

# European status report on alcohol and health 2014

## Community and workplace action



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## Background

The burdens of harmful and hazardous alcohol consumption are felt at all levels of society. Alcohol problems have immediate local consequences to which a community must respond directly, such as dealing with injuries and deaths from road traffic accidents, providing hospital and emergency medical services and providing interventions for the harmful use of alcohol and alcohol dependence. In the workplace, harmful alcohol use and heavy episodic drinking increase the risks for absenteeism, presenteeism (reduced performance at work), arriving at work late, leaving work early, accidents, turnover due to premature death, low productivity, inappropriate behaviour, theft and other crimes that can require disciplinary action, poor co-worker relations and low company morale. Conversely, structural factors at the workplace, including high stress and low satisfaction, can increase the risk of alcohol use disorders and alcohol dependence.<sup>1</sup>

Action at the local level, in communities, workplaces and educational settings, when delivered in a coordinated and aligned manner, can reduce the harmful use of alcohol by changing collective rather than individual behaviour. Public education campaigns and information about health risks given on alcoholic beverage labels can be used to support local action and alcohol policy measures. To be fully effective, local and collective action requires partnership and capacity-building across different sectors and sustained leadership at different levels of society.<sup>1</sup>

## Strategies

The *European action plan to reduce the harmful use of alcohol 2012–2020*<sup>1</sup> sets out a range of strategies to address alcohol-related harm at the local level, including increasing the number of municipalities with local action plans on alcohol. In the area of education and school-based action, the strategies include:

- addressing alcohol education as part of a wider policy approach, beginning in childhood with support for parents and continuing in schools as part of the holistic approach of the health-promoting school;
- basing alcohol education on practices that have proved effective; and
- qualifying those who take care of children (including teachers) in carrying out early interventions among parents with alcohol problems and referral for brief intervention or treatment.

In the area of workplace action, strategies to reduce alcohol-related harm include:

- policies promoting alcohol-free workplaces;
- a managerial style that reduces job stress and increases job rewards; and

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<sup>1</sup> *European action plan to reduce the harmful use of alcohol 2012–2020*. Copenhagen, WHO Regional Office for Europe, 2012.

- optional workplace interventions that are available on request, such as psychosocial skills training, brief advice and alcohol information programmes.

As noted in the action plan, the main characteristic of effective community programmes is that they implement and mobilize support for interventions known to be effective, such as drink-driving laws or stricter enforcement of restrictions on alcohol sales to minors and intoxicated people.

## Methods

This chapter presents the results from the WHO survey on alcohol and health, carried out during the period February–December 2012. Unless otherwise noted, the responses reflect the policy situation in each Member State as at 31 December 2011. The survey was sent to the WHO national focal points for alcohol policy in each Member State, to be completed in consultation with various national experts. All 53 Member States of the WHO European Region participated in the survey.

## Results

The survey questions relating to community and workplace action focused on the existence of national level support and guidance for the prevention and reduction of alcohol-related harm in school and workplace settings or through community-based interventions.

In 37 Member States,<sup>2</sup> there is a legal obligation to include alcohol prevention in the school curriculum, while 28 Member States<sup>2</sup> have national guidelines for the prevention and reduction of alcohol-related harm in school settings.

Eighteen Member States<sup>2</sup> have national guidelines for the prevention of and counselling for alcohol problems at workplaces, and in 17 Member States<sup>2</sup> testing for alcohol at workplaces is governed by legislation.

In 19 Member States,<sup>3</sup> social partners representing employers and employees are involved at the national level in action to prevent and address alcohol-related harm at workplaces.

Community-based intervention projects involving stakeholders are present in 43 Member States.<sup>2</sup> The most commonly involved partners are nongovernmental organizations (41 Member States) and local government bodies (32 Member States).<sup>2</sup> Involvement of economic operators, which in most cases means the alcoholic beverage industry, was reported by 20 Member States.<sup>2</sup>

National guidelines for implementing effective community-based interventions are available in 22 Member States.<sup>2</sup> In 27 Member States,<sup>3</sup> the national alcohol policy/action plan includes steps to involve young people in activities to reduce or prevent alcohol-related harm.

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<sup>2</sup> Data not available for two Member States.

<sup>3</sup> Data not available for four Member States.

At least one other form of national governmental support for community action, such as earmarked funds, training or technical tools, or specific programmes or policies, is available in 42 of the Member States.<sup>4</sup>

## Conclusion

The *European action plan to reduce the harmful use of alcohol 2012–2020*<sup>1</sup> proposes a portfolio of options for action in communities, educational settings and workplaces. These include taking steps to redesign and reinvest in school-based education and public information campaigns on alcohol, with financing in proportion to potential impact. As described in the action plan, the redesign should be informed by needs assessments derived from the results of public surveys on alcohol, and the educational programmes should provide information on the risks of alcohol use, the availability and effectiveness of advice and treatment in reducing harmful alcohol use, and the evidence for effective alcohol policies. Although information on the specific components of the programmes is not available, results from the most recent WHO survey on alcohol and health show that in 37 Member States<sup>2</sup> there is a legal obligation to include alcohol prevention in the school curriculum, and 28 Member States<sup>2</sup> have national guidelines for the prevention and reduction of alcohol-related harm in school settings.

The action plan also proposes that efforts should be made to help build the capacity of local communities and municipalities through increasing locally generated training and support for local action groups to ensure that the full range of potential evidence-based policies and action are put to their full use at the local level.<sup>1</sup> Community-based intervention projects involving stakeholders are present in some 80% of Member States,<sup>2</sup> and approximately 80% of Member States<sup>4</sup> reported that the national government provides some form of support for community action, including training programmes (24 Member States), community programmes and policies for at-risk subgroups (24 Member States), earmarked funds for community action (19 Member States) and provision of technical tools tailored to communities (17 Member States).

Other options for action include developing community and workplace resources, including documentation of effective alcohol programmes; an analysis of the factors that contribute to success in the community and in the workplace; assessment tools so that alcohol programme managers can ensure that relevant factors are incorporated into the design and implementation of community and workplace programmes; and a mechanism to evaluate and document programmes.<sup>1</sup> As noted in the action plan, relevant national legislation should be revised to ensure that it facilitates and supports community and workplace initiatives rather than hindering them.<sup>1</sup> Twenty-two Member States<sup>2</sup> reported that national guidelines are available for implementing effective community-based interventions, and 18 Member States<sup>2</sup> have national guidelines for the prevention of and counselling for alcohol problems at workplaces. In 17 Member States,<sup>2</sup> testing for alcohol at workplaces is governed by legislation.

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<sup>4</sup> Data not available for one Member State.