

**Co-operation Group to Combat Drug Abuse  
and illicit trafficking in Drugs**



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***AD HOC EXPERT GROUP ON THE PREVENTION  
OF DRUG USE IN THE WORK PLACE***

***FRAME OF REFERENCE  
FOR THE  
PREVENTION OF ALCOHOL AND DRUG USE  
IN THE WORKPLACE***

established by Mr Massacret (Chair), Prof Parquet and Mr Windey (consultants)

## PREVENTING ALCOHOL AND DRUG USE IN THE WORKPLACE

### **FRAME OF REFERENCE**

**established by Mr Massacret, Mr Parquet and Mr Windey**

Alcohol and drug use in the workplace is a relatively widespread but still insufficiently recognised phenomenon, particularly as regards its effects. Employers today must be able, as they used to do for tobacco and alcohol, to grasp the problem of drug-taking. It is a fact that addictive behaviour has increased in the general population, and it is logical to find employees who display addictive behaviour or are being treated for it. At the same time, while drug or alcohol use is an aspect of an employee's private life which may intrude into his or her working life, it may also be the consequence of a working life subject to excessive pressure, which in turn puts the employee's private life under pressure. Whatever the determinants may be, personal, societal, work-related, the risks associated with alcohol and drug-using behaviour are present.

In the face of health and safety needs, denial of such behaviour in the work and company spheres is no longer acceptable, and nor is the development of employee monitoring and/or dismissal practices, which give rise to discrimination. The issue needs to take on a higher profile in terms of both states' policies and the proposals, activities and recommendations of the international organisations working in this field.

In this context, greater collective awareness would be promoted if the prevention of risks associated with addictive behaviour were made central to the social dialogue on improving working conditions and taking into account work-related risks.

In order to work towards this, it seems advisable to model a framework for workplace intervention for the benefit of the stakeholders (governments and public authorities, enterprises, occupational health services and staff) who, in their diversity and complementarity, wish to introduce, pursue and evaluate a workplace drug and alcohol prevention policy. On a national level, elements should be considered individually and in combination as a basis for choices in the formulation and implementation of a policy for preventing alcohol and drug use in the workplace.

With an obligation to achieve results and with the resources made available, this framework relies on approaches based on the principles of responsibility, transparency, respect for individual and collective freedoms, and solidarity within working communities.

Points to be considered individually and in combination as a basis for choices in the formulation and implementation of a policy for preventing alcohol and drug use in the workplace

**The frame of reference highlights** identified good practices.

**It provides** material for a shared policy by showing in what ways the different countries are similar, however specific their laws, regulations and cultures may be.

Each country has a specific structure, legal scene and approach. The collective approach and prevention should be integrated in this structure and account should be taken of the legal scene in all its facets.

- General anti-drug policy, sectoral policies
- Prevention policy in public health

- Responsibility for prevention and care by social security bodies
- Rights and obligations of employers and workers (national law, contractual law, work contracts, internal rules)
- Right of the protection of a private life
- Occupational safety and health policy and workplace health promotion

**It points ahead**, depending on the choices made for the implementation of collective or individual prevention projects, to the possible consequences in terms of their impact and sustainability.

In order to achieve this:

**It postulates** that addictive behaviour in the workplace has specific determinants, which justifies the introduction of specific prevention arrangements other than those deployed in standard situations and in everyday life and that the workplace can have an impact in developing such behaviours.

**It aims**, as part of the general objective of preventing drug use in the workplace, **to**:

- preserve the health of persons viewed as individuals or as employees within a working community;
- prevent damage and dysfunctions in the workplace, and damage to equipment;
- clarify each stakeholder's rights and obligations;
- move on from an exclusively safety-oriented approach to one geared to the optimisation of work as a value, at the intersection of multiple obligations and fundamental freedoms.

**It includes** issues to be addressed, including:

- the determinants of drug use, in private and working life;
- analysis of the situation, leading to findings accepted by all;
- the integration of the consequences of drug-taking practices into the evaluation of risks;
- the analysis and evaluation of the resources and skills that can be used within the company and in the outside environment in order to prevent alcohol and drug use;
- the referral of employees with problems to counselling and health care and their reintegration at the workplace after treatment;
- the identification by employees of individual problems on the basis of warning signs and the introduction of collective preventive measures,
- joint drawing up of a list of safety and security posts for which screening may be carried out;
- the conditions and methods of identifying (detecting) and screening for drug-taking;
- the approach to adopt for the prevention and management of alcohol and drug related problems in the workplace: interlocutors, managerial, support network

**It presents** this shared policy as being desirable because

- it contributes to the smooth running of the enterprise, as well as to economic development;
- it contributes to the employee's health, personal development and well-being.

**It shows** that addictive behaviour is harmful to individuals and all the functions they perform within the enterprise, which justifies action driven by health and safety concerns aimed at all employees, whatever post they hold.

**It asks questions** about the prevention arrangements to be promoted in the safety and health-oriented approaches and a combination of these approaches.

It thus determines the place and the usefulness of the different identification and screening methods.

### It identifies certain crucial elements as keys to success:

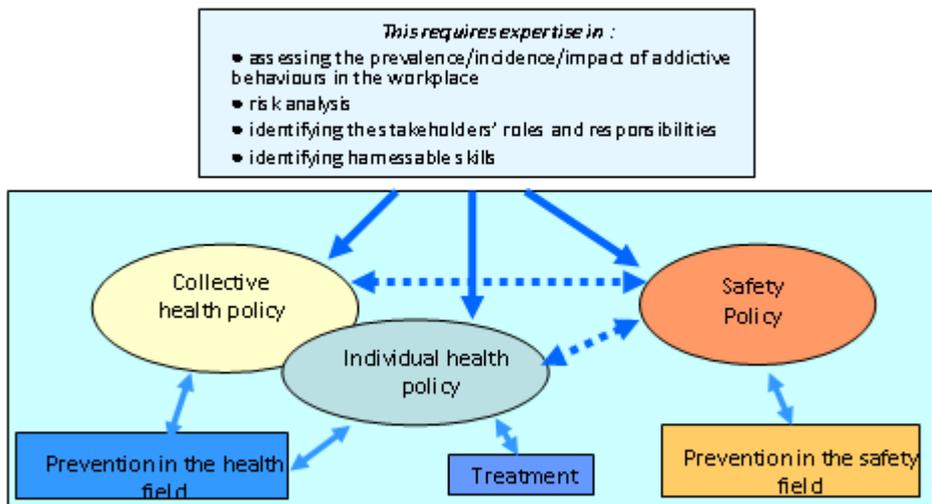
- clear commitment to achieve shared objectives
- assumption of responsibility for the project by management
- participation of all stakeholders according to their competences
- how the running of the project is organised, taking account of the size of the company and the nature of its activities
- shared evaluation: formulation of objectives, means and results

All these elements taken together, and their possible combinations, constitute the frame of reference.

### Diagrams:

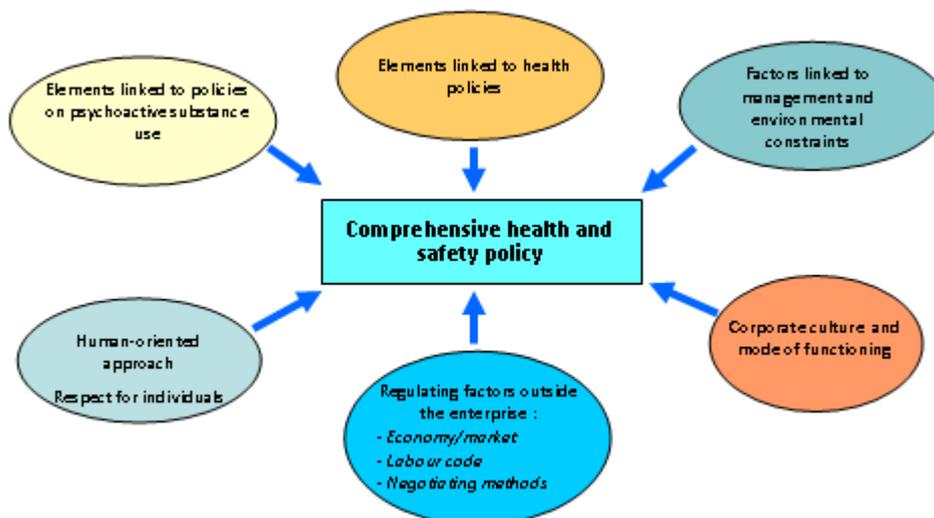
#### **Aim : To construct a Policy combining the health and safety approaches**

*This Policy must be appropriate, relevant and efficacious in the professional environment*



*The aim is to develop a comprehensive approach combining health and safety*

*There are some external constraints to be taken into account*



## References:

### This proposal is based on:

- the recent work of the Pompidou Group on the question of prevention of drug use in the workplace (Expert Committee on Ethical Issues and Professional Standards) on “Drug testing in the workplace: inventory of European national legislations” (P-PG/Ethics(2006)4rev2) and drug testing by insurance companies in Europe (PG/Ethics(2009)9)  
[http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Ethics\\_2006-1rev2\\_en.pdf](http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Ethics_2006-1rev2_en.pdf)
- ILO Conventions 155 (Occupational safety and health) and 161 (Occupational health services) and the code of practice of 1996 built around an essentially preventive approach
- the work and recommendations of the WHO on public health, the joint ILO/WHO guidelines, in particular the European Action Plan to reduce the harmful use of alcohol 2012-2020
- the Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work:  
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1989:183:0001:0008:EN:PDF>
- the work of the European Foundation for the Improvement of Living and Working Conditions (EUROFOUND-Dublin), more particularly that relating to data and analysis derived from comparative research  
<http://www.eurofound.europa.eu/>
- the work of the European Agency for Safety and Health at Work (Bilbao) in providing technical, scientific and economic information in the field of health and safety at work  
[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/health\\_hygiene\\_safety\\_at\\_work/c11110\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11110_en.htm)
- processes in relative convergence between states, including the activities of the social partners at sector level (branch agreements, agreements within the company); monitoring procedures implemented in several member states (cf P-PG/Work(2011)7), (P-PG/Work(2011)5)  
[http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Work\\_2011\\_9rev1\\_MeetingReport\\_en.pdf](http://www.coe.int/t/dg3/pompidou/Source/Activities/Workdrug/P-PG-Work_2011_9rev1_MeetingReport_en.pdf)