This survey was carried out by the Motor Transport Institute (ITS), the Institute of Forensic Research (IES) and the Polish National Police in 2010. The main goal of this national survey was to determine the scale of alcohol, medicine and drug use among drivers. It used a random survey accompanying roadside alcohol screening tests by the police.
Slovenia	<a href="#">Survey on the use of alcohol at the workplace (in Slovenian, 272Kb PDF)</a>	The Labour Inspectorate (IRSD) carried out a survey in 2005 on the use of alcohol at the workplace. The sample included 118 companies and 16,008 respondents.
Spain	<a href="#">2007–2008 survey on the consumption of psychoactive drugs at the workplace in Spain (in Spanish, 5.96Mb PDF)</a>	Every two years since 1995, the Spanish Observatory on Drugs (OED) (part of the Ministry of Health, Social Policy and Equality), has undertaken the ‘Household survey on alcohol and drugs in Spain’ (EDADES). This survey studies the use and attitudes of the Spanish population with regard to drugs. In 2007–2008, it included an additional module aimed exclusively at the working population which targeted potentially active people aged 16–64 and involved 15,071 people.

Source: National contributions, EWCO 2011

A number of ad hoc studies and research activities have also dealt with the issue of alcohol/drug use at the workplace. The following two sections summarise the findings of these studies.

## Extent of alcohol/drug use at the workplace

The significant presence of alcohol (especially) and drugs in society has a clear reflection at the workplace. Although this section is primarily concerned with information on alcohol and drug use at the workplace, we are aware that alcohol and drugs might not only be consumed at the workplace but also before and after work or during breaks, with important effects ‘at work’.

### Alcohol and drug use among the European adult population

#### *Alcohol consumption: Special Eurobarometer 331*

According to [Special Eurobarometer 331 \(2.78Mb PDF\)](#) on EU citizens’ attitudes towards alcohol, three-quarters of EU citizens (76%) consumed alcoholic beverages in the past 12 months while a quarter (24%) claimed to have abstained. The results also show that around half of alcohol consumers (49%) say they drink between one and three times a week; most EU alcohol consumers (69%) usually have two drinks or less in each session, whereas 10% claim to usually have five drinks or more. The consumption of alcoholic beverages is higher among men and older people. There are also important differences between Member States (Table 2).

**Table 2: Alcohol consumption habits of the European adult population (%)**

	Have drunk alcoholic beverages in the past 12 months	Have drunk alcoholic beverages more than three times a week in the last 30 days *	Claimed to drink more than four drinks a day when drinking alcoholic beverages **
<b>Austria</b>	79	22	3
<b>Belgium</b>	79	23	15
<b>Bulgaria</b>	73	28	1
<b>Cyprus</b>	75	10	7
<b>Czech Republic</b>	82	14	12
<b>Denmark</b>	93	21	23
<b>Estonia</b>	82	7	11
<b>Finland</b>	82	9	23
<b>France</b>	83	26	9
<b>Germany</b>	81	19	8
<b>Greece</b>	78	23	2
<b>Hungary</b>	65	22	5
<b>Ireland</b>	76	7	26
<b>Italy</b>	61	38	0
<b>Latvia</b>	87	5	9
<b>Lithuania</b>	85	5	15
<b>Luxembourg</b>	83	25	6
<b>Malta</b>	71	22	20

	Have drunk alcoholic beverages in the past 12 months	Have drunk alcoholic beverages more than three times a week in the last 30 days *	Claimed to drink more than four drinks a day when drinking alcoholic beverages **
<b>Netherlands</b>	88	33	13
<b>Poland</b>	76	6	11
<b>Portugal</b>	58	53	6
<b>Rumania</b>	70	26	7
<b>Slovakia</b>	78	8	7
<b>Slovenia</b>	82	19	7
<b>Spain</b>	68	33	7
<b>Sweden</b>	90	7	13
<b>UK</b>	81	22	24
<b>EU27</b>	76	23	10

*Notes: Fieldwork was carried out in 2009.*

*\* Percentage refers to those individuals who claimed to have drunk alcoholic beverages in the past 12 months.*

*\*\* Percentage refers to those individuals who claimed to have drunk alcoholic beverages in the past 30 days.*

*Source: European Commission, Special Eurobarometer 331*

### ***Drug use: EMCDDA annual report 2011***

There is no such centralised statistical information source for drugs. However, the EMCDDA collects national annual reports prepared by the national focal point on drugs and drug addiction. Thus, the EMCDDA's [2011 annual report on the state of the drugs problem in Europe](#) provides figures on the importance of the phenomenon at a general level. The data in the 2011 report relate to 2009 (or the last year available).

- It is estimated that cannabis had been used at least once (lifetime prevalence) by about 78 million Europeans (that is, over one in five of all 15–64 year-olds).
- An estimated 22.5 million Europeans used cannabis in the last year (that is, on average 6.7% of all 15–64 year-olds) and about 12 million Europeans used the drug in the last month (that is, on average about 3.6% of all 15–64 year-olds).
- Cocaine is the second most tried drug after cannabis. It is estimated that about 14.5 million Europeans have used cocaine at least once in their life (on average 4.3% of adults aged 15–64 years) and about four million Europeans are estimated to have used the drug in the last year (1.2% on average).
- About 12.5 million Europeans have tried amphetamines. About two million used the drug during the last year and around 1.5 million of young Europeans (1.1% of the total) used amphetamines during the last year. About 11 million Europeans had tried ecstasy and about 2.5 million used the drug during the last year.

## Alcohol consumption at work

There is a large bulk of empirical evidence on alcohol at work, although existing information comes from national statistics rather than from European-level sources. This may be why the available results show a high degree of variation. The report, [Alcohol and the workplace in the European Union: An exploration \(486Kb PDF\)](#), by the Dutch organisation, Quest for Quality (Q4Q), provides an overall perspective of research and internet resources in the EU on alcohol and the workplace but is based on the situation in 2005.

According to a [lecture on alcohol in companies \(in German, 665Kb PDF\)](#) given in 2006, up to 11% of all Austrian employees drink alcohol every day in the course of a work day; this percentage increases to 75% when special social events take place at work.

The [Securex study on alcohol consumption among Belgian employees \(in Dutch\)](#) published in 2008 found that up to 11% of Belgian workers declared that their employers had served alcoholic beverages at work during special occasions in the past 12 months (only 1.6% of Belgian workers declared that their employer served alcoholic beverages during lunch on a daily basis).

In Denmark, a [2009 report on alcohol and work \(in Danish\)](#) by the United Federation of Danish Workers (3F) found that one out of seven members drank one or more beers at their workplace during a working day.

An Italian campaign conducted during summer 2006 among workers in construction yards in the province of Teramo found that up to 9% of controlled workers had alcohol present in their blood (particularly in the afternoons and on Mondays and Fridays) (Cocchini et al, 2006).

In Malta, around a fifth of employers (21%) claimed to be aware of workers who drank alcohol at work (Gauci and Vella, 1997).

In the Netherlands, the [IVO report on alcohol and work \(in Dutch, 465Kb PDF\)](#) found that approximately 4% of those workers who drank, sometimes drank alcohol before they went to work or during working hours.

A [study on patterns of alcohol consumption \(in Polish, 184Kb PDF\)](#) published in 2008 by the State Agency for Prevention of Alcohol-Related Problems (PARPA) reported that 8.2% of Polish workers consumed alcohol at their workplace, a similar result to the 8% of young Polish employees in financial and banking sector institutions and big corporations who stated they drank alcohol during their working hours (usually drinks or wine consumed with lunch) ([GazetaPraca, 31 August 2009, in Polish](#)).

In Portugal, 25% of workers in the construction and public works sector declared they had drunk alcohol during working hours in 2007, with up to 73% stating they drank it with a meal (Bizarro, 2007).

According to a [report on alcohol consumption \(in Slovenian, 272Kb PDF\)](#) by the IRSD, up to 38.1% of Slovenian workers noticed in 2005 that some colleagues arrived at work under the influence of alcohol. The consumption of alcohol at the workplace was noticed frequently by 0.85% and occasionally by 39% of respondents.

### *Presence of heavy drinkers at work*

Alcohol represents a serious problem for a significant proportion of working alcohol drinkers. Austrian and German research suggests that 5%–10% of all employees are either addicted to alcohol or are at risk of becoming addicted to alcohol. This conclusion is drawn from a book by Eckardstein et al (1995), a [lecture on alcohol in companies \(in German, 665Kb PDF\)](#) given by Fischer and Beilner in 2006, and an [online article on alcohol in the workplace \(in German\)](#) by Freisleben-Teutscher in 2008. Evidence from Belgium presented in the [Securex 2008 study on alcohol consumption among Belgian employees \(in Dutch\)](#) suggests that the percentage who use

alcohol in an unsafe way is slightly higher (13%); this percentage was higher among men than women (18% and 6%, respectively).

In the Netherlands, estimates suggest that about 21% of the overall workforce drinks excessively and 5% of the Dutch workforce is addicted to alcohol ([IVO report on alcohol and work, 2003 \(in Dutch, 465Kb PDF\)](#)). In this study, an excessive drinker is defined as someone who drinks at least 20 glasses a week or six glasses or more at least once per week for men, or at least 14 glasses a week or four glasses or more at least once per week for women. The study suggests that someone is considered to have an addiction and is an excessive drinker when they had a rating of 2.5 or more on a six-item scale used to rate the negative consequences of alcohol consumption. However, the figures from the IVO report are softened by [initial results from the NEMESIS 2 study on mental health \(in Dutch, 2.26Mb PDF\)](#) which suggests that only 0.7% of employed individuals are addicted to alcohol.

In Portugal, 6% of construction workers say that they get nervous after a few hours without drinking alcohol (Bizarro, 2007). In Spain, the [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#) found that 5.0% and 2.3% of male and female workers, respectively, are considered to be high-risk alcohol consumers (that is, more than 50 cm<sup>3</sup> per day for men and more than 30 cm<sup>3</sup> per day for women).

The number of heavy drinkers at the workplace of course increases if occasional heavy drinking is taken into account. For example, a [2006 study on construction apprentices' attitudes to workplace drug testing \(111Kb PDF\)](#) found that up to 40% of Irish construction apprentices reported feeling drunk at work in the past year and 82.1% reported feeling hung over from the previous night's drinking. In Italy, a campaign of controls on alcohol levels carried out in 60 construction yards in central Italy in summer 2006 found that up to 1.9% of workers had alcohol levels over 0.5 g/l (Cocchini et al, 2006).

According to a [LUFISI study on the prevalence of alcohol at work \(816Kb PDF\)](#) published in 2008, 14% of enterprises in the Latvian construction sector report at least one worker arriving drunk at the workplace; this percentage was higher (31%) in the case of enterprises in the agriculture, forestry and fishing sector.

In the UK, a [study on the effects of regular drinking on work by Norwich Union Healthcare in 2007](#) found that one third (32%) of employees reported having been to work with a hangover and 15% reported having been drunk at work in the last year; one in 10 employees said this happened at least once a month and one in 20 said it happened once a week.

## **Drug consumption at work**

Information on the presence of drugs at work is much scarcer than for alcohol. Most of the available information refers to the drug-taking habits among workers and employees in general, irrespective of whether this intake takes place at work or outside work. In this sense, some of the available data refer to the perception of employers and workers regarding the use of drugs at work.

Thus, 5% of Maltese managers in the 1990s were aware of workers within their company who took drugs at work (Gauci and Vella, 1997), whereas according to a [2006 report on company perceptions of alcohol and drugs \(in Spanish, 1.36Mb PDF\)](#) from the Trade Union Confederation of Workers' Commissions ([CCOO](#)), 47% of Spanish employers had the impression that the use of drugs at the workplace among women had increased over the past 10 years. However, according to the 2008 report by LUFISI on the prevalence of alcohol at work (mentioned above), Latvian employers argue that, despite being aware of the use of drugs at work, they do not have sufficient skills to detect and prove such cases.

In the case of French workers, 25% of workers participating in a [survey on alcohol and psychoactive substances in the workplace \(in French, 91Kb PDF\)](#) published by the National



Institute for the Prevention and Health Education ([INPES](#)) in 2006 stated that the use of cannabis at the workplace is increasingly worrying. Meanwhile, a [study on health behaviour \(in Estonian with English headings, 2.15Mb PDF\)](#) by the National Institute for Health Development (TAI) published in 2011 found that 3.4% of Estonian workers took cannabis in the past 12 months, although most these individuals belonged to the youngest age group.

Evidence from Italy collected from 3,000 young workers (aged 18–35 years) across the country showed that 13.5% of workers had used cannabis in the last year; this percentage was lower in the case of cocaine, acids and opiates (4.5%, 1.2% and 1%, respectively) (Manzoli et al, 2007). The main factors associated with the probability of positive drug tests at work in the Italian Varese area are youth and the presence of another positive case in the same company (Crespi et al, 2010). In Luxembourg, use of illicit substances was reported by almost a tenth (8.4%) of employees aged 18–39 years from the private sector (Krippner, 2008). In Malta, 12.7% of public service employees admitted to making use of marijuana, though none of the respondents admitted to making use of other drugs such as cocaine and ecstasy (Farrugia, 2000).

According to the [NEMESIS 2 study on mental health \(in Dutch, 2.26Mb PDF\)](#), 0.6% of Dutch employees had abused drugs in the past 12 months. This percentage was slightly higher among women probably due to the higher consumption of medically prescribed drugs such as sleeping pills and painkillers.

In Spain, cannabis is the most consumed illegal drug among the working population, followed by cocaine (around 11% and 8%, respectively), and well above other drugs such as amphetamines or hallucinogens. Interestingly, the consumption of illegal drugs is more common among younger people (aged 16–34) and among men. The [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#) found that 23.8% of working men aged 16–34 had consumed cannabis over the last 12 months compared with 6.7% of working men aged 35–64.

In the UK, a [2004 report on illegal drug use by workers \(3.45Mb PDF\)](#) by the Health and Safety Executive ([HSE](#)) found that 13% of working respondents reported use of illicit drugs in the previous 12 months, with the rate varying considerably with age from 3% for those aged 50 or more to 29% for those aged under 30.

Evidence from some countries as presented by a [3F report on youth drug use at work \(in Danish, 315Kb PDF\)](#) published in 2007 shows that some drugs (in particular cannabis) are often considered by young workers to be as harmless as drinking beer.

## **Differences in alcohol and drugs use by workers**

### *Sector*

Available research shows that alcohol and drug consumption among workers and workplaces differs between economic sectors. Some sectors (construction, transport, primary, and hotels and restaurants (Horeca)) appear particularly hit by the use of these substances.

Austria has four sectors where alcohol is a particular problem; these are construction, security services (police, military), Horeca and transport (Uhl et al, 2009; Fadler, 2011).

The [French Health Barometer 2005 \(in French, 7.4Mb PDF\)](#) reported that French farmers are particularly affected by chronic drinking problems, whereas a [2010 article on drugs at work in Le Figaro \(in French\)](#) stressed the construction sector as being particularly hit by the use of alcohol and drugs.

Maltese evidence collected about the employment status and occupational sector of new clients attending a national drug programme found that the majority worked in three main sectors, that is, transport (24.7%), construction (15.6%) and food processing (11.7%) (Azzopardi, 2010).

According to the Slovenian Institute of Public Health ([IVZ](#)), the number of excessive drinkers was highest in 2008 among agriculture workers.

According to the [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#), there is a high consumption of alcohol among primary sector workers, Horeca and construction workers, whereas drugs are more commonly consumed in the Horeca and construction sectors; 18.8% and 18.1% of working men in the Horeca and construction sectors, respectively, had consumed cannabis over the previous 12 months.

Studies in the Netherlands ([2003 IVO report on alcohol and work \(in Dutch, 465Kb PDF\)](#)) and the UK (Romeri et al, 2007) confirm the prevalence of alcohol consumption in the Horeca, construction and agriculture sectors. According to an [interview with an addiction expert \(in German\)](#) on the website of the Austrian trade union, [vida](#), Austrian workers in the health and social sector have a higher number of alcohol-related problems. A 2006 report on the social costs of alcohol in Sweden from the Centre for Social Research on Alcohol and Drugs ([SoRAD](#)) states that is the case for Swedes working in the media and communication sectors, and as company salespersons, engineers and chauffeurs (Johansson et al, 2006).

### *Occupation*

Drugs and alcohol are also noticeable in professions subject to compulsory drug tests. Thus, 1.8% of such workers in the Varese province in Italy gave positive results in a drug consumption test, with 1% having used cannabis, 0.5% cocaine and 0.2% opiates (Ferrario et al, 2009). In France, research conducted in the Nord Pas-de-Calais region involved the analysis of the 1,000 urine samples from haulage drivers and found traces of cannabinoids in 8.5%, alcohol in 5%, opiates in 4.1%, methadone in 0.5%, amphetamines in 0.3% and cocaine in 0.1% (Labat et al, 2004). Meanwhile, the [DRUID study on driving under the influence \(in Polish, 95Kb PDF\)](#) found alcohol levels exceeding the limits allowed by Polish law (that is, more than 20mg per 100ml) in 1.02% of all drivers tested during the checks, whereas drugs (usually marihuana, cannabis and amphetamines) were found in 2.5% of all tested drivers.

There are also significant differences in the presence of alcohol and drugs between occupational categories, with the differences also relating to the type of addictive substance. As far as alcohol is concerned, the [Securex 2008 study on alcohol consumption among Belgian employees \(in Dutch\)](#), the [French Health Barometer 2005 \(in French, 7.4Mb PDF\)](#) and a [2009 survey on work and health \(in Finnish, 872Kb PDF\)](#) from the Finnish Institute of Occupational Health ([FIOH](#)) suggests that regular use of alcohol is particularly important among male (blue-collar) workers in some of the sectors more affected by the problem (farmers, drivers, construction workers, waiters and bartenders, and unskilled/manual workers) especially compared with other categories such as craftspeople, heads of enterprises, managers and intermediate professions.

### *Level of educational attainment*

The [French Health Barometer 2005 \(in French, 7.4Mb PDF\)](#) found that alcohol-related indicators are inversely related to education, that is, the higher the level of education obtained, the less likely are people in the workforce to drink or to be regularly inebriated. Notwithstanding this result, other studies also warn about a high presence of excessive alcohol consumption among other occupational categories such as doctors (Fadler, 2011) and managers. These studies are from Denmark ([3F report on youth drug use at work \(in Danish, 315Kb PDF\)](#)), Malta (Gauci and Vella, 1997) and Spain ([Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#)).

While the use of cannabis is higher among young people, there is a greater prevalence of other types of drugs such as cocaine among highly qualified people or some professional categories. These include:

- Italian professionals involved in sales and services (Manzoli et al, 2009);

- French and Polish managers and executives ([French Health Barometer 2005 \(in French, 7.4Mb PDF\)](#) and a [2011 report on attitudes to drugs \(in Polish, 303Kb, PDF\)](#) by Poland's Public Opinion Research Centre (CBOS));
- Polish information and communication technology (ICT) specialists and brokers ([GazetaPraca, 31 August 2009, in Polish](#)).

### *Employment situation*

There are also important differences in the prevalence of alcohol and drug use among individuals in relation to their employment situation.

Research in several countries has confirmed that unemployed individuals show a higher use of alcohol and drugs than those in employment. Thus, a recent [study on health behaviour \(in Estonian with English headings, 2.15Mb PDF\)](#) found that 5% of the unemployed Estonian population had used cannabis in the past 12 months compared with 3.2% among the employed. Similarly, French unemployed individuals are more likely to consume alcohol, cannabis or cocaine on a daily or regular basis compared with the population in employment; according to the [French Health Barometer 2005 \(in French, 7.4Mb PDF\)](#), 6.2% of French unemployed had consumed cocaine at least once and 1.8% within the past year compared with 2.6% and 0.5% among employed people, respectively.

In Germany, a [report on youth alcohol consumption \(in German, 196Kb PDF\)](#) for the Federal Centre for Health Education (BZgA) found that young people in employment in 2010 consumed alcohol less often than those who were unemployed. In Romania, the [2010 report on the national drug situation \(in Romanian, 1.99Mb PDF\)](#) prepared by the EMCDDA and the National Anti-Drug Agency (ANA) found that 12.3% of individuals admitted for alcohol treatment were employed compared with 60.2% who were unemployed.

The [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#) found that 22.1% of unemployed men had consumed cannabis over the past 12 months compared with 12.3% of employed men.

The [NEMESIS 2 study on mental health \(in Dutch\)](#) in the Netherlands found that 2.1% and 2.8% of the unemployed could be characterised as addicted to alcohol and drugs, respectively, compared with 0.7% and 0.6% among employed individuals. In particular, male respondents appeared more likely to be addicted to alcohol whereas female respondents appeared more likely to be addicted to drugs.

As noted by the [Cyprus 2009 national report to EMCDDA \(1.2Mb PDF\)](#), this higher alcohol/drug use among the unemployed implies added difficulty in reentering the labour market.

Finally, a [2008 report on alcohol use and accidents \(in Latvian, 1.34Mb PDF\)](#) for the Health Inspectorate of the Ministry of Health in Latvia by the Sociological Research Institute (SIA) stresses the greater alcohol and drug use at work among illegal workers (usually in unskilled jobs). The [2008 report by LUFISI on the prevalence of alcohol at work \(in Latvian, 816Kb PDF\)](#) pointed out the importance of the geographical location of the workplace, in the sense that fewer enterprises in the capital Riga (36%) than in the regions (53%–59%) believed excessive use of alcohol among employees to be a major problem.

### *Conclusion*

A significant proportion of the working population (national estimations range from 5% to 20% of workers) are either addicted to alcohol or are at risk of becoming addicted to alcohol. Alcohol and drug consumption by workers (inside and outside workplaces) is particularly relevant in certain sectors (construction, farming, Horeca, transport) as well as in some occupational

categories depending on the type of addictive substance (alcohol among blue-collar workers, cocaine among professionals in ICT and financial services).

## **Reasons for and consequences of alcohol/drug use at work**

This section analyses the main reasons for, and the consequences of, the use of alcohol and drugs at the workplace.

### **Reasons for alcohol/drug use at work**

The extensive literature on this topic identifies a number of reasons that explain alcohol and drug use at the workplace. These reasons can be divided in two main groups:

- work-related reasons;
- social/personal reasons.

These reasons are often interlinked. In all cases, consumption of alcohol, psycho-pharmaceuticals and other illegal drugs is often used as a way of coping with what an individual perceives as an uncomfortable or problematic situation.

#### *Work-related reasons*

The available literature identifies a number of work-related reasons that may positively influence the use of alcohol and drugs among workers.

### **Arduous working conditions**

The existence of tough physical or dangerous conditions is often suggested as a reason for consuming alcohol. A [report on changing lifestyles \(in Italian, 1.72Mb PDF\)](#) from the University of Florence noted that 42% of Tuscan metalworkers say that alcohol helps to ‘warm’ oneself, ([LibušeNěmcová, 2008](#)), and up to 5% of the Portuguese construction workers relate the use of spirits with working in cold environments. In contrast, 17% relate drinking beer at the workplace with hot weather (Bizarro, 2007).

The [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#) and a [2011 report on alcohol and drugs at work \(in Spanish, 4.84Mb PDF\)](#) for Mutua Navarra found a positive relationship between the presence of arduous working conditions (extreme conditions such as hot, cold, bad smells, uncomfortable positions) and consumption of alcohol, hypnotics, cannabis and cocaine. The findings of this research also suggest that workers who experience low satisfaction with their work in general consume higher levels cannabis.

### **Irregular working practices**

Irregular working time practices (that is, working outside the regular job, travelling abroad, unstructured and highly variable working hours) have also been shown to increase the likelihood of higher alcohol consumption (Babor et al, 2010). A similar result was found by Polish [research on drugs and stimulants \(in Polish\)](#), which showed that travel trips prompt alcohol use. This research (published in 2009) also warns about a positive relationship between self-perception of low social support from work colleagues and superiors or mobbing practices and the use of alcohol and drugs. This warning was reiterated by [Hungarian research on occupational health \(in Hungarian, 723Kb PDF\)](#) described in a conference presentation in 2009 and [Belgian research on preventive alcohol and drug policy \(in Dutch, 215Kb PDF\)](#) presented in 2010.

### **Psychological stress at work**

The presence of a high degree of psychological stress at work is also seen as an important explanatory factor.

Very high requirements at work, demanding working rhythms and heavy workloads have been found by Italian research (Cipolla, 2007), Polish [research \(in Polish\)](#) and the [Spanish Observatory on Drugs 2007–2008 survey \(in Spanish, 5.96Mb PDF\)](#) to be behind the use of certain exhilarating drugs. These high requirements are often associated with very competitive, success-driven and profit-oriented professions (for example, the financial sector and banking, doctors on continuous duty), but can also be present in other more ‘traditional’ economic sectors. Thus, a [3F report on youth drug use at work \(in Danish, 315Kb PDF\)](#) notes that young Danish construction workers seeking relief after a hard and busy day show a high prevalence of cannabis use. A [survey on health \(in German, 1.77Mb PDF\)](#) conducted by the German health insurer DAK showed that up to 29% of those saying they worked under high stress levels approved the use of medical drugs for brain boosting, although only 2% considered using them.

In contrast, other research suggests that having a meaningless, boring or uncommitted job is one of the reasons behind the use of alcohol. This research is presented by Fadler (2011), a [2009 report on alcoholism \(in Portuguese, 10.1Mb PDF\)](#) from the Instituto Superior de Ciências do Trabalho e da Empresa (ISCTE) Business School in Lisbon, and a [2011 report on stress, alcohol dependence and abuse \(in Swedish\)](#) from the Swedish trade union [Prevent](#).

### *Other type of reasons for alcohol/drug use at work*

Other non-work related factors (that is, social or personal) have a clear influence on the use of alcohol and drugs among workers. According to the [Belgian study on preventive alcohol and drug policy \(in Dutch, 215Kb PDF\)](#) and the [IVO report on alcohol and work \(in Dutch, 465Kb PDF\)](#), these social and personal factors often have more influence on drinking behaviour than work-related factors. Several elements are important.

### **Cultural tolerance**

As noted above, the use of certain substances is linked to a sectoral/occupational ‘cultural’ tolerance towards some of them, so that alcohol problems in particular are often scorned and not taken seriously until the problem is out of control (Uhl et al, 2009). For example, [Belgian study on preventive alcohol and drug policy \(in Dutch, 215Kb PDF\)](#) published in 2010 found that 42% of Belgian companies allowed the drinking of alcohol during a business lunch and 32% during lunch. These percentages increased to 60%–70% of the companies for special occasions and receptions (for instance, farewell drinks, employee party).

According to a [survey on alcohol and psychoactive substances in the workplace \(in French, 91Kb PDF\)](#) published by INPES in 2006, 10% of French workers reported that the consumption of alcohol at work was part of the organisational culture. This perception was higher among some sectors/groups (23% of French agriculture and transport workers reported the link between alcohol and organisational culture).

Following the same line of argument, in Austria alcohol often serves as a ‘networking’ tool especially in male-dominated sectors and so colleagues who do not like to drink alcohol are often considered to be ‘spoil sports’ (Fadler, 2011). According to the [Securex 2008 study on alcohol consumption among Belgian employees \(in Dutch\)](#), the tolerance of Belgian enterprises to drinking alcohol at work is higher for white-collar workers (20% were allowed to do it daily compared with an average of 5%) and for workers in the private sector (19% compared with 12% in the public sector).

Danish [research by 3F on youth drug use at work \(in Danish, 315Kb PDF\)](#) published in 2007 suggests a ‘tolerant’ attitude towards alcohol among young employees within the construction sector even though alcohol is banned on-site. The same research suggests that this tolerant attitude towards alcohol constitutes a precedent for use of some drugs at the workplace (for instance, cannabis), although this ‘tolerance’ is zero with regard to hard drugs such as cocaine. In

the case of Latvia, the [LUFISI study on the prevalence of alcohol at work \(816Kb PDF\)](#) found that alcohol seems to be more prevalent in Russian-dominated enterprises, so that alcohol is more common in enterprises where employees communicate in Russian than in those where employees communicate in Latvian.

Notwithstanding these results, some recent reports stress that the majority of employers and workers alike reject the use of alcohol at the workplace. Thus, 86% of Austrian workers emphatically rejected alcohol consumption at the workplace (Uhl et al, 2009), while in Portugal, a [2008 report on alcohol and drugs in the workplace \(in Portuguese\)](#) notes that more than 90% of enterprises expressed concerns about the use of either alcohol or drugs at the workplace. In a [2006 study on construction apprentices' attitudes to workplace drug testing \(111Kb PDF\)](#), 41.4% of Irish construction apprentices approved the dismissal of workers who test positive for drugs compared with 15% approving of dismissal for alcohol use at work.

Commenting on the change he had witnessed in attitudes towards alcohol and drugs at the workplace within the construction sector compared with the situation 30–40 years ago, an expert from the [Swedish Construction Federation](#) believed it was currently not socially acceptable to drink or be affected by substances at the workplace. By way of contrast, the topic of drug use at work is still regarded as taboo among enterprises in some Member States; an example is Luxembourg, as highlighted in a [presentation on the illegal drugs situation \(in French, 403Kb MS PowerPoint\)](#) by an expert from the Ministry of Health.

## **Ease of access**

Another important non-work related element favouring the use of these substances is the relative easy access to alcohol and (some) drugs.

For instance, in Cyprus, alcohol is very easy to obtain (the only restriction is the buyer's age) while 32.8% of Cypriots in a study for the Cyprus Anti-Drugs Council suggested that substances such as marijuana or hashish are quite easy to find within 24 hours in contrast to other substances such as ecstasy, heroin, amphetamines and LSD (University of Nicosia, 2010).

A [report on the alcohol market and consumption \(in Estonian, 1.6Mb PDF\)](#) by the [Estonian Institute of Economic Research](#) found that, in 2009, there were 198 shops selling spirits in Estonia for every 100,000 people, while the same indicator was 4.5 in Sweden and 6.5 in Finland.

In France, a [survey on levels of drug use \(in French, 241Kb PDF\)](#) by INPES and the French Monitoring Centre for Drugs and Drug Addiction (OFDT) found that 58% of the population in 2010 suggested that cannabis is perceived as a very accessible substance.

In the restaurant sector, staff often have ready access to alcohol (finding from the Czech national report for this study).

## **Other social reasons**

In some cases, immigrant workers are sometimes confronted with problems of social isolation and difficult living conditions, which may explain to a certain extent the excessive abuse of alcohol (finding from the Cypriot national report). Also, the effect of the current economic crisis and the fear of losing one's job may be a reason for some employees that lead to added use of alcohol and drugs (Hagyó, 2010).

## **Personality**

Reasons related to personality are often particularly explanatory in understanding the conflictive behaviour of employed workers with alcohol and drugs.

For instance, [Hungarian research on occupational health \(in Hungarian, 723Kb PDF\)](#) found that certain personality types or the existence of an alcoholic family background influence the level of

alcohol consumption. Meanwhile, 10% of the Portuguese construction workers who drink alcohol believe that personal problems impact on their use of alcohol (Bizarro, 2007).

In Italy, 22.6% of construction workers in Lombardy suggested that alcohol might be used at a moment in time in order to cope with personal unease (Negrelli, 2009) and a [report on changing lifestyles \(in Italian, 1.72Mb PDF\)](#) from the University of Florence found that nearly 51% of Tuscan metalworkers reported that alcohol helps people to be more *disinvolti* (easy going).

According to both a [2007 report on youth drug use at work \(in Danish, 315Kb PDF\)](#) by the Danish trade union 3F and the [2011 report on stress, alcohol dependence and abuse \(in Swedish\)](#) from the Swedish trade union Prevent, ‘workaholics’ (that is, those who demand high standards from themselves and for whom the job has become their life) have a higher risk of occasional drug use than other workers.

### **Consequences of drug/alcohol use at work**

Both enterprises and workers often perceive alcohol and drug consumption (irrespective of where this has taken place at work, at home or somewhere else) as a source of problems at the workplace. For example, a [2008 study on consumption of alcohol and drugs \(in Spanish\)](#) stated that 55.7% of Spanish workers consider alcohol and drugs to be a major problem in the labour market and a [2008 report on alcohol and drugs in the workplace \(in Portuguese\)](#) noted that approximately 90% of Portuguese enterprises had worries about the use of alcohol or drugs at the workplace. These worries relate to:

- health problems;
- higher instances of sick leave/short-term absenteeism;
- reduced performance;
- labour conflicts and unsettled working environment;
- greater number of work accidents;
- other problems (company reputation, damage to equipment or products).

### ***Effects on workers’ health***

It is well-known that excessive (and longstanding) alcohol and drug consumption leads to serious physical and mental consequences for the affected individuals ranging from cardiovascular problems (high blood pressure, arrhythmias, brain haemorrhage) to increased risk of cancer of the mouth and digestive tract (see for example: Fleming et al, 1997; NIGZ, 2004; WHO, 1996; Xin et al, 2001).

The report, [Alcohol in Europe: A public health perspective \(6.79Mb PDF\)](#), published by the European Commission’s Health and Consumer Protection Directorate-General in 2006, notes that alcohol is the third highest out of 26 risk factors for ill health in the European Union. Alcohol is responsible for 195,000 deaths each year and accounts for 12% of male and 2% of female premature mortality, with an estimated economic cost to the EU of €125 billion per year.

In Spain, a [2006 report on company perceptions of alcohol and drugs \(in Spanish, 1.36Mb PDF\)](#) by CCOO on the perceptions and attitudes of Spanish companies regarding alcohol and drugs suggests that up to 65% and 68% of enterprises see alcohol and drugs, respectively, as a problem for them because of health reasons. In addition to pure health problems, there is also a relationship between drink-driving and alcohol consumption at work; a [2007 report on the characteristics of drink drivers \(in Danish, 1.67Mb PDF\)](#) by Danmarks TransportForskning found that up to one in four Danish drink-drivers had consumed alcohol at work.

### *Sick leave and absenteeism*

Excessive consumption of alcohol and drugs also has important negative consequences in terms of higher instances of sick leave and (short-term) absenteeism. International studies such as those by Marmot et al (1993), Vahtera et al (2002), Salonsalmi et al (2009) and a 2010 European Commission report [Alcohol and the workplace \(983Kb PDF\)](#) published as part of the Focus on Alcohol Safe Environments (FASE) project have found a relationship between alcohol consumption and sickness absence.

A [2004 report on alcohol and illegal drugs at work \(in German, 153Kb PDF\)](#) from the [Addiction Prevention Institute](#) found that alcohol-dependent workers in Austria tended to be on sick leave 16 times more often than non-dependants and were 2.5 times more often sick. A [lecture on alcohol in companies \(in German, 665Kb PDF\)](#) given in 2006 noted that an alcohol-dependent worker is absent from work for 40%–60% of their working time or 118 days (on average) before starting treatment. A [Belgian study on explanatory factors of absenteeism at work \(in Dutch, 5.3Mb PDF\)](#) demonstrated that alcohol dependence has a clear and significant explanatory effect on long-term absenteeism (more than 15 days), with this effect being stronger in the group of men studied than the group of women.

For drugs, absenteeism was found to be more than double among Italian employees addicted to drugs than those with no addiction (Mariotti, 2004). Sporadic drinking or drug intake also results in short-term absenteeism and sick leave situations (McFarlin and Fals-Stewart, 2002). According to [Belgian research on preventive alcohol and drug policy \(in Dutch, 215Kb PDF\)](#), approximately 40% of Belgian enterprises consider that alcohol abuse results in sick leave, short-term absenteeism and late arrival at work. A [2010 study on alcohol and the workplace \(in Finnish, 572Kb PDF\)](#) found that around 2% of Finnish workers reported they had been off sick because of alcohol use during the past 12 months and a [2008 LUFISI study on the prevalence of alcohol at work \(in Latvian, 816Kb PDF\)](#) found that 17% of enterprises in Latvia knew of at least one instance of someone who did not arrive for work in the past year due to consumption of alcohol. In Ireland, a [2006 study on construction apprentices' attitudes to workplace drug testing \(111Kb PDF\)](#) showed that, as a result of a previous night's drinking, up to 62.9% of the respondents arrived late or left early and 45.7% missed days from work. Drug use seemed to have less of an impact on work, with just 9.3% arriving late or leaving early and 2.9% missing days from work. Meanwhile, a [Luxembourgish report on occupational health \(in French, 5.58Mb PDF\)](#) shows that short and repetitive absences from work are more often present (3–5 times more often) among excessive drinkers. In Norway, a [pilot study on employee use of alcohol and drugs \(529Kb PDF\)](#) found that about 6% of those surveyed had been absent from work once or more in the previous year because of alcohol use.

### *Work performance, conflicts and accidents*

(Excessive) alcohol/drug consumption can also have important negative consequences in terms of reduced performance and productivity indicators, often as a result of a reduction in concentration at work (Mangione et al, 1999).

According to the Austrian Chamber of Commerce ([WKÖ](#)) [web pages on the employment law consequences of alcohol abuse \(in German\)](#), a worker with alcohol problems only achieves 75% of their performance. The 2010 Finnish study on alcohol and the workplace (cited in the previous section) reports that one Finnish worker in three had noticed in the past 12 months negative consequences at work due to alcohol use in terms of their reduced quality of work or a need to stop working.

In Latvia, a [2008 LUFISI report on the prevalence of alcohol at work \(in Latvian, 816Kb PDF\)](#) found that 82% of enterprises in the agriculture, forestry, hunting and fishing sectors recognised that work had stopped at least once in the past year due to alcohol problems among some



operators. In Norway, a [pilot study on employee use of alcohol and drugs \(529Kb PDF\)](#) found that approximately 24% of Norwegian workers reported they had been inefficient due to alcohol consumption or experienced a hangover at work in the past year. According to a [2008 report on alcohol and drugs in the workplace \(in Portuguese\)](#), reduced productivity is considered to be the most common effect of alcohol use in Portuguese enterprises.

In a [study on the effects of regular drinking on work by Norwich Union Healthcare in 2007](#), up to 85% of those UK employees who had a hangover or had been drunk at work confirmed it had affected their performance at work in a number of ways:

- 42% of employees felt tired to the point of being very sleepy;
- 36% found it hard to concentrate at work;
- 24% did the minimum amount of work and went home as soon as possible;
- almost 10% made numerous mistakes that they needed to rectify.

Interestingly, more than half the employees (54%) thought their bosses and colleagues had noticed a change in their productivity as a result of their drinking. In line with this result, a [2008 report on changing lifestyles \(in Italian, 1.72Mb PDF\)](#) from the University of Florence found that 81.4% of Tuscan metalworkers suggested that alcohol consumption at the workplace reduced capabilities.

A number of studies show a positive relationship between (excessive) alcohol/drug use and labour conflicts and aggression at work with colleagues as well as with supervisory staff (McFarlin et al, 2001). An analysis of existing European research provides some hints on this issue. Thus, one of the top five work-related effects of excessive alcohol consumption identified by enterprises participating in the [Belgian study on preventive alcohol and drug policy \(in Dutch, 215Kb PDF\)](#) refers to inappropriate behaviour at work (being impolite, aggressive, mobbing attitudes) and deterioration of human relations at work, resulting in damage to the moral of the collective workforce. Meanwhile, up to 28.6% of Italian workers say that alcohol and drug consumption may result in relationship problems (Cipolla, 2007).

According to a [2006 report on company perceptions of alcohol and drugs \(in Spanish, 1.36Mb PDF\)](#) from CCOO and the 2008 Portuguese report on alcohol and drugs in the workplace (cited above), alcohol is perceived by enterprises as a larger source of disciplinary problems and conflicts with supervisors and colleagues than drugs. This result can probably be explained by the higher social visibility of alcohol than drugs.

In an [interview on addictions on the vida website \(in German\)](#), an addiction expert points out that, apart from the fact that people under the influence of alcohol or drugs are often unproductive and uncooperative, they burden their fellow workers with their own unfulfilled tasks with the added result of tension and strife among colleagues and employers. As a consequence, some employees develop their own strategies at work in order to cope with the issue. Examples given in a [2009 report on alcohol and work \(in Danish\)](#) by 3F include construction workers who would never stand near an affected truck crane driver loading the crane, and workers who offered pretexts to avoid working with affected colleagues.

One of the most important negative consequences of alcohol and drug use at work refers to the increased risk of work accidents, not only for the alcohol/drug users themselves (since these substances alter reaction times, and reduce concentration and perception of danger) but also for those working with them (Webb et al, 1994). Thus, alcohol is reported to be involved in one third of all accidents at work in Austria (Lins-Hoffelner, 2011) and the Hungarian Ministry of Labour and Employment estimated in a [study on prevention measures \(in Hungarian\)](#) that 15%–30% of all accident at workplaces in Hungary in 2005 could have been related to alcohol or drug use. According to a 2005 [Luxembourgish report on occupational health \(in French, 5.58Mb PDF\)](#), about 25% of all the work accidents in Luxembourg are probably due to alcohol and a [2008 study](#)

[on consumption of alcohol and drugs \(in Spanish\)](#) reported that around 15%–25% of the total labour accidents in Spain are due to problems related to alcohol. An Irish [2006 study on construction apprentices' attitudes to workplace drug testing \(111Kb PDF\)](#) found that approximately 4.6% of those surveyed reported having an accident due to alcohol use; this percentage was 3.6% if the reason was drug use.

These figures indicate that the risk of suffering an accident at work increases significantly when a worker is under the influence of alcohol or drugs. The WKÖ [web pages on the employment law consequences of alcohol abuse \(in German\)](#) state that the risk of suffering an accident at work is 3.5 times higher for alcohol-dependent workers than for non-dependants. According to 2008 Spanish study mentioned above, Spanish employees with alcohol problems have three times more accidents at the workplace than other workers; the figure from the Norwegian Labour Inspectorate is 2.7 more accidents at the workplace than other workers. Meanwhile, occupational accidents are estimated to be almost four times higher among Italian drug addicted employees than among the rest (Mariotti, 2004). [OFDT research on narcotics and fatalities \(in French, 134Kb PDF\)](#) for the French road transport sector published in 2005 found that drivers whose urine or blood samples showed traces of cannabis were 1.8 times more likely to be involved in a fatal accident.

The perceptions of workers and enterprises confirm the link between alcohol and drugs use and occupational risks. A [survey on prevention of alcohol-related risks at work \(in Italian, 332Kb PDF\)](#) conducted among 1,043 Italian workers in the Modena region showed that 45% of respondents believed the incidence of alcohol-related work accidents to be 'very high' while 42% considered it 'high'. The abovementioned report on changing lifestyles from the University of Florence states that 80% of Tuscan metalworkers say that alcohol consumption at the workplace reduces work abilities and increases the risks of work accidents for both the drinkers and those working with them. In Portugal, 72% of construction workers agreed that consuming alcohol increases risks at work, and an impressive majority (92%) agreed or fully agreed with the statement that it is dangerous to work with a colleague who is drunk (Bizarro, 2007). Meanwhile, the 2008 LUFISI report mentioned above found that a relatively high percentage of Latvian enterprises considered alcohol use to have an impact on safety at work though the proportion differs between sectors, ranging from 46% of enterprises in agriculture, forestry and fishing, to 42% in construction, 36% in manufacturing and 32% in transport.

### *Costs and economic and employment consequences*

The literature identifies other workplace-related problems associated with alcohol and drug use. Examples given in the [2008 LUFISI report on the prevalence of alcohol at work \(in Latvian, 816Kb PDF\)](#) include a damaged public image for enterprises where the affected employee has contact with clients and partners, or possible damage to equipment caused by alcohol/drug use. Overall, the problems described above have a significant economic impact for enterprises and for the economy as a whole.

Austrian estimates quoted in a [lecture on alcohol in companies \(in German, 665Kb PDF\)](#) given in 2006 suggest that costs to companies due to alcohol use at the workplace amount to 1.25%–2.5% of the overall wage bill, that is, approximately €2.9 million per day. Meanwhile, the Austrian handbook on alcohol use (Uhl et al, 2009) suggests that, for every 10,000 employees, absenteeism caused by alcohol generates costs of €2.5 million per year.

Meanwhile, alcohol-related sickness is estimated at an annual loss of NOK 1.5 billion (about €198 million as at 5 April 2012) in Norway, where the cost of reduced quality/efficiency is estimated at NOK 8.7 billion (€1.12 billion) per year (calculations by [IRIS](#)). Calculations for Slovenia for 2003 estimate that the annual cost of temporary work absenteeism and premature deaths due to 100% alcohol attributable causes was around €37 million (Šešok and Sedlak, 2006).

A [report by SoRAD on the social costs of alcohol in Sweden for 2002 \(in Swedish\)](#) calculates that the total cost for alcohol-related production losses is estimated at SEK 9.8 billion (about €1.1 billion), of which SEK 3.1 billion (€343 million) is attributed to premature deaths, SEK 2.4 billion (€265 million) to early retirement, and SEK 4.3 billion (€467 million) to absence due to illness. In the UK, the HSE estimates that up to 14 million working days are lost each year due to alcohol-related problems in the workplace, costing British industry an estimated GBP 2 billion (about €2.67 billion) each year ([UK0802019I](#)).

Given these important economic effects, it is therefore not surprising that enterprises react to undesired alcohol/drug situations, though it is often some time before a worker's alcohol problem is actually recognised. According to the [Arbeiterkammer web page on addiction in the workplace \(in German\)](#), this is 8–10 years for men and 3–5 years for women in the case of Austrian enterprises. A typical way of dealing with this problem is dismissal of the affected worker; thus, every sixth dismissal in Austria is related to alcohol consumption (Lins-Hoffelner, 2011).

Available studies suggest that employers in Latvia dismiss employees who use alcohol/drugs regularly. According to a 2008 LUFISI report mentioned above, 50% of enterprises in industry, 45% in agriculture, forestry and fishing, 41% in construction, 36% in transport, and 16% in the state management sector have fired employees due to use of alcohol in the previous year.

In the UK, companies are much more willing to take disciplinary action than they are to provide affected workers with support. According to a survey report from 2007 by the Chartered Institute for Personnel and Development ([CIPD](#)), 31% and 13% of employers said that they had dismissed employees in the previous two years due to alcohol and drug problems, respectively. Only half the employers provided access to counselling for workers fighting dependencies on alcohol and drugs, with just over 28% offering coordinated rehabilitation.

## Conclusions

Both work-related reasons and social/personal reasons are behind the use of alcohol and drugs at work. Alcohol and drug consumption at work often results in important negative workplace-related consequences with important economic effects both for enterprises and for the economy as a whole. The typical reaction of enterprises to the problem is usually more related to disciplinary action, although valuable examples of support and preventive actions to affected workers are being developed by enterprises.

## National legislation and agreements on alcohol/drug use at work

This section describes the main national legislation and agreements on the prohibition, limitation or prevention of alcohol/drug use at work. The role of social dialogue is given particular attention, as well as sectoral legislation, with a focus on the construction and transport sectors. Particular attention is also given to national legislation/agreements on testing practices intended to control the use of alcohol/drugs at work. Based on the information available from different European countries, the research examines:

- the rights and obligations for testing the intake/use of alcohol/drugs;
- the acceptance of testing;
- the conditions under which testing can take place;
- monitoring of testing;
- communication of or access to the results of testing.

## Prohibition/limitation of alcohol/drug use at work

### *General legislation and agreements*

The majority of European countries have some kind of general legislation or agreements intended to prohibit or regulate the consumption of alcohol and drugs at the workplace. However, there is considerable diversity in the type of legislation in force and the way the limitations are established depending on the national culture, the relevance of the issue or the quality of social dialogue (see Table A1 in the annex). In some countries, the issue is dealt with in labour codes or in specific occupational safety and health (OSH) legislation, while in other countries it is a matter of social dialogue. In some cases, there is a specific regulation on alcohol while in others it is more at the employer's discretion.

There is a group of countries (Bulgaria, the Czech Republic, France, Latvia, Lithuania and Spain) where limitations on the use of alcohol/drugs at the workplace are embedded in national labour codes or workers statutes. Generally, these codes establish a ban on the consumption of alcohol at work as well as the presence of inebriated personnel at the workplace. According to these regulations, workers under the influence of alcohol or drugs can be temporarily suspended from work or even permanently dismissed in certain cases (Latvia, Lithuania, Spain).

In some cases, a 'zero tolerance limit' is established (as in the Czech Republic), while in other countries (for example, France), even if there is a general principle under which alcoholic beverages are not allowed at the workplace, some exceptions are made (for example, wine, beer and cider). Similarly, while alcohol is expressly mentioned in all cases, reference is not always made to drugs and narcotic substances.

In a significant number of EU countries (Austria, Estonia, Ireland, Luxembourg, Slovakia, Slovenia, Sweden and the UK), the bans on alcohol and drug use at the workplace (or during working hours) are included in health and safety at work laws. Alcohol and drugs intoxication is explicitly mentioned in these laws as a potential cause of risk for both the consuming workers and their workmates.

In general, the national OSH laws establish that the responsibility for averting alcohol and drug consumption at the workplace lies with the employer, who is required to carry out risk assessments and to develop and implement preventive measures (as is the case with other risk factors). In some countries (Cyprus, Greece, Hungary, Malta, the Netherlands and Romania), however, the general OSH regulations do not mention alcohol and drugs among the risk factors.

In a smaller number of countries, there is no national legislation regulating alcohol and drug consumption at work. Instead collective agreements between the social partners prevail. In Belgium, [Collective agreement No. 100 \(in French, 170Kb PDF\)](#), which was concluded on 1 April 2009 at national level, required every company in the Belgian private sector to have a preventive alcohol and drugs policy in place by 1 April 2010. Extension of this regulation to the public sector is expected with some bodies having already adopted the rules (for example, the Flemish regional administration).

In Germany, alcohol/drug use at work is not prohibited or restricted by law as, generally speaking, it is considered an internal issue and, under the Works Constitution Act (*Betriebsverfassungsgesetz, BetrVG*), is to be regulated by management and work councils. The only exception is the transport sector (see below). In Denmark, there is no national legislation prohibiting or limiting alcohol/drug use at work but collective agreements between the social partners, including local agreements, may provide for the regulation and stipulation of alcohol and drug use at work.

A few countries have general preventive laws that establish regulations on alcohol/drug use with a specific reference to the workplace. This is the case in:

- Italy (*Legge quadro in materia di alcol e di problemi alcol correlati*);
- Poland (Upbringing in Sobriety and Prevention of Alcoholism Act);
- Slovakia (Act on protection against the abuse of alcoholic beverages and on the establishment and operation of detoxification centres);
- Slovenia (Act restricting the use of alcohol, [ZOPA \(in Slovenian\)](#)).

In Italy and Spain, regional authorities have introduced alcohol and drugs related legislation. In Italy, successive state–region agreements specify categories of workers considered at risk and set out a series of preventive measures. In Spain, some autonomous communities have developed general preventive approaches to alcohol/drug use at the workplace.

In Norway and Portugal, there is no general legislation intended to prohibit or limit the use of alcohol and drugs at the workplace. Finland has only a set of ‘guidelines for prevention’.

In Romania, the use of alcohol at the workplace was explicitly forbidden by a 1981 decree. However, the decree was abolished in 2006 by a new piece of legislation, the Health and Safety at Work Act 319, which contains no explicit stipulation against the use of alcohol at the workplace. This leaves responsibility with the employers, who are at liberty to include anti-alcohol and anti-drug clauses in their companies’ internal rules and in individual employment contracts.

### *Sectoral legislation and agreements*

In addition to the national general legislation and agreements discussed above, many European countries have a series of measures and stipulations at sectoral level (see Table A2 in the annex).

For instance, some regulations are intended to protect construction workers, as it is the case in Austria, Belgium, Malta and Portugal, sometimes through sectoral collective agreements. In other countries (Denmark, France, Spain), this is established at the company level, where employers and workers’ representatives can agree on rules and measures to limit and prevent alcohol/drug use at the workplace.

In the transport sector, most countries use general traffic and driving acts to set basic regulations for averting alcohol and drug consumption by drivers (professional or not). Some Member States, however, have additional rules as is the case in Austria, Germany, Ireland and the UK where specific legislation applies to road, maritime and flight traffic personnel (the latter also in the Netherlands). In other cases, regulation is the objective of collective agreements at company level.

In some countries, diverse regulations refer to other sectors or occupations:

- the mining and quarrying sector in Greece;
- teachers, healthcare personnel, army and police bodies in Hungary;
- doctors and soldiers in Austria;
- a series of 33 hazardous occupations in Italy.

Countries such as Cyprus, Estonia, Finland, Lithuania, Luxembourg, Norway and Slovakia do not have any sectoral legislation or agreements containing specific references to alcohol and drug consumption.

## **Testing practices to control alcohol/drug use at work**

### *Regulation of alcohol and drug testing*

Alcohol and drug testing at work is a controversial topic in European countries. In certain occupations, companies and sectors where safety concerns are high, there may be a need to guarantee that workers do not work under the influence of alcohol or other psychotropic

substances in order to avoid risks to themselves, fellow workers and other people, or even the production process itself (including machinery, technological devices, raw materials or final products).

However, alcohol/drug testing can be intrusive on workers' privacy and its voluntary nature is difficult to uphold. As stated by the Resolution about Workplace Drug Tests of the Hungarian Parliamentary Commissioner for Data Protection and Freedom of Information issued in 2005:

*(1) voluntary consents of employees are not provided due to the inequality of power, (2) tests may lead to a practice that violates privacy, (3) efficacy of generally available mobile tests is not convincing.*

The position taken by social partners and the scientific community on these issues is usually of strong caution since the prevention of alcohol/drug use concerns personal behaviour, with direct and indirect reflections on living and working conditions, both individually and at collective level. Moreover, there is fierce debate about the procedures and methodologies that are suitable and acceptable for the different stakeholders.

Perhaps because of this controversy, national regulation of alcohol and drug testing at work is very diverse and difficult to categorise (see Table 3 for a summary of existing regulations on alcohol and drug testing at work). A number of countries (for example, Belgium, the Czech Republic, Denmark, Finland, Germany, Hungary, Latvia and Norway) have some kind of legislation or collective agreement laying down specific rules on the implementation of alcohol and drug tests at work; these can be of general application. In Poland, the regulations apply only to alcohol and a public debate is underway about whether to translate the legislation to the use of drugs at the workplace.

In other cases (Ireland, Lithuania), there are no rules as such. Instead there are guidelines or recommendations on how to conduct the tests or, in general, how to proceed in cases of actual intoxication at work. These guidelines can be subsequently applied at company or sectoral level (tram system operator and railway sector in Ireland, for instance).

In other countries (Cyprus, Greece, Malta, Slovakia and Spain), no specific legislation seems to exist although the information available refers to very general provisions related to the topic (as part of the health and safety of workers) in the labour code or the respective national acts on health and safety at work. In Italy, apart from the general health and safety regulations, regions that have autonomy for health services (including OSH) can set up their own test procedures according to the State–Regions Agreements of 2006 (on alcohol) and 2008 (on drugs) (for instance, the [guidelines for occupational doctors in Regione Emilia-Romagna \(in Italian, 293Kb PDF\)](#)).

In some countries there can be a certain ambiguity about the health and safety rules on medical examinations for worker health control and their applicability to alcohol and drug tests. In effect, employers in most countries have a general duty to ensure health and safety at work. With this aim, a company may carry out certain tests in order to check the good health of an employee (for instance, to verify that they are not affected by the use of, or coming into contact with, dangerous substances) but also to evaluate the compatibility between the person's medical condition and the specific work activity to be carried out. In some areas of employment, certain medical tests can be performed to ensure a person is fit for work and certain jobs (for example, pilots and professional drivers) may require a periodical health examination to check this. In many cases, the health and safety rules do not make specific reference to alcohol and drug testing, and thus it is unclear if such tests can or cannot be part of the medical examinations.

For instance, in Cyprus there is no specific legislation on workplace drug testing. Employers have a general duty to ensure health and safety at work under the Safety and Health at Work Law 89(I)/1996, but no specific reference is made to this issue, except a general prohibition of the use

of controlled substances at the workplace. There is also no provision on how this is checked. Under this law, a company doctor may carry out certain tests only to ensure that the health of an employee is not affected by the use of, or coming into contact with, dangerous substances. In some areas of employment, certain medical tests have to be performed to ensure a person is fit for work but this does not include a drugs test. A drug test is also not included in the periodical health examination for professions such as pilots and professional drivers.

**Table 3: National regulations related to alcohol and drug testing at work**

Country	Test regulation
<b>Austria</b>	No information available from the national contribution.
<b>Belgium</b>	Collective Agreement No. 100 lays down specific rules on the use of alcohol and drug testing. Law of 28 January 2003 on medical examinations and the Royal Decree on health control establish specific conditions for medical tests.
<b>Bulgaria</b>	Labour Code does not contain any specific reference to the issue of alcohol and drug testing. Specific decrees on obligatory alcohol testing at work apply only to certain categories of transport workers before they start their working day.
<b>Cyprus</b>	No legislation or agreement on alcohol testing in the workplace. Safety and Health at Work Law 1996 establishes a general prohibition on the use of controlled substances at the workplace, but there is no provision on how this is checked.
<b>Czech Republic</b>	Labour Code contains an employee obligation to undergo a testing on whether they are under the influence of alcohol or psychoactive substances.
<b>Denmark</b>	Regulation of testing practices has its legal basis in the general labour legislation together with relevant provisions in collective and local agreements. Agreement of Control Measures 2001 ( <a href="#">Aftaleomkontrolforanstaltninger (in German, 46Kb PDF)</a> )
<b>Estonia</b>	There is no binding legislation or sectoral agreements on testing in the workplace.
<b>Finland</b>	Legislation prepared in tripartite negotiations with representation of government, central labour organisations and employees: <ul style="list-style-type: none"> <li>• <a href="#">Act on the Protection of Privacy in Working Life 759/2004</a>;</li> <li>• Occupational Health Care Act 1383/2001;</li> <li>• A decision of the Council of State lists the substances defined as drugs (<i>Valtioneuvostonasetushuumaosainenapidettävistäaineista, valmisteistajakasveista</i> 28.8.2008/543) controlled by the <a href="#">Narcotics Act (86Kb PDF)</a>;</li> <li>• A decision of the Council of State describes the conditions for drug testing (<i>Valtioneuvostonasetushuumaosainetestientekemisestä</i> 7.4.2005/218);</li> <li>• Ministry of Social Affairs and Health provides <a href="#">guidance (in Finnish, 328Kb PDF)</a> covering for the entire procedure of drug testing at the workplace.</li> </ul>
<b>France</b>	With some exceptions, the Labour Code does not allow systematic testing of

Country	Test regulation
	<p>employees for the use of alcohol/drugs. Exceptions include:</p> <ul style="list-style-type: none"> <li>• jobs involving tasks that are dangerous for the employee or a third person, though there is no detailed list;</li> <li>• medical examinations prior to hiring an employee aimed at verifying they are fit for the job.</li> </ul>
<b>Germany</b>	<p>Testing practices are regulated by the <a href="#">2008 Regulation on Occupational Health Prevention (in German)</a> (ArbMedVV). As the ArbMedVV does not explicitly cover workplace-related health risks due to individual preconditions (such as drug consumption), the 1993 occupational health prevention regulation is still in place which stipulates testing in case of hazardous tasks such as driving, steering and monitoring of hazardous chemicals .</p> <p>Youth Worker Protection Act (JArbSchG).</p>
<b>Greece</b>	<p>No specific legislative provision exists regarding the prevention or tackling of the use of drugs or alcohol in the workplace.</p> <p>General provisions of Law 3850/2010 on the ‘Ratification of the Code of Laws on the Health and Safety of Workers’.</p>
<b>Hungary</b>	<p>Resolution about workplace drug tests of the Hungarian Parliamentary Commissioner for Data Protection and Freedom of Information 2005.</p>
<b>Ireland</b>	<p>Safety, Health and Welfare at Work Act 2005 does not introduce legally binding regulations compelling employers to provide testing for drugs and alcohol at the workplace.</p> <p>The Health &amp; Safety Authority (HSA) has published <a href="#">voluntary guidelines on intoxicants testing at work</a>.</p> <p>There are a number of collective agreements at company and sector level relating to testing procedures (mainly in transport and defence).</p>
<b>Italy</b>	<p>‘Workers’ statute’ (Law 300/70), att. 5, defends employers to carry out medical inspection on employees’ ability to work.</p> <p>Consolidated Act on Health and Safety at Work of 2008 (D. Lgs. 81/08) states that occupational doctors must evaluate the compatibility between the person and the specific work activity.</p> <p>Regions with autonomous health services (including OSH) can set up test procedures according to the State–Regions Agreement 2006 (on alcohol) and Agreement 2008 (on drugs).</p>
<b>Latvia</b>	<p>Regulation of the Cabinet of Ministers No. 394 2008 on alcohol, narcotic, psychotropic or toxic substances testing procedures.</p>
<b>Lithuania</b>	<p>Methodological Recommendations on the Removal from Work for Alcohol Intoxication 2008.</p>
<b>Luxembourg</b>	<p>No specific legislation on alcohol and drug tests.</p>
<b>Malta</b>	<p>No legislation that regulates testing practices at the workplace.</p> <p>Some companies include procedures regarding testing practices in their collective agreements.</p>
<b>Netherlands</b>	<p>No specific legislation identified.</p>



Country	Test regulation
<b>Poland</b>	<p><a href="#">Act dated 26 October 1982 on upbringing in sobriety and prevention of alcoholism (in Polish).</a></p> <p><a href="#">Act dated 25 March 2011 on reducing administrative barriers for citizens and entrepreneurs (in Polish).</a></p>
<b>Portugal</b>	<p>The lack of legislation in this domain leads many companies to use internal regulations to adopt norms related to the use of alcohol and drugs at the workplace and testing practices intended to control such use.</p> <p>The undertaking of medical examinations is typified in the juridical regime of promotion of health and safety at work (<a href="#">Regime jurídico da promoção da segurança e saúde no trabalho, regulated by Law 102/2009, of 10 September (311Kb PDF)</a>)</p>
<b>Romania</b>	<p>There are no nationwide or sector-valid regulations regarding testing and inspection of alcohol and drug use at the workplace.</p>
<b>Slovakia</b>	<p>Act No. 124/2006 Coll. on OHS and Act No. 125/2006 Coll. on labour inspection as amended.</p>
<b>Slovenia</b>	<p>Occupational Health and Safety Act 2011 (<a href="#">ZVZD (in Slovenian)</a>)</p> <p>Rules on preventive medical check-up of employees 2002 (<a href="#">Pravilnik o preventivnih zdravstvenih pregledih delavcev (in Slovenian)</a>)</p>
<b>Spain</b>	<p>No specific national legislation concerning workplace drug testing.</p> <p><a href="#">Workers' Statute (in Spanish)</a></p> <p><a href="#">Royal Legislative Decree 5/2000 on labour infractions and sanctions (in Spanish)</a></p> <p><a href="#">Spanish Law on Labour Risks Prevention 31/1995 (in Spanish)</a></p>
<b>Sweden</b>	<p>No legislation controlling the right of employers to impose drug tests on their employees.</p> <p>It is up to each individual workplace to decide through collective agreements whether or not to use drug tests.</p> <p>Trade unions have tried for a long time to achieve legislation against random testing in order to protect their members' integrity.</p>
<b>UK</b>	<p>No direct legislation on drug testing in the UK and important legal questions depend on the interpretation in the courts of a whole range of legal provisions:</p> <ul style="list-style-type: none"> <li>• <a href="#">Human Rights Act 1998</a>;</li> <li>• <a href="#">Data Protection Act 1998</a>;</li> <li>• <a href="#">Employment Practices Data Protection Code</a>.</li> </ul>
<b>Norway</b>	<p>Requirements to implement measures are described in the <a href="#">Working Environment Act (2.09Mb PDF)</a>.</p>

### *Voluntary nature of the testing*

In line with the variation in the types of regulation, national stipulations about the situations when alcohol and drug tests can be implemented, who can take the initiative, with what purpose, and with what pre-conditions, are also very diverse.

A basic aspect is the question of whether the tests should be voluntary and require the worker's consent. This requisite is the case in many countries (Austria, Belgium, Denmark, Finland, Germany, Lithuania, the Netherlands, Poland, Slovenia, Spain and the UK). However, it is often also stipulated that workers cannot simply reject a request to take an alcohol and drug test but must base their refusal on sound reasons (which are not specified and seem unclear).

On the contrary, regulations frequently establish that the employer is entitled to impose sanctions against the employee if the requirement for a test is not complied with, depending on the specific circumstances in light of any relevant collective or local agreements (for instance, in Denmark). The sanctions might be similar to those derived from a positive result (Hungary, Portugal) and involve the risk of job loss or suspension (Germany, Netherlands, the UK). In other cases, there is a loophole as no coercive measures are defined that can be applied should the employee refuse to undertake the tests (Poland). In Estonia, in cases where the employee is not willing to undergo a test, current practice is that in many cases the employer can use testimonies from witnesses, which in court are taken as equivalent to evidence from an expert. The testimony of other employees is also a valid proof in Poland.

The voluntary nature of the tests appears to be completely absent in the Czech Republic: if an employee refuses to be tested, they breach a legal obligation and the employer is entitled to ban them from the workplace. Following a third refusal without any serious grounds and after notification of the potential cancellation of the employment contract due to a breach of duty, the employee can be given a notice. On the contrary, in Austria if an employee refuses to be tested, there must be no consequence (such as dismissal).

### *Testing in specific occupations and sectors*

Consent from the worker may not be required in cases (occupations, sectors) where examinations are strictly necessary to check whether the worker's physical condition could be dangerous for their own safety or for the safety of others. In this sense, regulations on obligatory alcohol testing at work frequently apply to certain categories of workers in safety-sensitive positions or specific sectors as detailed below.

- This is the case for transport workers before starting the working day in Bulgaria. Testing in the transport sector also seems to be common in Denmark. Systematic testing for drugs is generally forbidden in France, but may be permitted for certain kinds of work that require high safety standards. However, there is no detailed list of such activities.
- In the Czech Republic, regular testing of employees is usual for high-risk employee groups such as drivers. In other cases the test can be implemented whenever the employer considers it necessary.
- In Hungary, drug testing is allowed only when law enforces it (for example, in the case of the army) or for those employees who perform risk-related activities. In occupations where no alcohol consumption is allowed due to legislation or a collective agreement, regular tests cannot be refused.
- In Ireland, in the railway sector, a drugs and alcohol policy at Irish Rail provides for random testing of 5% of the company's workforce each year, as well as detailed procedures for carrying out the testing.

- In Lithuania, river transport workers are tested regularly.
- In Malta, test practice seems to be incident-related and random testing appears to be very rarely conducted and even then most notably by safety-sensitive companies (for example, sea transport).
- In Norway, few companies implement drug testing programmes. These are mostly performed in the transport, petrochemical, shipping, automobile, pharmaceutical and computer sectors.
- In Portugal, the collective work contract in the construction industry notes that tests to control alcohol consumption may be performed randomly among the workers, as well as on those who show signs of drunkenness.
- In Romania, specific testing methods are provided by law for sports people and for various specified situations and occupations.
- In Slovenia, there are special regulations on drug testing for risky professions (for example, transport, army and police).
- In Spain, medical examinations and tests can be approved through specific regulations for high-risk activities, as in the railway sector. This also happens in the UK.
- In the Netherlands, employees in high-risk sectors such as drilling platforms (at sea) and the shipping industry (particularly when transporting chemicals and other dangerous substances) are tested before they are allowed to go onboard. In other sectors, the employer has to decide if there are tasks or positions/jobs in the organisation for which alcohol/drug use poses an increased risk to the employee, to their colleagues, to third parties or to the organisation.

### *Other preconditions and requisites for testing*

Apart from these safety-sensitive occupations and sectors, the implementation of alcohol or drug tests can be in response to diverse initiatives and situations.

- In Austria, a company agreement must be in place in companies with a works council to regulate this type of questioning.
- In Estonia, there is no binding legislation on alcohol/drug testing in the workplace. While the Occupational Health and Safety Act obliges employers to suspend workers who are intoxicated with alcohol/drugs, none of the laws allow for testing the workers for the use of any specific substances. Nevertheless, enterprises may have their own workplace regulations that stipulate the action that will be taken if an employee is intoxicated at work, and how and when doctors can determine the degree of intoxication.
- In Finland, employers can demand testing to reveal whether an employee has used drugs when entering or during work with a stipulation for no drug abuse. In addition, the Occupational Health Service can implement drug tests at any stage if it is necessary to investigate the employee's health, working or functional capacity.
- In Latvia, testing may be undertaken at the workplace if it is agreed in a collective agreement, individual employment contract and/or an internal working procedure.
- In Lithuania, tests may be undertaken at any moment when an employer detects a person suffering from alcohol/drug intoxication at work, provided that the use of technical devices are agreed in employment contracts, collective agreements or rules of work.
- In Romania, in principle, the law does not forbid employers from testing their workers for alcohol or drugs but does not stipulate any testing procedure. Employers are free to choose their own testing methods, which they may set out in a collective agreement, in individual employment contracts, or in the company's internal rules.

- In Sweden, employers can unilaterally decide to introduce drug testing at the workplace provided the decision is preceded by negotiation.
- In Slovakia, inspections in particular organisations and workplaces are specified by the employers themselves. First and foremost is the daily visual inspection of all employees. If suspicion arises or problems in workplaces occur in relation to alcohol or drugs, breath testing can be carried out.
- In Slovenia, the employer is authorised to send the employee for a medical check-up if their working capacity is reduced and if the employer believes there is an addiction problem that might impact on their work performance.

In some countries, alcohol and drug testing can be included in clauses in work contracts.

- In Denmark, the employer may have the right to require an alcohol or drug test from the employee on the basis of the contract of employment.
- In Finland, there can be a clause in the work contract to require drug testing.
- In Lithuania, the use of technical devices (such as alcohol test kits) for establishing intoxication due to alcohol or psychoactive substances can be agreed in employment contracts.
- In Latvia, the inclusion of tests as a clause in work contracts subject to a ban on the use of alcohol/drugs at the workplace can be set in the companies' internal code of conduct.
- In the UK, some employers reserve the contractual right to test their staff (for example, in the rail transport system).

Some countries also allow for pre-employment testing.

- In Finland, pre-employment testing is only allowed for employee(s) chosen for the pre-determined job with specific grounds of risk.
- In Germany, testing must be conducted after job entry before a novice employee performs the work task for the first time; testing is repeated subsequently, with frequency depending on age. Young applicants for initial vocational training positions can also be subject to testing.
- In Malta, pre-employment testing is not prohibited.
- In the Netherlands, employers can decide that, for certain jobs, specific qualifications are needed and pre-employment testing on alcohol and drug abuse or addiction could be part of a prevention policy.
- In Slovenia, the employer has the right and duty to require a successful applicant to pass a preventive medical examination, which may include drug testing.
- In Sweden, pre-employment drug tests are also used.

However, in other countries this type of testing is not allowed.

- In Portugal, there is no legal basis for carrying out pre-employment testing and the employer cannot demand the candidate to undertake any tests or medical examinations except in situations foreseen in the legislation on health and safety at work and in special circumstances,
- In Austria, questions on alcohol/drug use during the application process are illegal except for special jobs such as forklift operators or professional drivers.

## Belgium

Finally, it is interesting to recapitulate the case of Belgium, where Collective Agreement No. 100 lays down specific rules on the use of alcohol and drug tests. Such tests have to meet a number of conditions in order to remain valid.

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.

Moreover, 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 to administer them;
- the times at which they can be administered;
- the possible consequences of positive test results.

Finally, alcohol and drug testing has to fulfil certain conditions, notably:

- 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.

Furthermore, the commentary to the agreement states that a positive test result may result only in:

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

## UK

In the UK, the [Employment Practices Data Protection Code](#), which aims to help employers comply with the Data Protection Act and to encourage good practice, advises employers to:

- be sure that the benefits of testing justify any adverse impact (unless the testing is required by law);
- minimise the amount of personal information obtained through drug and alcohol testing;
- ensure the criteria used for selecting workers for testing are justified, properly documented, adhered to and communicated to workers;
- confine the obtaining of information through random testing to those workers who are employed to work in safety-critical activities;
- gather information through testing designed to ensure safety at work rather than any other purpose;
- ensure that workers are fully aware that the drug or alcohol testing is taking place and of the possible consequences of being tested;

- ensure that information obtained through testing is of sufficient technical quality to support any decisions or opinions that are derived from it.

### *Type of tests and procedures*

With respect to the type of alcohol and drug tests and the way they are implemented, a great variety of situations can again be observed in European countries.

However, there is a pattern in which alcohol tests in a first instance typically involve breathalysers with Belgium, the Czech Republic, Denmark, Hungary, Latvia, the Netherlands, Poland and the UK using this type of mobile device at the workplace. Only occupational doctors or qualified health and safety personnel are usually entitled to perform the tests, though in some countries the police might also be involved (Latvia, Poland).

Recently, new technological systems are being employed for alcohol tests. One example is ignition interlock devices, which are car-adapted breathalyser dispensers that impede the starting of the vehicle when the driver surpasses the legal limits of breath alcohol concentration level. Some of these devices require periodical repetition of the test while the vehicle is moving. This type of device is starting to be used in the transport sector (Germany, Sweden) and is also being used at entrance barriers to workplaces in Germany.

In cases where the result of a breathalyser is positive, a blood analysis may be required to confirm the result (the Czech Republic, Hungary, the Netherlands); for this, the person should be transferred to a medical centre or an accredited laboratory. By way of contrast, no biological or medical tests can be used in Belgium – only tests that give a positive or negative indication.

For drug detection, oral swabs, eye, urine or blood tests are typically used, though the latter are considered intrusive and thus not often recommended.

In some countries, specific procedures for conducting the tests exist. In Lithuania, the medical examination must be performed in compliance with the *Methodology of medical examinations for intoxication due to alcohol or psychoactive substances* and the *Methodology for the evaluation of overall health condition*. In Italy, the [Regione Emilia-Romagna guidelines for workplace doctors on prevention, diagnosis and treatment of alcohol dependence \(in Italian, 293Kb PDF\)](#) combine laboratory screening with a simplified version of the WHO's [Alcohol Use Disorders Identification Test \(172Kb PDF\)](#) (AUDIT).

In Latvia, tests are paid services: the worker pays the costs if the test result is positive, while employer pays if the test is negative. In Slovakia, a similar rule applies in the case of examination in a medical facility: an employee with a positive result is obliged to pay for all the costs incurred and the employer in case of negative results.

### *Consequences of tests and information on results*

The detection of alcohol or other psychoactive substances in the blood of an employee at the workplace can have important consequences for the person affected. In countries such as the Czech Republic or Poland, a positive test result may lead to suspension of employment and eventually to termination of the employment contract. In Malta, depending on the company, a positive result may lead to termination of employment or the employee might be given the chance to rehabilitate and resume employment when fit for work. In the Czech Republic, the dismissed employee might not be eligible for unemployment benefit.

In other cases, the consequences can be less drastic. In Belgium, as mentioned above, a positive test may result only in referral for assistance from the company, immediate and temporary expulsion from the workplace, or reassignment to another position. In France, employees can be declared unfit for a certain kind of job by the occupational doctor if their consumption of alcohol and/or drugs impedes them from complying with the job's requirements or with health and safety

standards. In Greece, in cases where the general tests lead to relevant conclusions on alcohol and drug use, the occupational doctor informs the management, which can transfer the employee to a different post or might even dismiss them. In Slovakia, an employee with a positive test result has to leave the workplace immediately and under no circumstances may continue working. In Spain, railway sector workers will be suspended if the tests detect higher than permitted alcohol consumption levels or use of drugs/psychoactive substances.

In Germany, the consequences of positive drug tests vary depending on the sector and working task. For instance, in the transport of dangerous products a positive test result may lead to direct dismissal, while in contrast a works agreement covering university staff arranges for health rehabilitation measures. In this latter sense, in Finland the intention of the law is that workers with a positive result should take part in a comprehensive action programme on alcohol and drugs established at the workplace before drug testing.

In the UK, employers should follow a chain of custody procedure when testing to guarantee the identity and integrity of the sample from when it is taken to the point that results are given. The [Employment Practices Data Protection Code](#) also aims to help employers comply with the Data Protection Act and to encourage good practice.

In several countries, provisions can be found that are intended to protect the privacy of employees who have been subject to tests.

- In Belgium, the processing of test results as personal data is forbidden.
- In Estonia, communication and access to test results are regulated according to the Personal Data Protection Act.
- In Finland, the certificate of ‘employer initiated’ drug testing is given to the employee who delivers it to the employer; in case of an ‘OSH-initiated’ drug test, results stay with the OSH service, and the employee and employer receive a certificate.
- In France, the results must not be communicated to the employer as they are under professional secrecy. The employer is only informed about the employee’s ability or inability to perform certain tasks.
- In Germany, medical testing and health data are an issue of debate on the Employees’ Data Protection Act (shelved in 2010 but still under discussion).
- In Greece, the occupational doctor is obliged to observe medical and corporate confidentiality. The law on the ‘protection of the individual from the processing of personal data’ applies. In cases where the general tests lead to relevant conclusions on alcohol and drug use, the occupational doctor informs the management.
- In Latvia, restricted use of results of medical testing is provided by the Medical Treatment Law and the Personal Data Protection Law. A copy of the results statement is submitted to the person who initiated the test; another copy and all supplementing documents are stored at the testing institution for five years. The tested person is informed orally and may receive a written copy on request.
- In the Netherlands, the general accepted case law is that the occupational doctor can only provide information on the results of the check in terms of conclusions. The results of the testing are presented first to the employee to give them an opportunity to ask for a second opinion.
- In Portugal, the doctor may only communicate to the employer whether the worker or candidate is unable to perform their duties. The employer cannot in any case obtain access to the results or clinical data.

## *Perspectives and public debate on testing practices*

The national contributions to this study provide some information on the future perspectives and public debate on the regulations and agreements, implementation and methods of alcohol and drug testing at the workplace.

The rules on testing and its ‘missing links’ or ‘privacy dimensions’ are much debated by legal experts on labour law in many European countries. A [2010 report on dealing with alcohol and drug use at work \(in Dutch, 733Kb PDF\)](#) from Belgian experts warns that the testing question may not be so important from a legal perspective. Tests are made to establish the degree or amount of intoxication. In a labour situation, this is a starting point to build up evidence for an employer to sanction an employee or to redeem (financial) responsibility for certain employee behaviour, but it is not enough. It has to be established that the worker is experiencing loss of behaviour control, which results in job dysfunction.

In the Czech Republic, the possibility of ordering a psychoactive substance test has been gradually increased since the early 1990s when the previous narrow link between testing and high-risk sectors was cancelled. It is now possible to test employees in almost every field of activity. The law strengthens the position of employers, who are provided with a legal basis to carry out checks of employees’ fitness to perform their work including the taking of samples of biological material.

In Germany, as a result of [media coverage on blood testing on Spiegel Online \(in German\)](#), there has been public controversy on the application of blood and urine testing of job applicants by large companies. As reported in an [article on Spiegel Online \(in German\)](#), the federal data protection commission of Baden-Württemberg in 2010 restricted pre-employment blood testing at automotive manufacturer Daimler to job applicants for defined workplaces. As a consequence, medical testing and health data are an issue of debate with regard to the Employees’ Data Protection Act, which was shelved in 2010. In practice, there are indications that testing methods have changed as leading companies in the field of safety technology have promoted alcohol and drug screening devices in vehicles and at entrance barriers to workplaces. However, in April 2011, the Federal Transport Ministry issued a [notice on alcolocks \(in German\)](#) rejecting the enforcement of a statutory implementation of ‘Alcolocks’ in motor vehicles on moral grounds and the high investment costs for employers. The ministry is in favour of voluntary implementation.

In other countries, changes have been introduced in the legislation in order to clarify when the tests are appropriate and the procedures to be followed for their application. For example, in Lithuania, *Methodological recommendations on the removal from work for alcohol intoxication* were published following a significant increase in the number of accidents at work involving injuries/deaths of intoxicated employees in the period of economic upturn (2003–2007).

In Poland, the [Act dated 25 March 2011 \(in Polish\)](#) on reducing administrative barriers for citizens and entrepreneurs was introduced to give employers better possibilities with which to control the sobriety of employees; under this act, the employer may request that the sobriety of an employee be tested. However, without a legal definition of coercive measures, sobriety testing of employees is only possible with their consent. The Ministry of Health is working on changing this legislation. A public debate is underway on the possibility of applying the legislation to the use of drugs at the workplace.

In Italy, a rehabilitation approach seems to be gaining ground. Thus, the [2005 National labour contract in logistics and road transport \(in Italian, 522Kb MS Word\)](#) introduced unpaid leave for workers with a permanent employment contract reporting an alcohol or drug dependency problem and starting a rehabilitation programme with the public health services or a qualified organisation. Such leave is longer for individuals dependent on drugs (12 months) than for those dependent on alcohol (three months) and can be taken only once. In cases of proven drug dependency, the employer can also move the employee from a task with potential risks to other workers’ health



and safety. While confirming these regulations, the [2011 national labour contract on logistics and road transport \(in Italian, 5.71Mb PDF\)](#) includes a joint commitment by the social partners to promote company-level agreements to tackle ‘anomalous absenteeism’ as it negatively affects efficiency and companies’ competitiveness.

In Norway, a key objective of workplace drug testing programmes is to get substance-abusing employees into treatment, provide the opportunity to obtain help and get the individuals back on the job.

In the UK, according to an [article in its weekly online bulletin for safety representatives](#), the Trades Union Congress ([TUC](#)) is critical of testing at work, saying that checks on staff are unable to determine whether a person is under the influence of drugs. The TUC argues that employers who are serious about the welfare of their staff and removing drugs from the workplace should develop a comprehensive policy that supports staff. The TUC also warns that some employers may be using random drug testing to get rid of employees and avoid redundancy pay.

Finally, it is interesting to mention the controversy about drug tests conducted by the budget airline Ryanair. According to a [Belgian press report on drug testing of Ryanair employees \(in French\)](#) from 25 May 2011 containing the testimony of flight attendants, they can be forced at random by company inspectors to deposit several hairs in a collector for drug tests:

*Chaque semaine, une infirmière vient d’Irlande et reçoit dans notre office (à Charleroi, sud de la Belgique, où Ryanair est basée) les hôtesse et stewards qui descendent des avions. C’est là qu’on nous rase les cheveux qui serviront aux analyses pour ces ‘drug tests’. [Every week a nurse comes from Ireland and receives in our office (at Charleroi in the south of Belgium where Ryanair is based), the hostesses and stewards who come off the planes. Here our hair is cut for analyses for the ‘drug tests’].*

It is argued in the press report that, apart from being humiliating, this is an illegal practice that violates the right to privacy according to Belgian labour law. While Ryanair admits in the press report that these tests are conducted, it states that staff employment contracts refer to the possibility according to Irish law.

## National and European prevention programmes

### EU-level perspective

This section provides a general overview of national programmes for the prevention of alcohol/drug use at work in European countries.

Broadly speaking, alcohol/drug abuse at the workplace is a worrying issue for authorities at international, EU and national level, and prevention initiatives aimed at the general population are common.

From an international perspective, the report by the International Labour Organization ([ILO](#)), [Alcohol and drug problems at work: The shift to prevention](#), provides background information and a framework for the development and implementation of a prevention-oriented approach to workplace alcohol and drug problems.

From an EU perspective, the activities of the European Monitoring Centre for Drugs and Drug Addiction ([EMCDDA](#)) are important as is the so-called [Pompidou Group](#), an initiative within the Council of Europe whose core mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in EU Member States.

The European Agency for Safety and Health at Work ([EU-OSHA](#)) provides European case studies on [workplace health promotion](#) related to alcohol and drug use, and supports prevention and health promotion-oriented approaches rather than controls.

The [European Alcohol and Health Forum](#) is an EU platform where bodies active at European level can debate, compare approaches and act to tackle alcohol-related harm (including work-related issues). In September 2011, its Science Group published a report called [Alcohol, work and productivity \(1.12Mb PDF\)](#), which summarises recent scientific evidence on the linkages between harmful drinking and productivity or employment, and on the workplace as a locus for addressing harm from alcohol.

Other initiatives include:

- a European Commission report – [COM\(2007\) 199 final \(229Kb PDF\)](#) – on the implementation of the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC);
- the [European Workplace and Alcohol \(EWA\)](#) project, which is cofinanced by the European Commission and runs from 2011 to 2013, to develop effective methods of engaging with workplaces and their workforces to raise awareness and bring about individual and organisational change that leads to safer alcohol consumption.

Specific reference should also be made to the [EU strategy to support Member States in reducing alcohol related harm \(75Kb PDF\)](#) issued by the European Commission in 2006. This strategy stresses the importance of fostering workplace-based actions aimed at addressing the problems posed by alcohol consumption at and around the workplace and reducing the negative impact of alcohol-related harm on the workplace (with the active involvement of relevant stakeholders such as social partners). The strategy supports the relevance of policies to prevent alcohol-related harm in the workplace, including information and/or education campaigns and the provision of help and specialised care for employees with alcohol-related problems.

## National initiatives

In addition to these EU activities, national public authorities are developing a number of initiatives related to the issue of alcohol and drug use at the workplace. Prevention programmes may be developed by different institutions such as public entities, social partners or non-governmental organisations (NGOs). Governmental bodies dealing with the labour market are among the public organisations that implement prevention programmes affecting the workplace.

An example is the national prevention programme developed in Hungary by the National Employment Service ([AFSZ](#)), called [Mobilization of enterprises and employees in order to prevent harmful use of alcohol and drugs \(in Hungarian\)](#). The programme seeks to inform participating companies about prevention activities, providing them with a full methodology for developing their own prevention programme, organising conferences where best practice and programme results can be shared. Another example comes from Lithuania, where the State Labour Inspectorate of Lithuania ([VDI](#)) is in charge of implementing the ‘VDI plan of preventive measures to combat risks of alcohol intoxication at work and related accidents’, which includes a comprehensive collection of measures.

In other cases, public institutions dedicated to the issue of alcohol/drug addiction in general or to public health in a broad sense implement prevention programmes specially aimed at employees. An example of this is Malta, where the government agency working to combat drug and alcohol abuse, Agenzija Sedqa, has implemented a programme specifically aimed at the industrial workforce.

## Case study: S.A.F.E. programme (Malta)

Since 1996, the Maltese agency against drug and alcohol abuse (Agenzija Sedqa) has been running a programme called 'Substance Abuse Free Employees' (S.A.F.E.), which targets the industrial workforce. The aim of S.A.F.E. is to promote health, safety and well-being among employees for the benefit of individual employees and the company via the use of prevention initiatives.

The Primary Prevention Unit at Sedqa provides assistance to local companies and those interested can apply for the programme to be delivered at their workplace. S.A.F.E has four phases:

- 1) A display with information and leaflets;
- 2) A four-session training programme for managers, frontline supervisors and line managers;
- 3) Information sessions for employees;
- 4) Formulation of a company drug and alcohol policy and appointment of a coordinator.

Although S.A.F.E. follows a standard programme, it is also flexible and it takes into consideration the needs of each company (through a consultation process with human resources and health and safety representatives).

*Source: Malta national contribution, EWCO 2011*

In Italy, the Department of Drug Control Policy ([Dipartimento Politiche Antidroga](#)) carries out various activities especially focused on workers with the aim of combating drug addiction. One of the most relevant ones is [D.T.L.R. \(in Italian\)](#), a project to create a system of monitoring and evaluating drug tests among workers with 'risky' jobs (particularly in the transport sector). The project also aims to create a flow of data to support technical guidelines and standardise policies across the country.

A local initiative in Luxembourg, the Prevention Centre for Drug Addicts ([CePT](#)) runs a pilot project to prevent addiction behaviour in employees of the City of Luxembourg based on a preliminary situation and needs assessment.

Alternatively, in some countries there are alcohol/drug prevention programmes where the target is occupational healthcare personnel as a part of general occupational health strategies. Thus, in Finland and Sweden, public authorities are implementing initiatives aimed at increasing the attention of health personnel to the alcohol habits of their patients as a prevention measure. The Finnish Institute of Occupational Health is developing a project called [Alkoholihaitat hallintaan 2011–2013](#), which aims to implement actions to prevent alcohol-related harm on occupational health units/services and workplaces. The Swedish National Institute of Public Health ([FHI](#)) has worked with [Riskbruksprojektet](#), a project intended to increase the detection and treatment of alcohol problems in their patients by health personnel as early and effectively as possible in their working life.

### General plans and strategies

In many countries, however, the issue of alcohol/drug use prevention at work is often just an action line within broader plans or strategies. In other words, it is normal for general public plans against alcohol/drug addiction to include the workplace as one of the main target points, or for occupational health strategies to mention alcohol and drug prevention among their goals.

For instance, the Clinical Institute of Occupational, Traffic and Sports Medicine in Slovenia coordinates a programme, [Fit for Work](#), to promote health at work from a general perspective. One of the most important contents of this programme is prevention of the use of psychoactive substances at the workplace.

In Portugal, the Institute on Drugs and Drug Addiction ([IDT](#)) is implementing the ‘National Plan against Drugs and Drug Addiction 2005–2012’ and the ‘National Plan for the Reduction of Problems Related to Alcohol 2009–2012’. Both include activities related to prevention at the workplace among its intervention areas.

In Italy, the ‘2007 National Plan on Alcohol and Health’ includes workplaces among its strategic areas of intervention and has a specific focus on work accidents and violence at work, including third parties such as customers.

In Romania, the ‘Action Plan for the National Drug Control Strategy 2010–2012’, includes prevention programmes tailored to specific occupations and intervention strategies at the workplace.

In addition to these more comprehensive initiatives, the public authorities in some countries have developed more focused activities. Examples of these are given below.

- In Denmark, the [National Board of Health](#) published the report [Health and well-being at the Workplace \(in Danish, 907Kb PDF\)](#) in 2010 describing interventions targeting alcohol, diet, smoking, exercise and stress.
- In France, the National Research and Safety Institute for the Prevention of Accidents at Work and Occupational Illnesses ([INRS](#)) has produced a DVD that aims to train employers and managers to identify employees of concern and to deal with their problems. In addition, the Inter-departmental Mission for the Fight against Drugs and Drug Addiction ([MILDT](#)) organised a roundtable in Paris in 2010 on the prevention of alcohol and drugs at work.
- In Germany, the German Centre for Addiction Issues ([DHS](#)) commissioned an expert report on the practice of company-based drug prevention which in 2006 was debated by policymakers, health insurers and social partners.
- In Poland, the [National Centre for Workplace Health Promotion](#) held workshops in May 2011 called ‘Company without addictions – how to increase employee performance’.
- In Slovenia, the labour inspectorate dedicated a conference in 2006 to the use of alcohol and other drugs at the workplace.

### **Involvement of social partners**

Some countries offer examples of initiatives where social partners and governmental bodies work together to combat alcohol/drug abuse at the workplace. The level of cooperation and the type of programmes implemented can differ widely between countries.

The cases of Norway and Sweden are particularly remarkable as both have a permanent council composed by social partners and public representatives specially created to prevent drug problems among employees. Thus, the ‘Norwegian Tripartite Committee for the Prevention of Alcohol and Drug Problems in the Workplace’ ([AKAN](#)) is a tripartite committee where Norwegian labour market parties participate, whereas the Swedish organisation [Alna](#) was founded by analogous members in Sweden. Alna represents a well-established collaboration among stakeholders, as well as a long-standing alcohol/drug abuse prevention attitude.

## Case study: Alna Committee (Sweden)

Alna was founded in 1961 and it is an organisation owned by the following Swedish labour market parties:

- Confederation of Swedish Enterprise ([Svenskt Näringsliv](#));
- Swedish Association of Local Authorities and Regions ([SALAR](#));
- Co-operative Employers' Association ([KFO](#));
- Employers' Association for Non-Profit Organisations ([Idea](#));
- Swedish Federation of Trade Unions ([LO](#));
- Swedish Confederation of Professional Employees ([TCO](#));
- Swedish Confederation of Professional Associations ([SACO](#)).

Alna's mission is to prevent alcohol at the workplace. It works proactively with enterprises and organisations to help them formulate a policy upon which the management and trade unions can agree. Its work includes:

- supporting the rehabilitative process;
- informing individuals of their responsibilities;
- raising awareness of the rehabilitation process, labour laws and the consequences of substance abuse.

*Source: Swedish national contribution, EWCO 2011*

In 2003, the Ministry of Healthcare in Latvia established a cross-ministry institution known as the '[National Alcohol Use Elimination Council \(in Latvian\)](#)' which consists of high-level officials of all ministries, as well as other stakeholders such as the Latvian Employers' Confederation ([LDDK](#)), the Free Trade Union Confederation of Latvia ([LBAS](#)), the Latvian Association of Local and Regional Governments ([LPS](#)) and the Latvian Traders' Association ([LTA](#)). This council has implemented an alcohol/drugs prevention programme whose objectives include:

- avoiding traumas and accidents at work;
- eliminating the consequences of alcohol use at the workplace.

Likewise, the Spanish trade unions CCOO and the General Workers' Confederation ([UGT](#)) and the Spanish Confederation of Employers' Organisations ([CEOE](#)) signed in 1997 the 'Collaboration agreement for the prevention of drug dependence at the workplace' with the public representatives of the [Spanish National Drugs Plan \(in Spanish\)](#). Under this agreement, which is still in force, the basic principles for tackling the problem of alcohol and drug use among workers were established. The agreement also stated that all social partners should collaborate in order to implement different initiatives concerning, for instance, information, training and promotion of healthy habits.

There are also countries where social partners play an active role in the implementation of prevention programmes to combat the use of alcohol/drugs at the workplace on their own initiative.

For instance, Ireland's largest union, [SIPTU](#), produced a policy in 2009 for dealing with addiction in Irish workplaces, known as 'Dealing with addiction: a model policy for use in the workplace including a joint charter for employee well-being'. In the same year, Ireland's main employer association, the Irish Business and Employers' Confederation ([IBEC](#)), produced a [guideline on intoxicants in the workplace](#) for its affiliated members.

In Portugal, UGT has developed several interventions to combat the use of alcohol/drugs at the workplace. Examples include:

- sensitisation campaigns aimed at preventing the use of alcohol/drugs at the workplace;
- drafting and dissemination of clauses on the prevention of alcohol and drugs in collective bargaining agreements among trade-union negotiators.

In Germany, the *Berufsgenossenschaften* (employers' assurance liability associations) provide seminars, toolkits and guidelines for managerial staff as well as information brochures for employees concerning alcohol/drug abuse at the workplace.

As well as public authorities and social partners, many non-governmental bodies have published manuals or guides aimed at fighting alcohol/drug abuse at the workplace. For example, the Estonian Temperance Union ([AVE](#)), a non-governmental organisation against alcohol abuse, has issued a manual for employers called 'How to anticipate drinking at the workplace'. In Luxembourg, specialists from the Trier University, with the support of the non-governmental organisation, the National Luxembourg Council of Alcoholism, have published a guide on alcohol at the workplace.

In Belgium, [VAD](#), a Flemish non-profit association for alcohol and other drug problems, has developed a number of initiatives with the support of social partners. For instance, in 2009 VAD developed the [Qado information portal \(in Dutch\)](#), where companies are invited to evaluate their policy and to benchmark it by filling in a web-based questionnaire. Training and coaching activities complement the online information. Trade unions and employer organisations, as well as external services for prevention and protection at work, help business in the development and implementation of their alcohol and drugs policy.

## Sectoral initiatives

As noted earlier, the primary, construction and transport sectors are characterised by a high prevalence of alcohol/drug use.

The following countries have developed specific initiatives for the transport sector.

- In Estonia, the Estonian Transport and Road Workers' Trade Union ([ETTA](#)) organised an action week in 2009 aimed at preventing alcohol use.
- In France, the National Institute for Research on Safety in Transport ([INRETS](#)) and the National Association of Prevention of Alcohol and Drug Addiction ([ANPAA](#)) developed an initiative that aims to deal with the issue of road accidents by introducing strong elements of risk prevention into all compulsory courses for obtaining a driving licence.
- In Spain, the representatives of the trade unions CCOO and UGT, the employer organisation CEOE and members of the public National Drugs Plan implemented a prevention programme for the city transport sector. The railway branch of CCOO, together with the railway company Euskotren, published in 2010 an 'action plan' against the consumption of alcohol and other drugs.

Working under the effects of psychoactive substances can be especially dangerous in the construction sector. Many countries therefore have specific initiatives against alcohol or drug consumption in this sector.

- In France, the Professional Organisation for the Prevention of Construction and Public Works ([OPPBTP](#)), in cooperation with the Institute of Medical Education and Prevention ([IEMP](#)), has launched an information campaign with practical information and recommendations on the risks and consequences of consuming alcohol and drugs at work.
- In Sweden, the Swedish Building Workers' Union ([Svenska Byggnadsarbetareförbundet](#)) and the Swedish Association of Plumbing and HVAC Contractors ([VVS-företagen](#)), together with the Swedish Organisation for Managers ([Ledarna](#)), the Swedish Association of Graduate

Engineers ([SverigesIngenjörer](#)), [Unionen](#) (a white-collar trade union) and [Alna](#) initiated an information campaign for alcohol and drug prevention within the construction sector.

The fishing sector is another specific sector where some countries have launched initiatives for alcohol/drug abuse prevention. This can be seen in the following examples.

- In Belgium, a project began in the sea fisheries sector in 2005 with the support of all social partners. Among other things, an awareness campaign was launched among fishermen and a stepwise programme for actions on board fishing vessels was detailed.
- In Germany, an extensive sectoral drug and alcohol prevention programme has been implemented in the maritime industries based on [guidance on prevention programmes \(564Kb PDF\)](#) from the ILO's Joint Maritime Commission.
- In Spain, social partners have collaborated in the publication of the guide 'Alcohol and the sea', aimed at workers in the fishing sector.

Apart from nationwide and regional prevention programmes, both public and private companies may develop policies on alcohol or drugs on their own initiative. In many companies (particularly large ones), there are management orders or agreements concerning alcohol/drug use at work.

Increasing interest in the prevention of alcohol/drug abuse has been observed over the past years in Europe. It is commonly agreed that the use of alcohol and drugs is an issue requiring further attention in national sectoral agreements and legislation, where more prevention programmes specifically addressed at the workplace should be developed.

## Conclusions

Alcohol and drugs represent a serious problem for a significant percentage of the working population (for example, national estimates indicate that 5%–20% of workers are either addicted to alcohol or at risk of becoming addicted to alcohol). The problem of alcohol/drug consumption by workers (inside and outside workplaces) is particularly relevant in certain sectors (construction, farming, Horeca, transport) and in some occupational categories depending on the type of addictive substance (alcohol among blue-collar workers, cocaine among professionals in ICT and financial services).

The main reasons behind the use of alcohol/drugs at work can be differentiated into work-related reasons and social/personal reasons. Work-related reasons include the existence of tough physical or uncomfortable working conditions (for example, a cold environment), low satisfaction at work, irregular working time practices, self-perception of low social support from work colleagues and superiors, mobbing practices at work, and factors related to stress at work (in summary, non-human centred work organisation patterns). Non-work-related reasons include social factors (that is, 'high' social tolerance towards alcohol/drug consumption, cultural patterns more 'prone' to this consumption, 'easy' accessibility to these substances) and personal factors (that is, certain personality types, the existence of a family background of alcohol abuse).

Alcohol and drug consumption at work often results in important negative workplace-related consequences in terms of higher instances of sick leave/short-term absenteeism, reduced performance and productivity, labour conflicts and an unsettled working environment, a greater number of work accidents (both for the alcohol/drug user and for those working with them) and other problems such as loss of reputation and damage to equipment.

The problems resulting from alcohol/drug use at the workplace result in important economic effects both for enterprises and for the economy as a whole. The typical reaction of enterprises to alcohol/drug problems is usually related to disciplinary action, although valuable examples of support and preventive actions to affected workers have been developed by enterprises.

This report provides an in-depth view of the existing national legislation and agreements concerning the prohibition/limitation/prevention of alcohol/drug use at work (with particular

attention to sectors such as transport and construction). Most EU countries have some kind of general legislation or agreements intended to prohibit or regulate the consumption of alcohol and drugs at the workplace, but there is considerable diversity regarding the type of legislation in force and the way the limitations are established.

In some countries, the approach can be labelled as disciplinary as limitations on alcohol or drug use in the workplace are embedded in the national labour codes or workers statutes. In other cases, the approach is more preventive in the sense that the regulations are set up by the national occupational health and safety laws. In a small number of countries, the regulation of alcohol and drug consumption at work is based on collective agreements between the social partners rather than on purely coercive measures. Countries such as Belgium, Denmark and Germany stand out in this respect.

Testing practices intended to control the use of alcohol/drugs at the workplace have been developed. However, testing at work attracts much controversy in European countries. On the one hand, there may be a need to guarantee that, at least in certain occupations, companies and sectors where safety concerns are high, workers do not work under the influence of alcohol or other psychotropic substances. On the other hand, use of alcohol and drug tests can be particularly intrusive on workers' privacy and even the voluntary nature of testing is difficult to enforce. There are important differences in national legislations on testing practices in terms of rights and obligations for testing, the intake/use of alcohol/drugs, acceptance of testing, the conditions under which testing can take place, monitoring of tests and the communication of or access to the results.

Public authorities and social partners have adopted a number of policy measures (often under collaborative approaches) intended to prevent and combat the effects of the use of alcohol and drugs at the workplace. Examples include prevention programmes, initiatives aimed at reducing alcohol/drug consumption (where the workplace dimension is also taken into account) and information campaigns. Attention to this issue within enterprises has increased in past years.

Notwithstanding these activities, it is commonly agreed that the use of alcohol and drugs in relation to work is an issue requiring further consideration in national and sectoral agreements and legislation. More prevention programmes (rather than sanctions and controls) specifically addressed at the workplace should be developed as part of more general strategies for health and safety at work. This could result in benefits for all parties involved, averting the negative consequences that the unregulated consumption of psychoactive substances at work can have both for workers (accidents, disease or conflicts) and enterprises (absenteeism, reduced performance, equipment or product damage). The role of the social partners through collective agreements seems crucial in this respect.



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## Annex: Summary of legislation and agreements concerning the prohibition/limitation of alcohol/drug use at work

**Table A1: Summary of national legislation and agreements**

Country	National legislation or agreement	Description
<b>Austria</b>	Protection of Employees Act 1994	Workers not allowed to create a risk by consuming alcohol and drugs. Employers can ban alcohol and drugs.
<b>Belgium</b>	Collective agreement No. 100 (2009)	Private companies must have a preventive alcohol and drugs policy. Consultation with workers required. General civil or penal law also in place.
<b>Bulgaria</b>	Labour Code	Alcohol and drugs forbidden at workplace. Employer can remove infringing employees temporarily. Workers consulted on company internal rules.
<b>Cyprus</b>	Health and Safety at Work Laws	No specific reference to alcohol and drug use.
	Labour Inspectorate set out employers' and employees' obligations regarding alcohol and drugs	Employers must take measures to prevent alcohol and drug problems. Employees must respect all regulations.
<b>Czech Republic</b>	Labour Code 2006	Employees not to abuse alcohol and drugs at workplaces and during working hours. Zero tolerance limit.
<b>Denmark</b>	No national legislation Collective agreements prevail	Public/private companies can create alcohol and drug policy.
<b>Estonia</b>	Occupational Health and Safety Act	Employees banned from working under the influence.
	Employment Contracts Act	Intoxication at work => right for extraordinary cancellation
	Public Service Act	Exclude intoxicated official from office for the day.
	Employees Disciplinary Act	Intoxication => serious violation of work discipline
<b>Finland</b>	Decision of Council of State concerning alcohol policy Guidelines for prevention of drug abuse at the workplace,	Objective of Finnish alcohol policy is to reduce alcohol-related harm.

Country	National legislation or agreement	Description
	labour market organisation 2006	
<b>France</b>	Labour Code	No alcoholic beverage (except wine, beer, cider and perry) nor intoxicated persons allowed at the workplace (no reference to narcotic substances).
<b>Germany</b>	Alcohol and drugs at work not restricted by law	
	Works Constitution Act	Alcohol and drugs use to be regulated by management and works council.
	Accident regulation	Insured employees banned from consuming alcohol and drugs if they pose a risk to the employee or others.
<b>Greece</b>	No relevant legislative framework	Code of laws on health and safety at work 2010 without special provisions
<b>Hungary</b>	Law on Occupational Health and Safety 1993	No specific reference, but practice of Labour Court sees influence of alcohol and drugs as violation.
<b>Ireland</b>	Safety, Health and Welfare at Work Act 2005	Employee must not be under the influence of an intoxicant.
<b>Italy</b>	Law 125/2001 ( <i>Legge quadro in materia di alcol e di problemi alcol correlati</i> )	Forbids alcohol to workers performing risky activities.
	Occupational health and safety unique text (Legislative Decree 81/2006)	While banning alcohol use in the workplace, the decree allows its limited consumption in canteens while eating.
	Law No. 162/90	Workers in a state of addiction involved in rehabilitation programmes have the right to preserve their job (three years).
	State–Regions Agreement	Specific categories of workers are considered at risk. Procedures of drug medical testing are specified in State–Regions Agreement 2008
<b>Latvia</b>	Labour law 2001	Employer has the right to suspend an employee from work if under the influence of alcohol, narcotic or toxic substances. Employer has the right to give written notice of termination of employment contract in proven cases.

Country	National legislation or agreement	Description
	Labour protection law 2001	Strict attitude towards use of alcohol/drugs at the workplace (employer has the right to apply penalties).
<b>Lithuania</b>	Labour Code Methodological Recommendations on the Removal from Work for Alcohol or Other Psychoactive Intoxication (2008) Law on Alcohol Control	Intoxication with alcohol or drugs is the basis for dismissal.
<b>Luxembourg</b>	Regulation on Health and Safety at Work (1924)	Distilled alcohol (that is, spirits) is forbidden at the workplace.
	Health and Safety Law (1994)	Employer responsible for all health and safety aspects at the workplace (Labour Code) including relation with alcohol and drugs.
<b>Malta</b>	Occupational Health and Safety Authority Act 2000	No specific reference to alcohol and drugs.
<b>Netherlands</b>	No specific legislation or national agreements	Occupational Health and Safety Act: general references to health and safety responsibilities of employers and employees.
<b>Poland</b>	Upbringing in Sobriety and Prevention of Alcoholism Act (1982)	Legal ban on sale, serving and consumption of alcohol at the workplace.
<b>Portugal</b>	No general legislation or agreement specifically intended to prohibit or limit alcohol/drug use at work	
<b>Romania</b>	Health and Safety at Work Act 319 of 2006	No explicit stipulation against the use of alcohol at the workplace.
	Labour Inspection Office ( <a href="#">IM</a> )	In case of an accident at work, if the person who caused it is found to have consumed alcohol, IM applies penalties to their employer.
<b>Slovakia</b>	Act on protection against the abuse of alcoholic beverages and on the establishment and operation of detoxification centres (1996)	Persons engaged in an activity, during which they could endanger the life or health of themselves or other persons or damage property, are not allowed to consume alcoholic drinks or other addictive substances. Obligation on employees to abstain from

Country	National legislation or agreement	Description
		consuming alcohol and narcotic substances in workplaces and to refrain from going to work under the influence of such substances.
	Act on occupational health and safety 2006	Employer to check whether the employee is not under the influence of alcohol, narcotic or psychotropic substance during working hours and whether they respect the ban on smoking on the premises. Employee to abstain from use of those substances in workplaces and during working hours (also outside) and to undergo an examination carried out by the employer or by the relevant state authority.
Slovenia	Act Restricting the Use of Alcohol ( <a href="#">ZOPA</a> ) 2003	Prohibited to sell or supply alcoholic beverages during working hours at the workplace.
	Occupational Health and Safety Act ( <a href="#">ZVZD</a> ) 2011	Prohibition of work under the influence of alcohol and drugs at a workplace.
	Employment Relationships Act ( <a href="#">ZDR</a> )	Workers must respect and implement the regulations on safety and health at work.
Spain	Workers' Statute 1980 (modified 1995)	If frequent inebriation and drug addiction have negative consequences for work performance, this can be a reason for disciplinary dismissal. No other specific legislation or reference in the Labour Risk Prevention Law 1995 (modified 2003).
	Regional legislation on drug abuse (La Rioja, Madrid, Basque Country)	Mainly general preventive approaches to alcohol and drugs at the workplace.
Sweden	Work Environment Act 1994	Each workplace should have an alcohol and drug policy and action plan. Imperative to be sober and drug-free at work –the responsibility of achieving this lies with the employer.
UK	Management of Health and Safety at Work Regulations (1999)	Employers to conduct risk assessments if the presence of alcohol and drugs at work appears to be a risk to workers and to then implement preventive measures.
	Misuse of Drugs Act 1971	Production, supply or use of controlled substances on employers' premises is a

Country	National legislation or agreement	Description
		criminal offence.
Norway	No reference to specific information	

Source: National contributions, EWCO 2011

**Table A2: Summary of sectoral legislation and agreements**

Country	Sectoral legislation or agreements
<b>Austria</b>	Protection of construction workers regulation: alcohol and drugs not allowed on site. Drivers, pilots, civil aviation, shipping and navigation prohibited alcohol and drugs. Also doctors and soldiers.
<b>Belgium</b>	Sectoral working groups (for example, transport) to develop guidelines and disseminate. Construction: collective agreement on humanisation of work (serving of alcohol prohibited at the workplace). Also fishermen.
<b>Bulgaria</b>	No specific alcohol and drugs sectoral legislation or agreements. Sectoral legislation for all transport prohibits alcohol and drugs.
<b>Cyprus</b>	No reference
<b>Czech Republic</b>	Exceptions to general rule if unfavourable micro-climatic working conditions, type of job tasks (for example, sales and wine sector).
<b>Denmark</b>	Large numbers of companies in the construction and transport sectors have restrictive policies.
<b>Estonia</b>	No sectoral legislation or agreements. General traffic act prohibits driving if intoxicated.
<b>Finland</b>	-
<b>France</b>	No sectoral collective agreements deal with alcohol and drugs at work. Some company agreements.
<b>Germany</b>	Statutory road, maritime and flight traffic regulations prohibit use of alcohol.
<b>Greece</b>	Drivers or heavy equipment operator professions => psychiatric assessment. Regulations on mining and quarrying operations
<b>Hungary</b>	Special legislation for teachers, healthcare professionals, army and police bodies and drivers (zero tolerance). No specific agreements in transport or construction.
<b>Ireland</b>	Road Traffic Act 1961 prohibits driving under the influence. Road Traffic Act 2010 allows for testing by police. Railway Safety Act 2005 permits testing.
<b>Italy</b>	33 occupations are listed in the 2006 State–Regions Agreement.



Country	Sectoral legislation or agreements
	Hazardous tasks: (a) use of toxic gases; (b) transport activities; (c) explosives.
<b>Latvia</b>	Freedom for sector-specific adjustments. Specific requirements in transport sector.
<b>Lithuania</b>	No sectoral agreements. Transport sector: rules of examination for alcohol or other intoxication in drivers of motor vehicles and other persons
<b>Luxembourg</b>	No specific sectoral references.
<b>Malta</b>	Work Place Regulations (Minimum Health and Safety Requirements for Work at Construction Sites) (Legal Notice of 2004: availability of non-alcoholic beverages). Traffic Regulation Ordinance: general alcohol limits for drivers.
<b>Netherlands</b>	Airline Industry Protocol 2005: prevention of excessive alcohol and drugs and medicine among flight personnel.
<b>Poland</b>	-
<b>Portugal</b>	Construction sector collective agreement: prevention and control of alcoholism.
<b>Romania</b>	No specific sectoral references.
<b>Slovakia</b>	No specific sectoral legislation or agreements.
<b>Slovenia</b>	No reference.
<b>Spain</b>	Collective agreements or norms regulating certain activities may establish particular limitations. Basque Country Law prohibits use of alcohol by drivers, teachers, health service workers, police, military staff and all activities where it could result in risks.
<b>Sweden</b>	-
<b>UK</b>	Road Traffic Act (1988) and Transport and Works Act (1992): drivers of road vehicles must not be under the influence of drugs or alcohol. Railways and Transport Safety Act 2003: it is an offence to perform certain aviation-related functions with more than a prescribed level of alcohol in the body.
<b>Norway</b>	-

Source: National contributions, EWCO 2011

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