

FLASH REPORT

AlHaMBRA Project Thematic Policy Workshop, *Working Together to Prevent Harm due to Alcohol in the Workplace*

In people aged 15 to 65, alcohol is the seventh leading risk factor for death and disability-adjusted life years (DALYs)¹ and the first risk factor for ill health and premature death.² Europe has the highest alcohol consumption per capita worldwide³ and the European Commission has set a target of achieving a relative reduction of at least 10% in the harmful use of alcohol by 2025, as agreed by Member States as part of the Sustainable Development Goals.⁴

According to European national surveys, between 5% and 20% of workers are either “addicted to alcohol or at risk of becoming addicted to alcohol”,⁵ but the results vary greatly by country, sector, type of occupation, level of educational attainment and employment situation. Alcohol is associated with poorer workplace outcomes such as accidents, low productivity, absenteeism, presenteeism, and a higher risk of unemployment.²

Some industries (construction, farming, ICT, transportation) and occupational categories (blue-collared workers, managers) appear to be particularly prone to high levels of alcohol consumption, and different workplace psychosocial factors can also increase risk (long working hours, work travel); while, at the same time, the workplace can be an ideal environment for the introduction of health promotion and alcohol prevention activities.⁶ The tensions and competing interests among the stakeholders involved in workplace prevention must be investigated and discussed, given that interventions involving alcohol and health in the workplace can be hampered by general barriers such as stigma which reduces help-seeking and unhelpful cultural norms around alcohol, as well as specific organisational barriers such as privacy concerns, fear of punishment, a lack of awareness of the dangers of alcohol at work.⁷

The workshop

The AlHaMBRA Project workshop *Working Together to Prevent Harm due to Alcohol in the Workplace* was held with the objective of supporting European Member States in knowledge gathering, sharing best practice, capacity building in the prevention of alcohol at workplaces, and strengthening evidence-based alcohol policy to reduce alcohol-related harm across multiple sectors, adopting a health in all policies approach, supported by a scientific review in the topic and as part of a broader strategy including stakeholder mapping and consultation survey work. The workshop is the sixth in a linked series of events in collaboration with the DEEP SEAS and FAR SEAS contracts.

The workshop comprised three sessions:

- Session 1, Tuesday 12th May 2022, *Context and evidence for tackling alcohol in European workplaces.*
- Session 2, Thursday 17th May 2022, *Coordination for alcohol prevention at work – perspective exchange to overcome barriers.*
- Session 3, Friday 20th May 2022: *Challenges in implementing alcohol prevention in work settings – moving towards EU recommendations.*

¹ Griswold MG, Fullman N, Hawley C, Arian N, Zimsen SRM, Tymeson HD, et al. Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*. 2018;392(10152):1015-35.

² Anderson P. Evidence Review - Alcohol and the Workplace. *European Workplace and Alcohol*; 2011.

³ <https://www.oecd-ilibrary.org/sites/82129230-en/1/3/2/2/4/index.html?itemId=/content/publication/82129230-en&csp=e7f5d56a7f4dd03271a59acda6e2be1b&itemGO=oecd&itemContentType=book#>

⁴ https://www.europarl.europa.eu/doceo/document/E-9-2021-002908-ASW_EN.html

⁵ Eurofound. Use of alcohol and drugs at the workplace. 2012 Available from: http://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn1111013s/tn1111013s.pdf.

⁶ Schouw D, Mash R, Kolbe-Alexander T. Changes in risk factors for non-communicable diseases associated with the ‘Healthy choices at work’ programme, South Africa. *Global Health Action*. 2020;13(1). Available from: <https://doi.org/10.1080/16549716.2020.1827363>

⁷ Roche AM, Chapman J, Duraisingam V, Phillips B, Finnane J, Pidd K. Construction workers' alcohol use, knowledge, perceptions of risk and workplace norms. *Drug and Alcohol Review*. 2020.

The sessions brought together over 95 participants from the EU and beyond. Special attention was made to invite multi-sectoral experts in the field. During the sessions, participants heard from speakers from the Spanish Ministry of Health, EU-OSHA, WHO International, European Network for Workplace Health promotion, European Monitoring Centre for Drugs and Drug Abuse, Union of European Medical Specialists, representatives from Business Europe and the European Trade Union Confederation, and researchers and professionals actively implementing good practice initiatives and studies in workplace settings.

Through short videos, live question and answer sessions, and small-group discussions with tailored policy-relevant questions developed specifically to elicit pertinent information and lead towards policy recommendations in each sub-topic; participants exchanged knowledge and shared experiences from their work in research, policymaking, and prevention interventions.

The main take-home messages raised and developed by participants in the session were:

- There is robust evidence of the high impact of alcohol on workplace health and safety and loss of productivity.
- The workplace is a good setting to reach adults and implement addiction prevention strategies, but there is wide variation around Europe, and harmonisation is needed.
- All actors need to be involved when designing the initiatives, health professionals, employees, employers and more.
- It is more cost-effective to prevent alcohol problems than to replace workers with alcohol use disorders.
- Major barriers to alcohol prevention at the workplace include stigma, cultural attitudes and how alcohol is often viewed as a private behaviour.
- Health roles are split among different actors (even between different health systems - general health and occupational health), with suboptimal communication systems, which cannot ensure worker privacy.
- There is a lack of data and statistics, and a lack of resources (especially acute for SMEs and freelance workers)
- It is essential to clarify roles and responsibilities and to improve coordination between stakeholders, involving unions at all stages of design and planning.
- One important step forward is to have a national framework/alcohol policy, including zero alcohol in the workplace, and involve workers in the process;
- On the other hand, action is most effective when implemented at the local level and embedded in the local community and coordinated with the general and specialised health services.
- We need to consider multiple levels of risk (not an individual problem) – collective aspects of alcohol need to be addressed collectively
- Testing can be a tool in a wider prevention policy, BUT it is important to not have a punitive approach and to protect workers' privacy and confidentiality of outcomes
- Training: Occupational health professionals and workplace risk-prevention specialists need in-depth training, as well as educational and training initiatives for managers and co-workers to help with prevention strategies
- Further research is needed to support the knowledge base on: the impact of alcohol and ongoing prevention initiatives in companies of different sizes, sectors and in different national contexts, including cost analysis, implementation research in effective interventions, and possible links between alcohol and workplace violence and sexual assault (in-company and 3rd party).

The round-table discussions at the workshop highlighted the timeliness of this initiative in pushing forward EU- and national-level collaboration among multi-profile stakeholders to support effective policy to tackle alcohol and reduce the harmful impact on workplaces.