EUROPEAN WORKPLACE AND ALCOHOL 2009 SANCO PROJECT









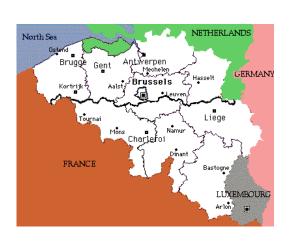




HELLO!

Bart from Belgium, Antwerp

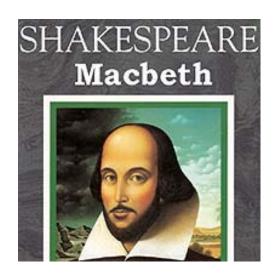












"Alcohol provides 3 things, urine, desire But unfortunately it takes away performance"



What is EWA?

- DC SANCO 2009 Call
- •30 months project from January 2011 to June 2012
- Builds on and expands the work of a previous FASE project on workplace
- Puts together a large group of public/private institutions to pilot testing interventions in 12 different countries.



Who takes part in the EWA partnership?

Managing partner

- Spain GENCAT
- UK HaW

Associated partners

- Belgium SEP
- Croatia ZCPH
- EU EUROCARE
- Finland FIOH
- Greece PROLEPSIS
- Ireland TCD
- Italy –RDV
- Poland NIOM and PARPA
- Romania RF
- Scotland AFS
- Spain FCRB
- UK LPCT and ALWPCT

Collaborating partners

- 14 institutions
- 4 companies



What is the aim of EWA?

General objective

- raise awareness amongst employees about how, in relation to alcohol, they can live healthier lives;
- inform employers how, in relation to alcohol, they can support their workforce to live healthier during and outside working hours;
- encourage employees to change their alcohol-related behaviour to live more healthily;
- encourage employers to adopt a workplace culture that, with respect to alcohol, is supportive of healthier living



Specific objectives

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



How are we going to do it?

The project comprises 7 different work packages:



How are we going to do it?

The project comprises a series of integrated activities structured around five sequential phases.



What are the expected outcomes?





Pilot studies : Implementation within Workplaces

BASIC

- 1. Awareness raising for employees and employers
 - 2. Policy assessment, review and improvement

INTERMEDIATE

- Awareness raising 2. Policy assessment, review and improvement
 - 3. Training for capacity building
 - 4. Brief interventions and advice

COMPREHENSIVE

- Awareness raising 2. Policy assessment, review and improvement
- 3. Training for capacity building 4. Brief interventions and advice
 - 5. Structured programmes, referral systems, testing where appropriate and monitoring procedures in place





The Belgian case









The Belgian Case:

- The Law of August 4 1996 on the wellbeing of employees in the workplace is the Belgian Basic Law in this area.
- This law acts on safety and health but also on all other domains of wellbeing at work.
- This includes the psychosocial aspects, the ergonomic approach, the hygienic conditions and the prevention of occupational accidents and diseases.
- This law is the transposition of the Framework Directive 89/391/EEC to encourage improvements in the safety and health of employees.



External service for prevention and protection

- An External Service for Prevention and Protection at Work is a non-profit organization that specializes in services to employers to implement this legislation.
- Every employer must have a contract with a ESPP, even if he employs only one person.
- The law defines five disciplines that must be present in each company.
- Few companies can organize all disciplines themselves in their internal prevention service. Only very large companies do this.
- Many small companies have no internal competence at all and rely completely on their external service for the implementation of the legislation.



External service for prevention and protection

- The external service always consists of two sections:
- A department 'risk management', led by an engineer. It consists of five disciplines:
 - safety,
 - health,
 - ergonomics,
 - industrial hygiene,
 - psychosocial issues
- A department of occupational medicine, led by an occupational physician.



- The Securex group is a successful international player in the fields of social administration and HR-services
- Within the department health and safety of Securex operates one of the external services for prevention and protection at work.
- Securex Health & Safety provides occupational health care to 30.000 companys an 300.000 employees (12% of the total working population)
- Out staff of psychologists provide a thoroughgoing psychosocial policy for companies who are client of our external prevention services.
- Psychosocial health does not come about in isolation. It is heavily dependent on safety, health, sickness and absence as well as the conditions of work.
- Thus, our solutions always fit into this broader framework.



Health & safety: the psychosocial domains

- Securex acts specifically in five essential psychosocial domains:
 - Alcohol and substance abuse
 - Stress (need for recovery)
 - Smoking cessation
 - Post-traumatic stress
 - Employee Assistance Programs
- Within the domain of alcohol and substance abuse we help companies to apply CAO 100 and to develop alcohol policy which is recommended in the legislation.



VIRALCO project by Securex

- In 2006 the Flemish Health Conference on alcohol recommended to develop a strategy for the implementation of early identification and brief intervention (EIBI) in the Belgian system of occupational health.
- Securex External Prevention Services developed an implementation strategy that could be considered as a pilot-study for nation wide implementation.



Screening and brief intervention

- We used the Alcohol Use
 Disorder Identification test
 (AUDIT), a validated screening
 instrument which is promoted
 by the World Health
 Organisation (WHO).
- Staff was trained with a program developed in the Primary Health Care European Project on Alcohol (PHEPA).
- The software used during medical examinations was adapted to facilitate registration of screening results.



"Nine out of ten doctors think excessive drinking is bad for your health. Luckily mine is the tenth."

Screening results

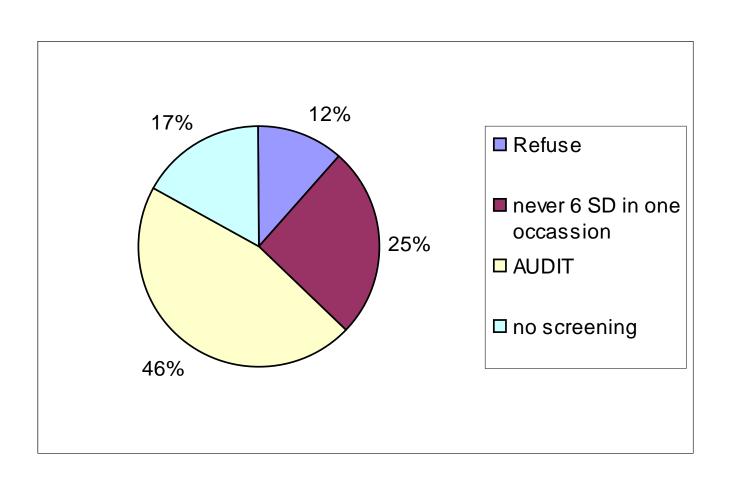


- In 2008 we screened 49026 employees with AUDIT questionnaire.
- This is 42% of the target population.
- 13,13% of people screened were identified as risky drinkers.
- A survey was conducted to identify the factors that influence staff performance.
- Response rate of staff was 75%.
- We used regression analysis to identify barriers and incentives that influence the participation of staff in the project.
- Role acceptance and motivation of staff is more important than training, knowledge and structural incentives.



Result screening performance Phase 1

n= 107370 medical visits

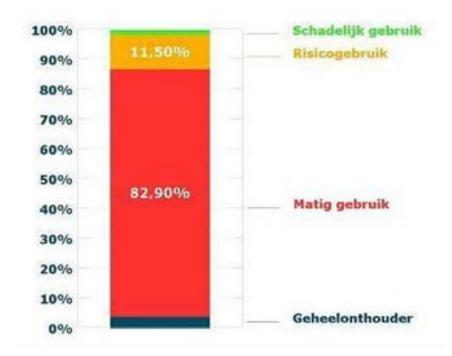


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Levels of consumption

Propably dependant	0,14%
Harmfull	1,5%
Hazardous	11,5%
Low risk	82,9%
Abstainer	3,97%

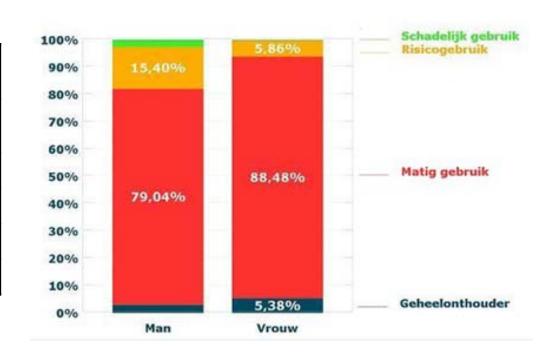




Man have significantly more risk than women

17,69 % versus 6,14% p = 0,000 via Fisher Exact Test for Count Data

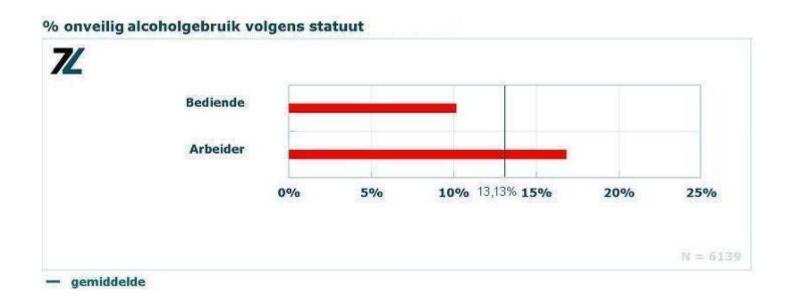
	Man	women
Propably dependant	0,28%	0,01%
Harmfull	2,28%	0,28%
Hazardous	15,4%	5,86%
Low risk	79,04	88,48
Abstainer	3%	5,38%





Blue collar workers are more at risk than white collar workers (16,82% versus

10,15%)

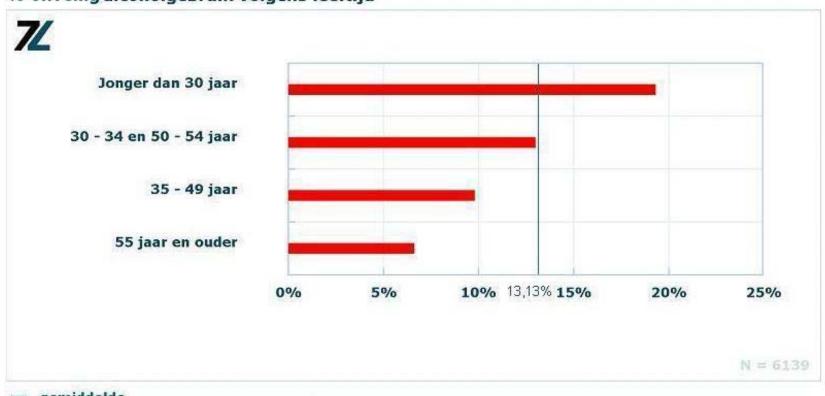


This significant difference holds both with man and women and in each age group



Significant differences in risk behaviour between age groups

% onveilig alcoholgebruik volgens leeftijd



- gemiddelde



% at risk (sex, status, age)

Women, blue collar > 30 y

Women, white collar < 30 y

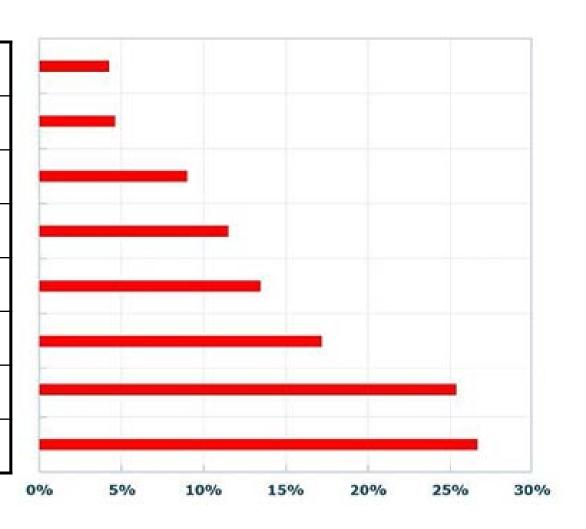
Man, white collar > 30 y

Women, blue collar < 30 y

Man, blue collar, > 30 y

Man, white collar, < 30 y

Man, blue collar, < 30 y





From screening towards policy development

- These results were used to develop a benchmark for hazardous consumption in the Belgian working population.
- All companies with more than 50 employees were given individual feedback about the risk behaviour of their employees.
- We offer the introduction of an alcohol policy plan to enterprises who score above the average.
- This approach is compatible with new legislation in 2008 that imposes the introduction of formal policies on alcohol and drugs in all enterprises (CAO 100).



Collective agreement: CAO 100

- A collective agreement is valid for any private company in Belgium, regardless of size or activity of the company.
- A CAO itself is a non-legislative document. It is a framework which means that every employer must enter their own policies.
- CAO 100 emphasis on the implementation of an effective alcohol and drug policy in the Belgian companies, and clarifies the legal framework.
 The role of the occupational health doctor is also clarified.
- The emphasis is mainly on prevention rather than on sanctioning of problem behavior. Tests are not prohibited, but if an employer wishes to make use of tests, they should be included in a specific procedure of testing.
- The CAO emphasis the relationship between substance abuse and functioning. The practical application relies strongly on the implementation of some form of performance evaluation in the company



Phase 1: vision statement

- The first phase is mandatory for every company.
- The purpose of the first phase is that the social partners in the company reach a consensus and the outlines of a policy.
- This written consensus will automatically be part of the work rules.
- Example vision statement Beaulieu





- The second phase is not mandatory but is recommended in companies where the "necessity" is present.
- The notion of 'necessity' is not defined, but you might think of: specific risk behavior, specific groups of employees, screening results during medical examinations, other qualitative information from the company, etc.

Phase 2 alcohol policy



- Phase 2 starts with an initial audit.
- This can be both qualitatively and quantitatively.
- In a qualitative audit current procedures and regulations are compared with the intentions mentioned in the vision statement
- It examines the changes and innovations necessary to achieve the desired policy.
- It is important to determine the indicators on which the policy will eventually be evaluated.
- In this context we perform also a quantitative audit with validated instruments (Quado developped by VAD) (http://www.qado.be)
- The further development of Phase 2 is translated into an action plan.



Implementation model

ETERMINATION PROJECTPLAN

Sensibilisation management Sensibilisation HR Sensibilisation WC, CEPP Sensibilisation communication Sensibilisation personnel,...

MODULE 2c* MODULE 1b **Ouantitative** MODULE 1a Qualitative **MODULE 1** Audit

Tertiary prevention MODULE 2b* Secondary prevention MODULE 2a* Primary prevention **MODULE 2** Action plan

MODULE 3 Implementation action plan

CHECK **MODULE 4** Permanent monitoring & evaluation

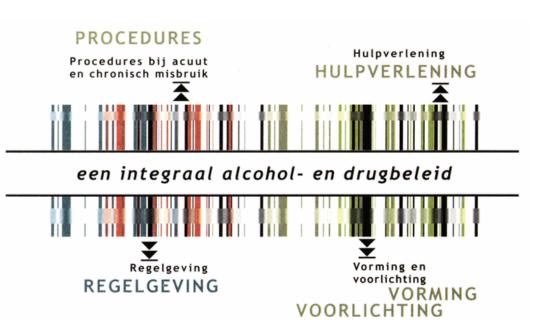
PROCESS GUIDANCE

* incl. '2d: Rules & procedures' and '2e: Training'



- An effective alcohol and drug policy, according to CAO 100 is based on four pillars
 - Procedures
 - Regulations
 - Training + information
 - Helping people with problems

 Working on the 4 different pillars is important to get involvement of all social partners but is also essential to achieve an effective policy for employees.



VAD model

Procedures



- The procedures are particularly applicable to the hierarchy.
- These procedures must specify what the manager should do if he suspects problems concerning substance abuse
- If the policy claims the necessity to introduce testing, one of these procedures should also describe the circumstances and conditions under which tests are used and how the results are handled



Training & coaching supervisors and executives

- The executives of our clients will be provided the information pertaining to legislation and the consequences and dangers of drug abuse.
- We will also look into problem scenarios by means of video material and role-play during a two-day session.
- It will enable the team of our clients to identify potential problem situations much faster. Often revealing that the solution is still within reach.
- Moreover, we also organize permanent individual coaching for key figures within the organization.





- The regulations (regelgeving) must describe what is permitted in the company, where alcohol may or may not be consumed and how much. It should describe which sanctions are provided for non-compliance with the regulations.
- In this frame, a company cannot exceed the legal boundaries;
- At the same time, our clients also need to assure the safety and efficiency within their companies.
- Example : rules and regulations Beaulieu





- Each company also needs to ensure that its communication is clear: so that everybody knows and understands the rules regulations.
- Securex puts together this package of rules and help companies to adapt their labour regulations.



- Employees who are aware of the dangers and consequences of abuse tend to be less susceptible to it.
- That is why Securex will raise an awareness session on 'alcohol and other drugs' at our clients company.
- The program is adapted for every company and the target group within the company.
- At any rate, we do discuss regulations regarding alcohol and drugs, provide background information on addiction, point out alarm signals and warn about the issues associated with detox.
- The large majority of the employees will not be abusers and this information session wants to keep it that way.
- Next to the information session, we also use brochures and posters to raise awareness.



Screening and brief intervention

- Most employees are regullary invited for a medical examination
- The occupational health teams use the AUDIT as a screening instrument.
- Employees with risk behaviour get brief interventions
- If necessary employees can be referred to a psychologist (EAP) or to specialized health care facilities.



Helping people with problems

- Finally, it is important to draw a framework to **help** employees with an addiction problem **(hulpverlening)** who do not succeed on their own to adapt their behavior.
- Here is an essential role for the occupational health doctor who is trained to make an assessment on abuse and who can organize referral for specialized treatment.



Employee Assistance program

- People who are identified as risky drinkers by occupational health doctor can be referred to a psychologist
- Our prevention advisers in the field of *psychosocial welfare* have a lot of experience with substance abusers.
- They will start with 3 sessions (motivational interview) and provide the right assistance and guidance and will incite our clients employees to change their behaviour.
- If necessary they will refer to confidential aid and even to nearby curative institutions.



Thank you for your attention

