STATEMENT OF THE UEMS SECTION OF OCCUPATIONAL MEDICINE

ON

PREVENTING ALCOHOL AND DRUG (AB)USE IN THE WORKPLACE

1. Preventing alcohol and drug (ab)use – an underdiagnosed phenomenon

Alcohol and drug use and abuse in the workplace is a relatively widespread but still insufficiently recognised phenomenon. The UEMS Section of Occupational Medicine agrees that 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.

Therefore, it is on the first place the role of all employers to define their tasks and obligations for prevention of alcohol and drug (ab)use in the workplace. Namely, the Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work defines the general principles of prevention and states among others that the employer shall implement measures which assure an improvement in the level of protection afforded to workers and are integrated into all the activities of the undertaking and/or establishment at all hierarchical level.

2. Medical Specialists in Occupational Medicine – key player in preventing alcohol and drug (ab)use

It is obvious that every employer needs to define clearly its own alcohol and drug control policy. Medicine Specialists in Occupational Medicine are already involved in the process of prevention in these matters.

Medical Specialists in Occupational Medicine are the ones who have the competence to:

a) develop programs and models for actions in prevention,

b) develop and promote tools to be used and

c) provide training programs for occupational service teams that are defined to be involved in preventive and also reintegration processes when rehabilitation is in full activity.

Regarding the use of the drugs, there is a strong need for Medical Specialists in Occupational Medicine to express our comment about the detail that must be taken into consideration – namely
there is an important difference between drug use and drug abuse. In the cases when drugs are prescribed to workers as patients for a therapeutic use it needs to be declared as a therapeutic need and not as a use or abuse. In such cases for the role of Medical Specialists in Occupational Medicine is to assess whether the worker is fit to work taking into consideration the type and dose of drugs on one hand and the workplace risk assessment on the other hand.

3. Recommendation from the UEMS Occupational Medicine Section

The UEMS Section of Occupational Medicine recommends that employers describe and apply the advisory role of Medical Specialists in Occupational Medicine. It also considers that alcohol and drug prevention needs both an individual and collective approach: it is a health promotion policy as well as a safety policy and the roles and responsibilities of the different stakeholders must be clearly defined.

There are some practical pre-requisites the UEMS Section of Occupational Medicine would like to stress –

1. The rate of tolerance or zero tolerance for alcohol and drugs must be defined and declared by the employer in order to assure the safety of the workers.

2. Testing for alcohol and/or drug (ab)use must follow international legislation and guidelines like there are Guidance on managing safety risks related to the Influence of Alcohol, Drugs and/or Psychoactive Medication issued by International Union of Railways – the employer has to inform the employee that he is willing to ask a test if he suspects the employee not respecting the alcohol and drug policy and to define the consequences of a no respect.

3. Both the employers and coworkers are key players in detecting alcohol and drug (ab)use of the workers. It should be their obligation to keep their eyes open and direct such a worker to the appropriate instance where he should get help to solve his problems.

4. Undoubtedly, current tendencies display more common use of alcohol and drugs at work-related meetings and activities taking place outside work itself.

5. There are several means to interact and help workers: 1. the legislative level, 2. human resources department responsible person of the employer, 3. advisors (a.o. Medical Specialists in Occupational Medicine) who are defined to help the workers to recognize his problems and to define his aims.

As a conclusion - it is the employer’s responsibility to define the level of tolerance of alcohol and drugs on the workplace and it is the Medical Specialists’ in Occupational Medicine responsibility to advise both the employer and the employee on how to address these issues at the workplace. Evaluation – from defining the objectives, means and results – must be the joint activity of employers, employees and occupational medicine services.