Why alcohol and workplace?

- Alcohol and heavy drinking increase the risk of unemployment, absence from work and poor performance on the job (presenteeism). All of these cost employers and lead to lost productivity, with presenteeism having the greatest negative impact.
- Work place structures and stress at work increase the risk of heavy drinking and alcohol use disorders. Alcohol policies at work should be embedded in overall well-being at work programmes, all of which show a good return on investment.
- There are two important target groups: the young who are starting their working careers, because they are most vulnerable, and run much greater risks of unemployment; the older middle age because they have accumulated enormous work experience and capital, yet are the age group at greatest risk in absolute terms of an alcohol-related death.
- There is an enormous breadth and depth of experience in implementing work place based policies for alcohol, and broader well-being. These have been poorly researched, yet need to be identified and tapped into, so that lessons learnt (good and bad) can be widely disseminated and shared.

EWA aims to:

- 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.

EWA work packages

- Good practice review
- Coordination
- Dissemination
- Evaluation
- Pilot interventions
- Tool Kit and policy recommendations
- Guidelines and analysis

Phases

- Phase 1: Preparation of two workplace case studies following a common protocol
- Phase 2: Preparation of a pilot work plan for implementing new actions on alcohol in the workplace
- Phase 3: Carrying out 12 country based interventions, engaging with at least 5 companies to deliver comprehensive alcohol-focused interventions
- Phase 4: Analysing each pilot to assess the effectiveness of the process of workplace engagement
- Phase 5: Development of a tool-kit and policy recommendations for implementing work place based alcohol policies and programmes

Expected outcomes

- Pilot intervention work plan
- Good practice review report
- Analysis reports of pilot interventions/new actions
- Tool-kit
- Project report and policy recommendations
- Project conference
- Web and communication material
DC SANCO project led by the Department of Health of the Government of Catalonia that expands the work of the previous FASE project on workplace putting together a large group of public/private institutions to pilot testing interventions in 12 different countries, including 3 eastern European countries and 3 southern European countries.

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