

Public consultation on the new EU occupational safety and health policy framework

You reply as -single choice reply-(compulsory)	on behalf of an organisation
Please indicate your organisation's name -open reply-(compulsory)	European Alcohol Policy Alliance (Eurocare)
In which country are you and/or your organisation based? -open reply-(compulsory)	Belgium

Necessity and nature of a new EU OSH policy framework

Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results? -open reply-(compulsory)

The evaluation focuses on occupational incidents. We are concerned that the evaluation demonstrated that the incidence of occupational diseases does not seem to have diminished. We agree with the external conclusion that "workplace health promotion and the consumption of alcohol deserve more attention" and Eurocare recommend more focus on prevention of alcohol related harm. Harmful and hazardous alcohol consumption is one of the main causes of premature death and avoidable disease and furthermore has a negative impact on working capacity. Alcohol- related absenteeism or drinking during working hours have a negative impact on work performance, competitiveness and productivity. Often forgotten is the impact of drinkers on the productivity of people other than the drinker. Moreover, about 20 - 25% of all accidents at work involve intoxicated people injuring themselves and other victims, including co-workers (Science Group of the European Alcohol and Health Forum 2011 "Alcohol, Work and Productivity: Scientific Opinion of the Science Group of the European Alcohol and Health Forum).

In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient? -open reply-(compulsory)

YES - coordinating policies at EU level is needed, justified and valuable to ensure progress and key goals in this area. There is more scope for action in preventing ill health and disease. Europe needs a healthy work force. Eurocare strongly supports the continuation of efforts at the EU level to address alcohol related harm. However, to date despite a number of calls from NGOs across Europe and Member State representatives, the European Commission has not committed itself to the development of a new EU Alcohol Strategy to date - therefore as a minimum we need to focus on alcohol in a new EU OSH Strategy.

If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered? -open reply-(compulsory)

Investing in a healthy workforce is proven to bring productivity return on investment, working towards better prevention programmes is the best investment into future savings. Alcohol is the world's number one risk for ill-health and premature death among the 25-59 year old age group, a core of the working age population and the third leading risk for burden of disease in Europe. Europeans are drinking almost the double of global average. In EU 28 the average recorded consumption of alcohol is 10,2 litres. This results in 120.000 premature deaths (1 in 7 male deaths and 1 in 13 female deaths in the age group 15 - 64 are related to alcohol). Alcohol is 1 of 4 risk factors for developing non communicable diseases (NCDs) such as cancer and cardiovascular disease . Alcohol harm is disproportionately high among young people and alarmingly 43% among 15-16 year old European students reported heavy binge drinking during the past 30 days and alcohol is the single biggest cause of death among young men of age 16 to 24 . It is important to address alcohol in this context and give it the attention needed. Due to the size of the problem and the universal impact, alcohol requires a comprehensive, coordinated response from policy and decisions makers at the European and national levels.

Level of commitment

With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measure be considered? Please explain. -open reply-(compulsory)

A new EU OSH Strategy is essential to ensure Member States prioritise health and safety measures in line with Europe 2020. It is important that the new strategy is comprehensive, taking a wide number of issues on board - including monitoring the development.

If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level? -open reply-(compulsory)

Yes - clear goals that are measurable and monitored. Member States need to be engaged in the process, as well as employers and employees and other stakeholders. WHO has set a target of 10% relative reduction in harmful use of alcohol to be achieved by 2020.

What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU? -open reply-(compulsory)

The added value of including specific targets into a Strategy would be to ensure that all partners are given a clear roadmap of priorities and to improve monitoring the implementation of the Strategy. This would have facilitated benchmarks exercises and the exchange of best practices among countries.

Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities? -open reply-(compulsory)

The EU OHS Strategy should lay out a clear and precise strategic approach and action plan for how Member States shall address and implement health and safety challenges at the workplace. A good way forward is to enlist clear goals and objectives that contain targets and indicators to assess if the targets have been reached.

Content of a new EU OSH policy framework

What are the key challenges in the OSH area?

How would you prioritise them? -open reply-(compulsory)

Alcohol is the world's number one risk for ill-health and premature death among the 25-59 year old age group, a core of the working age population and the third leading risk for burden of disease in Europe. Europeans are drinking almost the double of global average . Research indicates productivity losses related to alcohol is estimated to cost the EU around €59 billion. More recent data estimated that of the €155.8 billion that alcohol related harm costs to the EU, €28.9 billion are linked to absenteeism and unemployment . In addition, excessive drinking is associated negatively with diminished earnings and the link between high-risk alcohol consumption and sick leave in men has also been established . Alcohol abuse seems also to be a cause of early retirement on disability grounds . Preventing alcohol related harm should therefore be of high priority.

What practical solutions do you suggest to address all or some of these challenges? -open reply-(compulsory)

To prevent and reduce alcohol related harm there are a number of steps to be taken: European and national level: Increase in price of alcoholic beverages Provision of information to consumers- labelling Regulation of marketing and advertising Smarter regulation of availability of alcohol Reduction of drink driving Creation of safer drinking environments Protection of family and children Prevention with special focus on prevention in the workplace/ accidents and injuries Treatment and early interventions Better monitoring of data, development and maintenance of common evidence base at employers level: - a new toolkit is being developed and will be available in November 2013, prepared by the EU funded project EWA

Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors? -open reply-(compulsory)

Yes. One in five workers suffer from a mental illness, such as depression or anxiety and many are struggling to cope. A person diagnosed of alcohol use disorder is at risk of losing their job, as people with alcohol addiction are generally not protected by workplace discrimination laws. This has proven an obstacle to improve early detection of alcohol use disorders (only 15% diagnosed). Alcohol dependent people are therefore a vulnerable group. In addition the EU funded EWA project, highlights two relevant vulnerable groups: the young workers ready to enter the labour market careers: the older middle age workers who have accumulated enormous work experience and capital, yet are an age group at greatest risk in absolute terms of an alcohol-related death.

Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest? -open reply-(compulsory)

Eurocare does not have an opinion on this matter.

Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest? -open reply-(compulsory)

Yes. The importance of ensuring the healthy and active ageing of the workforce should be retained as an important objective in the policy

framework.

What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?* -open reply-(compulsory)

It is especially important to support SMEs and micro-enterprises with tools and policy programs that are manageable for small companies, IT programs can be helpful and an active help in the local communes.

Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work? -open reply-(compulsory)

We believe they have an important role to play as promoting best practice and the way forward.

Add any further aspects that in your view were not sufficiently taken into account by the above questions? -open reply-(compulsory)

The burden of brain diseases continues to grow with significant impacts to the health, social and workplace all over Europe. The older middle age workers who have accumulated enormous work experience and capital are an age group at greatest risk in absolute terms of an alcohol-related death. Also, alcohol is the leading risk factor worldwide for ill-health and premature death amongst the 25-59 age group who form the core of the working population. Work-related problems such as absenteeism, low quality and volume of work and arguments with co-workers all increase as the level of alcohol consumption by individual workers increases. There is evidence for a link between high-risk alcohol consumption and sick absence in men (Roche et al, 2008; Nordstrom and Moan 2009). There is evidence on alcohol abuse is links to early retirement on disability grounds (Upmark et al 1999; Salonsalmi et al 2012; Skogen et al 2012; Sidorchuk et al, 2012) The new Strategy must therefore ensure to address the prevention and reduction of alcohol related harm.