Quality standards of occupational addiction prevention and addiction aid of the German Centre for Addiction Issues (DHS)

Code of Practice
(Summary)

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Authors of German full version: Elisabeth Wienemann, Günter Schumann in collaboration with Anja Wartmann

Authors of translated and abbreviated version: Christina Rummel in collaboration with Monika Dolle

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Introduction

For 30 years, workplace addiction prevention programmes have been components of a modern human resources policy in Germany and have proven to be effective. These programmes contribute to the removal of taboos on the topic “addiction” on every management level and they are suitable to lead people at risk for drug consumption and addicted people to counselling and therapy. They are even the most effective way to raise awareness in a major part of the adult population.

This Code of Practice includes the current standards and is equally based upon scientific research and working experiences. In particular, following sources are used:

- Literary research
- Experts’ opinion (science and practice)
- Interviews at 600 workplaces
- Analysis of Best-Practice models
- Group interviews with skilled employees of workplace addiction prevention and addiction aid
- Discussions among experts.

This guide enables interested people to realise the current standards at the workplace. The full version (in German; 134 pages) can be downloaded on the DHS-Homepage:

www.dhs.de → Arbeitsfelder → Arbeitsplatz.
1 Standards of workplace addiction prevention

1.1 Working with standards in workplace addiction prevention and addiction aid

1.1.1 Workplace addiction prevention programmes

Already in the 1940s, workplace related alcohol programmes in the US included core standards. In this paper, they are refined: a written programme for handling alcohol problems at the workplace, which is supported by the employer and the employee, the agreement on the responsible persons for its implementation, an intervention concept with stage conversations, qualification of management for early intervention as well as counselling and support offers at work for employees at risk for drug addiction and addicted people.

Figure 1: Structure of workplace addiction prevention programmes

1.1.2 Utilisation of the term “standard”

The term ”standard” relates to an advanced current-standard or a target-standard respectively, which is a “guideline” and an orientation to aspire to a quality level in occupational addiction prevention.

1.1.3 Current standards in occupational addiction prevention programmes

In Germany, a range of elements prevails in occupational addiction prevention programmes. These elements are described below but can vary because of the size, structure and culture of the company or because of the competence or motivation of the participants.
a) Prevention of risky consumption and dangers of addiction at work

- Information and education of employees about risky drug consumption or risky behaviour resulting in negative health or social consequences.
- Change of consumption culture, contextual abstinence: working in sober conditions, role models as key persons, strengthening of positive patterns, reduction of access, restrictive rules for consumption and prohibition of working under the influence of drugs.
- Offer of behaviour-related measures for supporting the reduction of consumption, e.g. non-smoking courses, healthy nutrition.
- Reduction of working conditions that contribute to health risks or drug consumption, reduction of mental pressure, support in burdensome work situations, prevention measures in connection with safety at work and health promotion, development of salutogenetic working conditions.
- Improvement of the employees’ health competence to cope with requirements of work and leisure, support in stress management, qualification in health-oriented management.

b) Intervention in case of irregularities and qualification of the management

- Stipulating an intervention guideline as an instruction for supervisors with a) welfare conversations b) clearing conversations and c) step by step conversations to intervene in drug related irregularities of employees at work.
- Instructions for proceeding in case of dangers to safety at work according to BGV A1 / GUV V A1 § 7 and § 15.
- Qualification and raising awareness of the management level, in particular superiors, to notice changes in the employees’ work habits and performances, encouragement to early intervention, counselling and coaching by management related to solution oriented interventions.
- Support of superiors in developing a health- and employee-oriented management culture, approaches for improving communication structures in the work environment, extension of competences to react to problems appropriately and to correctively intervene in conflicts or undesirable developments.

c) Internal and external counselling offers, occupational support system

- Offer of professional counselling and support for employees with health-risk behaviour, at risk for drug dependencies and addicted, if necessary tailored to specific groups of employees.
- Employment of full-time or additional counselling staff and contact persons who inform the employees, qualify and coach the management and accompany and advise the consumers at risk and the addicted.
- Agreement on mandatory basic principles for the work of counselling staff in a business, creation of appropriate conditions for a professional counselling.
- Assuring quality and up-to-date status of the internal counselling services by means of appropriate qualification; advanced training and supervision of the skilled employees, active cooperation in specialised networks.
- Providing a qualified case management for noticeable employees if requested, good networks in the internal support system with company physicians and other skilled employees as well as with regional institutions.
In case of external service providers: qualified choice of the provider according to the described standards, cooperation on the basis of contracts and evaluation of their work.

d) Organisational conditions and structural integration

- Establishment of a steering group [working group addiction prevention / health], responsible for conceptual design and practical transfer, budgeting, evaluation, quality assurance and further development of the occupational addiction prevention programme.
- Written agreement of the programme and the measures respectively, preferably in terms of a work or company agreement.
- Integration of addiction prevention as a part of preventive occupational safety in order to reduce health risks at work.
- Integration into the occupational health management, connection with health promotion, occupational reintegration management, organisational and staff development and – if possible – quality management.

e) Marketing and Quality Management

- Coordination of activities and measures by a responsible person.
- In-house marketing: determination of needs for support, especially of staff executives, presentation of service and counselling, public relation within the company and beyond.
- Integration of addiction prevention into occupational safety and health promotion, e.g. information on risks and services, attendance at a “Health Day”.
- Participation in professional networks, e.g. regional research groups for drug prevention.
- Quality assurance of drug prevention services [continuous validation of the up-to-dateness of the implemented standards, supervision and further education].
- Evaluation of the measures and the programme, analysis of the results of the conceptual development, report to the steering group or the responsible persons.

2 Prevention of risks of addiction in the workplace – occupational safety, information, education and health promotion

Today, drug prevention strategies [harm prevention] are connected to health promotion activities [promotion of resources]. This leads to positive effects in working and social behaviour and promotes wellbeing at work. The preventive work can be divided into drug specific and comprehensive prevention. You can subdivide both fields into condition-oriented and behaviour-oriented measures.
Fields of addiction preventive activities

<table>
<thead>
<tr>
<th>Measures</th>
<th>Condition-oriented prevention</th>
<th>Behaviour-oriented prevention</th>
</tr>
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</table>
| Drug specific / addiction related prevention | • Reduction of risk factors for addiction at work  
• Limitation of access to drugs  
• Providing alcohol-free drinks | • Information and education about effects of drugs, harmless and risky consumption patterns and addiction risk factors as well as aims and possibilities of addiction prevention and addiction support  
• Offers for individual consumption reduction [Non-Smoking programmes, Drink-Less-Programmes]  
• Regulations for drug consumption [alcohol and drug bans, smoking ban, contextual abstinence]  
• Qualification and awareness of superiors  
• Intervention in case of drug-related behaviour |
| Comprehensive prevention      | • Creation of health maintaining and motivating working conditions  
• Improvement of work atmosphere  
• Evaluation of dangers, health groups, participative work structure  
• Health-oriented management  
• Coaching in work-coping  
• Occupational integration management  
• Life-balance-concepts, compatibility of family and work | Extension of health competence  
• Stress and self-management  
• Conflict management  
• Fitness and physical activities  
• Health coaching, health checks  
• Interventions in case of irregularities at work |

2.1 Reduction of onerous work conditions and health-promoting work design

During the last two decades, working conditions have changed (e.g. individualisation, mobility, flexibility) and led to a variety of pressures in the workplace. Stress in turn is connected to drug consumption. Since the implementation of the German Occupational Safety and Health Act in 1996, the employer is obliged to reduce dangers to health at work.
**Standard**

- Occupational drug prevention should be designed to contribute to changing working conditions which are hazardous to health. On the one hand, it can be focussed on the conditions that promote drug consumption and addiction risks. On the other hand addiction prevention can contribute to health-promoting working conditions.
- Dangers to health can be reduced in cooperation with occupational safety and health protection, e.g. in combination with a risk analysis of mental pressures.
- Issues of addiction prevention should be integrated into services of staff development, especially in connection with the extension of the employees’ health competences and health oriented management.

**Rationale**

Within occupational addiction prevention, the reduction of onerous working conditions leading to drug consumption has always been supported but is rarely realised. This aim can only be achieved in cooperation with other institutions, such as occupational physicians, occupational safety or organisational and human resource development. Against the background of the demographic change, it is an urgent challenge of the Human Resource Management to create personality- and health-promoting working conditions. Addiction prevention can also be integrated into work-life-balance programmes and especially into the reintegration management. The employees’ participation is a further principle of health promotion. Staff interviews and workshops can be used to identify onerous working conditions and to develop a common solution for their reduction.

**Working steps**

- Initiate a discussion with executives, persons responsible for occupational safety, occupational physicians, persons for health and quality management, organisational and human resource development.
- Become familiar with occupational conditions and structures; get to know corporate philosophy, general principles, managing guidelines and approaches.
- Increase the connectivity of addiction prevention, regard the interests of participants; analyse the own area of responsibility and competitiveness.
- Discussion about possibilities to connect healthy activities with preventive measures of the addiction prevention programme. Integrated prevention programmes should include addiction prevention.
- Utilisation of symposia and networks in order to inform about good-practice with regard to the connection of occupational addiction prevention, health management, occupational safety, health promotion und reintegration management.

**2.2 Information and education of the staff**

Information and education are a core element of effective addiction prevention. Occupational addiction prevention can inform a major part of the adult population. It aims at strengthening the staff members’ health competence and reducing health-risky behaviour. Appropriate information supports further measures of occupational addiction prevention und multiplies the idea that endangered persons need appropriate help. It contributes to the removal of taboos. Brochures and papers of official institutions can support these aims.
Standard

Information and education within occupational addiction prevention

- Information and education about the use and the impacts of drugs and about the health and social consequences of risky and addictive consumption ought to be an obligatory part of the occupational addiction prevention programme.
- The staff´s needs and interests should be used as concrete links for information and education; for example by means of occupational events (e.g. briefing in occupational safety, Health Days, employees meetings).
- The reduction and prevention of health-risky behaviour as well as the strengthening of health competences and the removal of taboos concerning addiction problems at work should be a main target.
- Education of employees, especially of executives about their legal duties in connection with occupational safety.
- Additional services for selected target groups on demand (e.g. apprentices, women, men, particular nationalities, particular occupational groups etc.).
- Information should be accessible at a glance i.e. short, clear and structured.
- Brochures of professional sources (e.g. national services) that contain up-to-date and legal standards should be applied.
- Information should transfer current findings and data.
- Preventive activities should be coordinated with services of occupational safety, health promotion and personal development.

Information on alcohol

Information on alcohol should contain

- Rising awareness of the staff members about the health risks of a regular and risky alcohol consumption within the socially tolerated limits.
- Education about risky consumption patterns, especially due to certain ways of drinking and drinking culture at work and during leisure time. Information on alcohol related dangers and addiction and the possibilities of a therapy.
- Individual and occupational regulations about conscious abstinence with regard to contextual abstinence.
- Campaign “Zero blood-alcohol in the workplace” for occupational safety and health (in companies without a general ban on alcohol).
- Incentives to develop an alcohol-free party culture for occupational or personal occasions (in companies without a general ban on alcohol).

Rationale

Occupational information on the impacts of alcohol not only affects the employees´ consumption behaviour at work, but also at home during leisure times. Especially young people practice binge-drinking and risky alcohol consumption. Above all, information on alcohol ought to emphasize that already small amounts of regularly consumed alcohol have a detrimental effect on health. Addiction prevention aims at reacting at a very early stage of

1 analogue to / instead of other drugs
irregularities and initiating stage conservation. Established material is available, especially from national services.

**Working steps**

- Reinforce creative approaches to information and education within the occupational addiction prevention with special focus on low-risk consumption and modification of behaviour and not just on the information on the hazards of addiction.
- Development of contributions of the occupational addiction prevention to increase health competence at work. Participation in campaigns for health promotion.
- Use of current and professional brochures, e.g. of national services.
- Development and design of special sources of information, e.g. for apprentices and new staff members, because education is more sustainable and supports a preventive corporate culture during the introductory stage of a new job.
- Increased focus on the use of medication and addiction hazards at work. Available brochures are refined and amended for the occupational use.
- Cooperation and networking aiming at building a central knowledge management for occupational addiction prevention, which is accessible by means of electronic media for all staff members.

**2.3 Change of health-risky behaviour – occupational concepts for addiction prevention and health promotion**

To behaviour-oriented prevention within occupational addiction prevention programmes belong a) offers for individual consumption reduction, b) initiatives to change consumption cultures at work as well as c) measures and regulations for consumption reduction at work belong.

**2.3.1 Traffic light model of low-risk, risky, harmful and addictive consumption**

The so called “traffic light model” – originally developed by the WHO – illustrates the components of an occupational addiction prevention programme. The majority of the staff represents the low-risk green area (low-risk consumption). The yellow area with a considerable number of employees with risky or harmful alcohol consumption is very vital to occupational addiction prevention. Information and education as well as early interventions can effectively contribute to a change in health-risky behaviour. Staff members of the red area require counselling and support because of a more or less strong health risk.
Standard

- Occupational concepts of addiction prevention are focussed on all staff members of a company and contribute to prevention comprehensively.
- Risky, harmful and addictive consumption patterns and behaviours are hazardous to health and have to be prevented on an occupational level. Addiction prevention as an approach is an integrated part of occupational safety and health promotion.
- Addiction prevention, consumption reduction and addiction aid should be equal elements of addiction prevention programmes.

Rationale

The communication of the traffic-light model can contribute to a better understanding of addiction prevention and addiction aid. All characteristics of drug consumption are focussed. Occupational addiction prevention is particularly suitable to reach adults with specific offers of education about risky drug consumption.

2.3.2 Offers for individual reduction of alcohol and tobacco consumption

One main pillar of addiction related prevention and consumption reduction at work are brief interventions, for example in Germany “MOVE - Motivating Brief Intervention for Youths”, Prev@work” or “SKOLL – Self-control training for handling drugs”.
The occupational drug prevention ought to emphasize training and support services for an individual consumption reduction carried out in-house or by external providers, especially for forms of risky and dangerous drug consumption. In case of in-house services for individual consumption reduction, one should point out in advance that the participation is optional and that only counselling and training, but no therapy is offered. These trainings should be carried out by qualified professionals and they should be based on a transparent scientific foundation. The evaluation of effectiveness should concentrate on studies of long-term and continuous abstinence or consumption reduction.

Decision about the inclusion of consumption reducing measures in an occupational addiction prevention programme. Clarifying details, in-house or by external services and financing or funding by responsible health insurances. Arouse interest in a participation in consumption reducing measures by means of information and education of staff. In order to reach employees of small and medium-sized companies, offers can also be part of measures in regional networks where several companies take part.

2.3.3 Target group related prevention

Measures should also be offered to special target groups in order to raise the effectiveness of an addiction prevention programme. Among others, specific target groups are adolescents, apprentices, executives, employees of another cultural background or employees of a particular organisational sector. Due to the demographic change and its effects, elder employees represent a special target group.

The demand for specific prevention measures at work has to be analysed. In order to meet the needs and interests of these specific groups, representatives of the group should participate in the preparation and implementation of the measures. In order to develop and implement target group specific offers, a network of regional companies or institutions and organisations should be taken into consideration.

Health competence is a key competence with increasing importance in work life. It connects basis knowledge of health increasing and health weakening factors with the capability to improve one’s own health and well-being autonomously. Especially managers and executives have an influence on the employees’ health, e.g. by arranging work, workload and working conditions.
An international standard is the concept SOLVE of the International Labour Organisation (ILO). It is an interactive qualification programme which is focussed on the development and the offer of health promoting measures. It contains different prevention approaches for stress, alcohol-, tobacco- and drug consumption, physical or mental violence as well as HIV/AIDS and other factors, which lead to health problems at work.

**Standard**

- Occupational addiction programmes should point out the increasing importance of developing social competences and the strengthening of health competences of staff, especially representatives. Measures of comprehensive prevention should be initiated by the responsible persons and coordinated with the human resources development, occupational education and health promotion. Actors of the occupational addiction prevention should represent their issues in further trainings of employees and managers. Examples of good practice of comprehensive prevention programmes in an international context and from other sectors should be examined with regard to their utilisation in occupational addiction prevention.

**Rationale**

In some institutions, the offered measures of addiction prevention, human resource development and health promotion programmes are overlapping. The arising synergies can be used for addiction prevention programmes. Especially health-oriented management is an important element of occupational health management. Both, employees and management are addressed. In particular, female executives have to deal with different challenges within the job and the family. Thus, they have to be strengthened to prevent them from taking drugs as a coping strategy.

Comprehensive prevention concepts in behaviour prevention require a strategic decision on an occupational level and the integration in occupational policies and processes.

**Working Steps**

- Occupational drug prevention has to be closely connected with comprehensive measures of human resources development, occupational qualification and health promotion as well as with the concept of salutogenesis and health oriented management.
- Health competences of staff and executives should be increased and measures for the reduction of health-risky working conditions and a change in health-risky behaviour should be implemented.
- Dealing in networks and symposia with comprehensive prevention programmes from other social fields and of an international context in order to receive incentives for the occupational addiction prevention.
2.5 Occupational agreements and regulations to reduce alcohol-, tobacco and illicit drug consumption

The awareness that a responsible way of dealing with drugs at the workplace prevents health issues and illnesses has increased among employees during the last decades. Regulations for drug consumption became more frequent due to a rising demand for quality, performance and an undisturbed operation process as well as changing requirements in work safety. However, not all applied means, e.g. alcohol and drug tests, are compatible with the principles of prevention and health promotion. There are neither legal nor factual reasons to include these instruments in occupational addiction prevention. Information and education, reduction of consumption, consequent interventions in case of peculiar behaviour as well as counselling and support in case of dangers of addiction are adequate measures within occupational addiction prevention.

Standard

- The basic principle of addiction prevention is promoting responsible behaviour by means of information, education and counselling and support of self-help. Thus, occupational addiction prevention campaigns for healthy and safe working conditions and contextual abstinence at work.
- Occupational regulations for the reduction of drug consumption, drug controls (alcohol and drug tests) and penalties touch upon guaranteed rights of the German Constitution.
- Bans, controls and penalties always have to be checked against their commensurability and the right of participation has to be taken into consideration. Under no circumstances do they replace an occupational addiction prevention programme.
- General, inadequate controls of drug consumption at work are legally problematic and ethically questionable. They contradict the basic principles of addiction prevention and health promotion.
- In particular cases, individually arranged controls in case of irregularities can be a suitable counterproof or serve as support for consumption reduction or maintenance of abstinence.

2.5.1 Concept of “contextual abstinence”

The WHO-concept of contextual abstinence accepts that alcohol can be consumed responsibly as a kind of luxury food. However, abstinence is essential in certain situations, which are defined by different criteria, such as location, time, contact with special persons, health status etc. Especially at work, contextual abstinence can be part of the corporate culture or be obligatory.

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2 This section focuses on alcohol consumption. The chapters according to tobacco and illicit drugs are not involved in this summary.
Standard

- Contextual abstinence in terms of non-consumption of alcohol-, illicit drugs and tobacco at work is an aim of occupational addiction prevention.
- Agreements on non-consumption and contextual abstinence at work are supported by information and education.
- Contextual abstinence is of vital importance to safety at work, especially in connection with the use of medication.

Rationale

The concept of contextual abstinence is an outstandingly suitable prevention aim in the field of occupational addiction prevention. It is easy to communicate and its aims are plausible. It renounces moral assessments and avoids educative argumentations about abstinence as well as violation of the employees’ personal rights.

The principle of contextual abstinence focuses on the autonomous and responsible consumption, even if made partially obligatory during working hours. In order to be effective, it has to be part of the corporate culture. In this context, the role model function of superiors and the active representation of interests are a central part. Contextual abstinence is a principle of social interaction at work. Violations of the agreed principle do not require a warning, but a cooperative discussion and staff appraisal, in case of irregularities. Furthermore, it has to be evaluated if a step-to-step interview is necessary.

Working Steps

- Assessing the suitability of the concept “contextual abstinence” for the own occupational situation in the steering committee.
- Introduction of the topic “contextual abstinence” as a new impulse to the occupational prevention programme in the occupational discussion or utilisation as an initial campaign for preventive work on an occupational level.
- Promotion of “contextual abstinence” as an occupational subject and integration in internal committees and media.

3 Intervention, counselling and support at work – qualification of executives

3.1 Procedure in case of reduced working ability and risk to occupational safety as a consequence of drug consumption

Occupational health and safety regulations hold the company responsible for the staff’s safety at work and on their way to work. In situations in which employees endanger themselves or others [e.g. taking alcohol], employers or superiors have to react according to the regulations of the professional association:
Regulations of the professional association for occupational safety and health at work

§ 7 (2)
"The employer is not allowed to employ insured persons who are obviously not able to work without endangering themselves or others."

§ 15 (2)
"Insured persons are not allowed to put themselves in a state that might endanger the or others by consuming alcohol, drugs or other intoxicants."

§ 13 (3)
"Paragraph 2 is also valid for use of medication."

**Standard**

- A transparent procedure for intervention in case of reduction of work ability and a danger to safety at work should be agreed and recorded in a company agreement.
- Regulations should stipulate a uniform procedure for any kind of drug-related dangers to occupational safety and health.
- Regulations should be amended with suggestions for superiors with reference to the use of medication and occupational safety.
- Within the meaning of addiction prevention, an intervention due to acute danger to safety should be an urgent reason to carry out a stage one conversation to clear the situation.
- Some superiors are not aware of their range of responsibility for occupational health and safety. The occupational drug prevention should consider this within their informational and educational work.
- Trainings for responsible staff should contain the topics danger to occupational safety and legal duties of superiors and consider procedures for intervention.

**Working Steps**

- Coordination of the procedure in case of acute reduction of work ability due to alcohol or drug consumption or medication and additional information of employees.
- Addition to the company agreement, if necessary creation of a particular action plan for superiors to intervene according to the stipulated procedure.
- Information and education of responsible persons about handling irregularities and infringements upon occupational safety.

### 3.2 Intervention in case of irregularities at work and support

Stage interventions are the backbone of occupational addiction prevention programmes and are an appropriate and proven procedure in case of alcohol-related irregularities at work. On the one hand, stage interventions aim at confronting concerned persons with their irregular behaviour and the arising consequences. On the other hand, they offer support and help to
change a risky behaviour. It is a duty of responsible staff to react on irregularities and talk to the concerned employee.

In the 1970s/80s, concepts of intervention in case of alcohol addiction targeted the symptoms of alcoholism and help was mostly offered too late. Today’s, concepts understand corporate intervention as part of health promotion and addiction prevention and interventions have to be implemented at a considerably earlier stage.

Consistent early intervention has many benefits:
1. It points out that risky consumption or behaviour at work is a problem and that contextual abstinence is an important principle of prevention.
2. It facilitates a consequent and early intervention of superiors and supports healthy decisions.
3. It enables employees to correct their behaviour without “loss of face” and to assume responsibility for the preservation of their employment (=reduction of risky consumption).
4. It highlights those who continue risky behaviour, which makes further interventions and consequences necessary. Thus, potential long addiction careers can be interrupted early.

3.2.1 The current intervention concept: welfare conversation, clearance conversation and stage plan

The current standard is a stage plan, which
1. is embedded in an extended intervention concept. In terms of early intervention and prevention of health and social problems, it contains a welfare and a clearance conversation.
2. regards the legal standards of the employment law as well as recent jurisdiction
3. contains an intensive case management in the further proceedings.
**Intervention guide**

<table>
<thead>
<tr>
<th>Welfare conversation</th>
<th>Support</th>
<th>Clearance conversation</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior + Concerned person</td>
<td></td>
<td>Superior + Concerned person</td>
<td>Changes in behaviour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage plan*</th>
<th>Participants**</th>
<th>Support service</th>
<th>Penalties</th>
</tr>
</thead>
</table>
| 1st Intervention | Superiors + concerned person | • Information brochures  
  • Reference to internal/external counselling  
  ➔ Feedback meeting | None |
| 2nd Intervention |  
  • Superiors Works council / human resources department***  
  • Addiction representative***  
  + Concerned person |  
  • Request for contacting the addiction counsellor  
  ➔ Feedback meeting | None |
| 3rd Intervention |  
  • Superiors  
  • Works council human resources department***  
  • Addiction representative***  
  • Personnel department ***  
  + Concerned person |  
  • Condition: contacting the addiction counsellor  
  ➔ Feedback meeting | Reprimand (as far as preconditions are on hand) |
| 4th Intervention |  
  • Superiors  
  • Works council / human resources department***  
  • Addiction representative***  
  • Personnel department ***  
  + Concerned person |  
  • Written constraint to contact the addiction counsellor  
  • Case management  
  ➔ Continuous feedback meetings | Reprimand (as far as preconditions are on hand) |
| 5th Intervention |  
  • Superiors  
  • Works council / human resources department***  
  • Addiction representative***  
  • Personnel department ***  
  + Concerned person |  
  • Immediately initiation of therapy  
  • Where appropriate offer of reemployment after a therapy  
  ➔ Feedback meetings | Threat or initiation of dismissal |

*every time, when alcohol/drugs are involved, it is proceeded according to the stage plan
** in case of disabled persons, the representatives for disabled have to participate
***concerned person has to agree to the participation
Standard

- The stage plan should be embedded in an intervention concept containing a welfare and clearance conversation with regard to early intervention and the prevention of health and social problems.
- Welfare- and clearance conversations are not part of the stage plan. They can be carried out in advance.
- The intervention concept and the stage plan have to consider the legal requirements of employment laws and recent jurisdiction.
- Intervention concept and stage plan should be recorded in a written agreement between a company manager and staff representatives, if possible in a company agreement.
- In order to facilitate a flexible adaption of the intervention concept and the stage plan to the legal or professional guidelines, welfare, clearance and stage conversations should be recorded in the company agreement. However, the intervention concept or the plan of action should be attached.
- The conversations scheduled in the intervention concept and the stage plan should be conceptually coordinated with other actions (rehabilitation, return from disease, appraisal interviews...).
- The intervention concept should contain an intensive case management in the further proceedings.

Working Steps

- Development and agreement of an intervention concept according to the current professional and legal standards with the help of a steering group or the employer and staff representatives respectively.
- Integrating the executives’ experience in the recent stage process as they assume the main part of responsibility within the intervention concept.
- Development of a guideline for superiors who are in charge of conducting welfare-, clearance- and stage conversations.
- Adjustment of the intervention concept with persons in charge of other occupational conversation concepts, in particular human resources management.

3.2.2 Legal requirements of intervention guide and stage plan

Legal requirements in the context of occupational addiction prevention are diverse and connected to considerable consequences for the employment and the employee’s personal rights. On the one hand, early intervention is a duty of the employer. On the other hand, it is also an infringement of privacy.
**Standard**

- Within occupational addiction prevention, the right of privacy has to be considered and maintained at any time.
- When developing or reviewing intervention guides and stage plans it should be kept in mind that reasons for intervention, offers of support and penalties have to consider legal requirements appropriately.
- Companies should make use of external counselling about current legal standards.
- Internal and external professionals as well as actors of occupational addiction prevention should inform themselves and take part in further education regularly.

**Rationale**

The following legal aspects suggest the revision of many existing intervention concepts:

An intervention in case of irregularities at work can only be carried out by responsible persons if
- a neglect of employment duties is foreseeable or already existing,
- interferences in the workflow or the working environment occur,
- it can be assumed, that work-related factors have an influence in the development of problems the irregularities base on.

An intervention according to the stage plan should always be carried out if
- existing irregularities are connected with substance consumption or addiction-related behaviour.

Legally, every disease of an employee is a private matter. The request for visiting a counselling centre or a therapy institution always has to be an obvious offer of help. If the employee does not accept this offer of help, neither disciplinary measures nor labour law-related consequences are justified. Requirements within the framework of stage conversations have to be directly related to the employment or be part of the decisional authority of the employer. Conversations have to be held trustfully. Further participants (human resources, representative body for disabled employees, equal opportunities officer) may only take part with the employee’s consent. Other persons (colleagues, relatives, etc.) should never take part in stage conversations. An intensive case guidance (provided from the 3rd stage of the concept) and the involvement of further participants always require the consent of the concerned employee.

**Working Steps**

- An urgent check of the existing stage plans with regard to legal correctness and appropriateness of the regulations as well as current professional standards.
- Adjustment or revision of existing principles of intervention (stage plans, guidelines).
- Planning of qualification or further education offers according to legal standards, refreshing workshops for contact persons of occupational addiction prevention, for responsible staff and representatives of interests.
3.2.3 Specific characteristics of civil service law

Civil servants have specific duties, which differ from labour-law related obligations. They have to contribute to maintaining their health and can be requested by the employer to assume counselling and treatment and to provide evidence. Non-conformity with these duties can warrant special disciplinary actions.

3.3 Role of management and qualification for addiction prevention and intervention

Executives with team responsibilities are key persons in occupational addiction prevention. Interventions in case of occupational health and safety risks are still to this day among the most challenging parts for the management. Against the background of extensive developments in work life, executives have to face several duties and responsibilities. The structured intervention concept and the stage plan are a kind of orientation guide for the contact with employees “at risk”. However, managers also need further support and counselling.

Standard

- Interventions in case of irregularities at work and consumption problems should be recorded in guidelines for the management and company agreements.
- Responsible staff should receive an adapted intervention guide on how to handle substance-abuse related irregularities.
- The qualification for conducting welfare-, clearance- and stage conversations should be part of the human resources development, either as an independent workshop offer or as a module integrated in the executive development.
- Unless integration into human resources development is intended, occupational addiction prevention programmes should provide a – possibly binding – qualification for a solution-oriented intervention in case of substance abuse at work.
- Responsible staff should receive coaching or guidance from internal or external counsellors.
- Regarding time frame, methods and contents, the workshop concept should be adapted to the target group Conversation exercises should be offered for the persons carrying out stage conversations.

Rationale

Workshops should be suitable to strengthen the willingness for solution-oriented intervention at an early stage of irregularities in work attitude and performance. For these qualification measures, the following should be considered:
• Executives should understand the importance of addiction prevention and of consistent interventions in case of substance-related irregularities. On the one hand, they serve as prevention of health issues at work and as a support in case of addiction problems. On the other hand, they contribute to a smooth workflow and to a health-promoting working atmosphere.

• Executives should be encouraged to take their role in personnel management seriously and to conduct a conversation with employees at an early stage, as soon as irregularities are noticed.

• The awareness should be improved and it should be described exactly when interventions are required. This applies in particular in connection with risky substance consumption or addictive behaviour.

• Information events and workshops should not only target alcohol problems at work, but also other forms of consumption and addiction problems, which are an issue of the company (especially in connection with use of medication).

• Information should not only concentrate on the details of addiction, but should also describe the symptoms of the course of the disease as an extreme end of a phase of risky and hazardous consumption behaviour. Executives act too late if they are of the opinion to intervene not prior to the first signs of addiction.

• A training of welfare- and clearance conversations as well as stage conversations should be part of the workshops.

• Ambivalences and conflicts of responsible staff in connection with the decision to intervene should be considered serious and addressed in order to develop solution steps.

• The construct “co-addiction should be abstained. Other models (e.g. CRAFT or systemic approaches) are more adequate.

### Working Steps

- New or further development of management workshops according to the current professional and legal standards.
- Review of the applied brochures and media according to their legal and professional topicality of intervention concepts in occupational addiction prevention.
- Coordination with responsible persons of the human resource management and/or human resource development: to what extent can the qualification for addiction prevention and intervention be integrated in the development programme for executives or is offered as an independent workshop.
- Selection of adequate internal or external workshop providers in consideration of current standards, contents and required coaching skills Careful planning of the qualification measure and consideration of workload and time schedule of executives.

### 3.4 Counselling and addiction aid in the company

Counselling and addiction aid are an additional core part of occupational addiction prevention. In larger companies, a full-time in-house counselling service can even be a cost-saving factor. Internal institutions vary in scope, character, equipment and resources depending on the size and structure of the particular company. When formulating the
standards a differentiation should be made between full-time and additional counselling. Usually, elements of internal counselling are as follows:

<table>
<thead>
<tr>
<th>Range of responsibilities of internal counselling and addiction aid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counselling services</strong></td>
</tr>
<tr>
<td>• Counselling of responsible staff and employees on preventive issues</td>
</tr>
<tr>
<td>• Counselling of executives and occupational environment in case of interventions; support in decision-processes and action-processes</td>
</tr>
<tr>
<td>• Counselling for substance consuming employees (at risk); case management</td>
</tr>
<tr>
<td><strong>Information and education of employees</strong></td>
</tr>
<tr>
<td>• Continuous information of staff</td>
</tr>
<tr>
<td>• Prevention measures in collaboration with internal and external professionals</td>
</tr>
<tr>
<td>• Workshops for staff</td>
</tr>
<tr>
<td><strong>Workshops for executives</strong></td>
</tr>
<tr>
<td>• Information events und workshops about irregularities at work</td>
</tr>
<tr>
<td>• Workshops and trainings for conversations within the intervention concept</td>
</tr>
<tr>
<td><strong>Offers for individual consumption reduction</strong></td>
</tr>
<tr>
<td>• Drink-less-programmes (e.g. in Germany: SKOLL)</td>
</tr>
<tr>
<td>• Non-smoker courses</td>
</tr>
<tr>
<td><strong>Integration in the occupational addiction prevention programme</strong></td>
</tr>
<tr>
<td>• Cooperation in workshops, management</td>
</tr>
<tr>
<td>• Participation in the preparation of occupational regulations</td>
</tr>
<tr>
<td><strong>Networking and cooperation</strong></td>
</tr>
<tr>
<td>• With internal committees and managers</td>
</tr>
<tr>
<td>• With the human resources department, occupational health and safety protection, health promotion</td>
</tr>
<tr>
<td>• With external specialized institutions of addiction aid and other counselling services, external services</td>
</tr>
<tr>
<td>• In regional/national networks</td>
</tr>
<tr>
<td><strong>Quality management</strong></td>
</tr>
<tr>
<td>• Education and supervision</td>
</tr>
<tr>
<td>• Evaluation and documentation</td>
</tr>
</tbody>
</table>

Occupational addiction prevention and addiction aid can be divided into three professional fields of counselling:
1. Counselling to prepare intervention
2. Counselling and support for employees
3. Counselling concerning the prevention of health risks.
3.4.1 Counselling to prepare intervention

Responsible persons need professional support in preparing for conversations with substance consuming employees. Employer and full-time or part-time professionals have to decide which intervention measures are necessary. That implies an increased capacity to act related to an early and appropriate intervention as well as to the way and the contents of conversation. Finally, the leitmotif of the solution-oriented conversation with the superior is recorded.

**Standard**

- In order to prepare for a conversation, responsible staff should have access to internal or external counselling services at any time.
- Conversations based on the intervention concept should not take place without professional preparation.
- The preparation of stage conversations should take place without the concerned employee, but with all other participants of the conversation including internal or external counsellors.
- The leitmotif of the stage conversations contains the following:
  - Irregularities that should be discussed as far as possible with concrete facts and dates.
  - Consequences of the behaviour for the working environment/company.
  - Awareness raising about the connection of substance consumption/addiction-related behaviour.
  - Concrete description of the expected behaviour in the future.
  - Offer of help, information on internal/external counselling.
  - Commitment of support from the company.
  - Information on further stage conversations and possible sanctions in case of continuous queried behaviour scheduling of a feedback conversation (in case of no new irregularities).

**Rationale**

A clear positioning is necessary to conduct stage conversations. Following patterns and questions are helpful:
1. Perception
Which changes in performance, social behaviour, substance consumption, appearance, team integration, own feelings for the employee do I notice? Which irregularities did I notice exactly?

2. Evaluation
Can I tolerate the irregularities or do I get the urge to intervene? Which occupational or personal requirements with regards to working conditions and performance are not adequate from my point of view? Are the irregularities connected to substance consumption or belong to non-determined “irritating” behaviour?

3. Responsibility
What is my responsibility, what is my duty? What are the duties of other people? How far does my duty of care reach in case of irregularities in connection with substance consumption?

4. Intervention
What should I do exactly? What am I expected to do? Which preconditions are needed? Which consequences will arise if I (don’t) intervene? How can I start a conversation with the employee? What will happen if I intervene? What are the next steps?

5. Anchoring
Is my behaviour appreciated in the company? What reactions from whom are to be expected? Will the management, representatives of interests, the human resources department etc. support my actions? Which pre-clarifications have to be carried out? How will the other colleagues of my department react?

3.4.2 Counselling and help for staff members

Information, counselling and help for staff members according to (risky) substance consumption is a core competence of internal counselling which every employee can access easily.

The counselling contains:
- Information on internal and external counselling services and counselling itself.
- First conversations within the counselling process.
- Motivational conversations and accompanying counselling to clarify further steps.
- Professional support in the first stages of consumption reduction.
- Transfer to external counselling/therapy.
- Preparation and attendance of rehabilitation after therapy.
- Counselling of relatives.
Standard

- Internal counselling should act on the basis of a counselling concept which includes all consumption patterns (risky and harmful consumption, addiction and addictive behaviour).
- Within a concrete case of counselling, the internal professionals work free from instructions but have to adhere to professional discretion.
- Occupational counselling should be orientated towards current professional, methodical and ethical standards and be resource-, solution- and action-oriented.
- Occupational counselling should only pursue objectives which are agreed with the concerned person. In this connection, the concerned person’s demands and wishes have to be considered appropriately.
- The occupational counselling orientates itself to the principle of self-help. It should be focused on strengthening self-efficacy, self-government, and responsibility of the help seeking person.
- If an internal counselling according to the mentioned standards cannot be offered, the counselling should take part in external institutions.

Working steps

- Agreement on the principles and standards as well as the framework of the internal counselling offer in the working group / steering committee; development of an overall concept.
- Development of a concept for internal counselling within occupational addiction prevention and addiction aid and for cooperation with external services.
- Utilisation of possibilities for qualification and education of current standards of internal counselling in occupational addiction prevention programmes.
- Better inclusion of resource-oriented procedures in internal counselling work, e.g. Motivational Interviewing (or e.g. in Germany: MOVE).

3.4.3 Case Management

Up to now, there has been no precise standard for the intensity of guidance of a concerned employee within the framework of internal counselling. The expertise recommends an intensive case guidance of persons who are in the third or further stage of the stage plan. Persons who can’t change their behaviour on their own should be offered intensive support and a systematic case guidance. Depending on the professional facilities of internal counselling or the cooperation situation with external services, the offer can contain a case management. Case management is a cooperative process, in which the concerned person’s demands are analysed and appropriate services are planned, implemented, monitored and evaluated by a case manager. An employee’s refusal of the offer mustn’t be connected with negative consequences. Case management should only be implemented by professional and qualified internal counsellors or external counselling services.

Case management as a concept contains:
- Support, which is adapted to the concerned person’s demands.
- Key aspects, which can vary according to the person’s individual situation.
• The task of the case manager, i.e. to work with the concerned person and to develop a support plan (transfer to counselling and therapy, client-related cooperation with other institutions or professionals, occupational rehabilitation, case documentation and networking).
• Specific coordination of different individual performances.

There should be clear internal procedures concerning case guidance and case management.

Standard

<table>
<thead>
<tr>
<th>• The company should provide case guidance (if necessary, also case management) for employees in the – advanced – stage procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A procedure and a responsible person should be stipulated for case guidance (and case management). These persons should be networked with the internal and external support system.</td>
</tr>
<tr>
<td>• The case guidance (or the case manager) will only take action on the basis of a written agreement of the concerned employee.</td>
</tr>
<tr>
<td>• Only internal/external counsellors who can ensure personnel continuity should be active in the field of case guidance (or case management).</td>
</tr>
<tr>
<td>• The employees, especially responsible staff, should know which persons are responsible for case guidance (case management). They have to be contacted easily.</td>
</tr>
<tr>
<td>• The case manager should meet special professional skills, e.g. knowledge in motivational interviewing or qualifications in counselling, involvement in the regional support system (counselling centres, therapy options– outpatient/inpatient/ semi-residential..</td>
</tr>
<tr>
<td>• If case management is outsourced to external services, procedure and services should be recorded within a cooperation agreement that stipulates the responsible person for contact and communication as well.</td>
</tr>
</tbody>
</table>
### Case Management within different occupational frameworks

#### Synopsis of Case Management

<table>
<thead>
<tr>
<th></th>
<th>Small and medium-sized companies and institutions</th>
<th>Companies with additional contact persons</th>
<th>Companies with full-time contact persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is responsible for case guidance?</strong></td>
<td>External experts</td>
<td>External experts in cooperation with internal contact persons</td>
<td>Prevention</td>
</tr>
<tr>
<td></td>
<td>External counselling centres</td>
<td></td>
<td>Counselling</td>
</tr>
<tr>
<td></td>
<td>Addiction Ambulances, e.g. specialist hospitals for addiction</td>
<td></td>
<td>Health management</td>
</tr>
<tr>
<td><strong>Who is responsible for the access?</strong></td>
<td>Responsible staff</td>
<td>responsible staff</td>
<td>responsible staff</td>
</tr>
<tr>
<td></td>
<td>Company physician</td>
<td>Company physician</td>
<td>Company physician</td>
</tr>
<tr>
<td></td>
<td>Works and employee council</td>
<td>Works and employee council</td>
<td>Works and employees’ council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health management</td>
<td>Health management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equal opportunities officer</td>
<td>Equal opportunities officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actors of occupational rehabilitation</td>
<td>Actors of occupational rehabilitation</td>
</tr>
<tr>
<td><strong>Function of the Case Manager</strong></td>
<td>Implementation</td>
<td>Contact person = initiator of case guidance</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td>Organisation</td>
<td>Case Manager = guidance / support</td>
<td>Organisation</td>
</tr>
<tr>
<td></td>
<td>Guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td>Internal: cooperation concept</td>
<td>Qualification, office, visiting hours, cooperation with external services</td>
<td>Qualification, office, visiting hours, cooperation with external services</td>
</tr>
<tr>
<td></td>
<td>External: target-oriented concept, appropriate qualifications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4.4 Counselling on prevention and health risks

Counselling on prevention of health risks and substance-related problems can refer to health, social or occupational aspects. Full-time counselling services can meet these demands, because they are familiar with this counselling field. In detail, it contains

- Counselling in case of excessive demands, support in case of health problems, especially mental strains at work or in private life.
- Counselling on collegial conflicts, conflicts between employee and employer, assumed or real bullying.
- Rising awareness of changes in addiction promoting working conditions; counselling on balancing workloads.
- Counselling in case of mental crisis.
- Support in case of social problems or fears (e.g. unemployment, anxiety about the future, debts).
- Counselling and guidance during the retirement process.
- Counselling of executives on the implementation of the concept of health-related management.
- Support of executives and employees for the identification of health risks or salutogenetic factors at work.

Standard

- Occupational addiction prevention should be combined with counselling on preventive topics.
- In order to announce the support offer to the employees, the range of services should be determined or described clearly. If several occupational counselling services exist, tasks and responsibilities should be recognized easily.
- Occupational addiction counsellors as well as other actors should put concerned people in contact with qualified and professional services, if these topics are not within their field of duties.

Working steps

- Agreement and decision of the working group / steering committee on the offered topics of preventive counselling at work and the cooperation with further institutions. Determination of further topics apart from occupational addiction prevention for the internal counselling.
- Provision of professional education for further counselling topics.
4 Occupational addiction prevention – Internal and external services

4.1 Type and equipment of occupational addiction prevention

The character of internal services of occupational addiction prevention depends on size and structure of a company as well as available resources. There are four different basic models of internal services:

- Additional counselling (occupational addiction aid, collegial counsellors, social contact persons).
- Full-time counselling (qualified occupational social- or addiction counsellors).
- Full-time and additional counselling (combination).
- Authorized external services (counselling centres, organisations, independent counsellors).

**Standard**

<table>
<thead>
<tr>
<th>Small companies and craft producers or corresponding public services respectively (up to 50 employees) should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• make use of the support of counselling services,</td>
</tr>
<tr>
<td>• join regional networks,</td>
</tr>
<tr>
<td>• cooperate with other companies (e.g. when implementing a workshop for responsible staff) or</td>
</tr>
<tr>
<td>• close a contract with external services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Small/medium-sized companies and corresponding public services (up to 200 employees). See above and additionally:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• one or more representatives who are in close contact with external counselling services should be appointed,</td>
</tr>
<tr>
<td>• one additional contact person for addiction issues should be qualified and appointed,</td>
</tr>
<tr>
<td>• one full-time service of addiction and social counselling should be implemented hourly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Larger medium-sized enterprises, large firms and corresponding public services should in any case implement an internal counselling service which is</th>
</tr>
</thead>
<tbody>
<tr>
<td>• a full-time counselling,</td>
</tr>
<tr>
<td>• a combination of additional and full-time service,</td>
</tr>
<tr>
<td>• an external service or</td>
</tr>
<tr>
<td>• a combination of additional contact persons and external services.</td>
</tr>
</tbody>
</table>
4.1.1 Full-time services

**Standard**

<table>
<thead>
<tr>
<th>Duties and issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties and issues of full-time internal counselling services have to be agreed in steering committees / working groups and stipulated in a company agreement or a job description.</td>
</tr>
</tbody>
</table>

**Example for a description in a company agreement**

- Full-time services organise preventive measures in agreement with other steering committees, submit proposals for health promotion, use different means to identify reasons for risky substance consumption and illustrate solutions to reduce risk factors.
- Within their professional counselling, they work free from instructions but have to consider legal aspects. Their work is subject to professional discretion.
- They cooperate with other representative institutions for occupational health management, especially occupational health and safety protection, occupational rehabilitation, health promotion and human resources.
- Full-time services realise preventive work and inform the employees, implement workshops (esp. for management) and plan and organise preventive events.
- They offer counselling for employees with individual problems or irregularities in their environment. They inform employees with risky substance consumption on addiction risks and further risks for health. They cooperate with professional organisations and regional therapeutic institutions.
- They counsel and support superiors and responsible staff in initiating measures according to the principles of this agreement.
- They manage and coordinate the steering committee.
- In case of additional services, they coordinate their work and support them by means of case guidance.
- They have the duty to record and evaluate the activities of the service, but not the content of counselling of individual cases. This documentation contains descriptions of quality management, qualification and supervision.

**Equipment of full-time services**

- Full-time services should be equipped (regarding time, qualification of responsible persons) in such a way that the job can be fulfilled effectively.
- Full-time services counsel independently and free from instructions.
- The neutrality of internal services should be obvious. The implementation of an administrative department or the integration in health management might be appropriate.
- Facilities, equipment and financial means should make a professional internal counselling possible.
- Depending on the size and structure of the institution, full-time services should be supported by additional contact persons. This is especially reasonable for larger or decentralised organisational units.
Education and qualification of full-time contact persons

- Because of professional requirements, a university degree is required (psychology, pedagogy, sociology, social pedagogy, social work, etc.).
- The following basic competences are required for occupational addiction prevention:

Professional skills:
- Knowledge of current concepts of occupational addiction prevention and addiction aid, knowledge of preventive approaches to risky consumption/contextual abstinence, overview of addiction concepts, ability to develop prevention concepts, willingness for interdisciplinary cooperation, knowledge of current care structures and case management, knowledge of quality management.

Counselling skills:
- Work with current counselling concepts, resource-oriented and solution-oriented approaches (e.g. Motivational Interviewing), knowledge of concepts for individual consumption reduction (drink-less programmes, non-smoking courses), experience in counselling according to occupational intervention concepts.

Personal and social skills:
- Ability and willingness to communicate, empathy, awareness of own resources and objective and subjective boundaries, ability to deal with conflicts, mediating competences; willingness for professional and personal development processes, e.g. continuous education and supervision.

Field competences
- Knowledge of economic and administrative structures, overview of occupational guidelines and processes, functions and roles, acceptance of occupational aims within addiction prevention and addiction aid, knowledge of legal frameworks and occupational regulations, insight in formal and informal organisational structures, utilisation of regional networks and support systems.

Strategic skills
- Flexibility in complex and vast developing system conditions, ability to negotiate, ability to promote and integrate addiction prevention programmes in occupational structures, processes and policies, ability to change perspective and to integrate occupational interests in the development and pursuit of professional and personal interests.

Education and supervision

- Education as well as supervision belongs to the standards of professional work within occupational addiction prevention and addiction aid.
- Full-time employees in occupational addiction prevention should continuously have the possibility to take part in coaching and education measures according to the professional demand.
- Continuous supervision should be stipulated in the employment contract as well as considered in the budget.
4.1.2 Additional contact persons for addiction issues

“Additional contact persons” are involved in occupational addiction prevention in addition to their full-time job. There are three different main groups:

Collegial contact persons
Collegial contact persons are an addition to full-time services. Their key tasks are the counselling and guidance of substance consuming employees, the provision of information as well as preventive activities. This model is suitable for large and decentralised organisational units. In smaller companies, collegial contact persons have a larger scope of duties in the field of occupational addiction prevention.

Social contact persons
Social contact persons are supposed to be the first point of contact for employees with health, mental and/or social problems. They represent a widespread concept of support.

Contact persons for addiction issues in the company
This concept is a mixture of the two above mentioned models and the most common. On the one hand, the involved persons are being prepared for their work in an additional institution for occupational addiction prevention; on the other hand, they also cooperate with full-time services in larger organisations.

Additional contact persons have special release from work and a certain basic equipment (e.g. telephone, single office or access to a room for undisturbed counselling) is at their disposal.

Standard

<table>
<thead>
<tr>
<th>Tasks, aims and equipment of additional addiction prevention at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aims and tasks of additional contact persons should be defined and recorded by a working group/steering committee or the management of the company and stipulated in the works agreement.</td>
</tr>
<tr>
<td>• The written assignment should mention all relevant aspects of the work.</td>
</tr>
<tr>
<td>• The assignment should guarantee, that the execution of additional tasks does not lead to disadvantages in the full-time activity and that concerned persons can resign from their additional work at any time.</td>
</tr>
</tbody>
</table>

Example of a regulation in a company/works agreement

• Additional contact persons support occupational addiction prevention. They cooperate with other health management professionals.
• They have the duty to counsel employees with substance-related problems and to support superiors in dealing with employees at risk.
• The counselling aims at putting the concerned persons in contact with external services.
• Professional discretion is stipulated for additional contact persons. It is obligatory for any counselling interview, unless the concerned persons submit a written statement of agreement that information may be passed on.
• Contact persons work free from instructions. If full-time contact persons work for
the company, additional contact persons are assigned to them.

- Contact persons participate in working groups/steering committees.
- Contact persons are part of a professional network. They cooperate with external (regional) addiction aid services.
- Contact persons have special release from work. The appropriate time can either be fixed or taken as required.
- The work as a contact person does not lead to disadvantages in the full-time activity. The fields of application have to be adapted to the requirement of the company.
- In accordance with the superiors, the contact persons are allowed to leave the workplace to fulfil their duties. Journeys and short business trips within the framework of the additional work are reimbursed.
- If in exceptional cases work has to be carried out outside the regular working hours, an adequate compensatory time is guaranteed.
- Contact persons require knowledge of the latest standards. If they have no special education in substance consumption and addiction, the company enables them to take part in trainings for further qualification.
- For counselling, adequate facilities are provided (telephone, etc.).

### Standard

**Qualification and ability, education and supervision for additional contact persons**

- Precondition for the work as an additional contact person is an appropriate qualification in the field of occupational addiction prevention and addiction aid.
- The assignment should be connected to regular participation in further education measures and up-dating of professional competences.
- Continuous supervision is a standard. Supervision should be provided by full-time contact persons or external services.

The following selection criteria should be considered:

- The contact person should represent a prevention concept that is oriented on low-risk and risky substance consumption and not only focussed on addiction or dangers of addiction. The contact person should be able to deal with both, alcohol-related problems as well as other risky substances.
- The contact person should have professional and communicative competences to be accepted as a counsellor.
- The contact person should be part of a working level which makes it easy for concerned people to ask for support. Possibly several contact persons in different parts of the company are required.
- The contact person should be able to cooperate interdisciplinary in order to build a network with other professionals of the company.
- The contact persons should reflect their own work and receive supervision and education for dealing with their role as a contact person.
- Own experiences with addiction issues can be useful. However, contact persons should gain distance from their own disease and time of recovery Concerned people should at least have two years of abstinence before becoming a contact person.
### Example of a qualification concept for additional contact persons for addiction issues

#### Timeframe
- The education of an additional contact person has a timeframe of 140-200 hours.
- A work placement or a time of observation at a hospital can complement the education.

#### Agreements before the education
- Intake-conversation with the interested person for clarification of motivation and conditions of participation (contract) and the willingness to guidance in practice, supervision and further education.
- Conversation with the employer for clarifying working conditions, reimbursement and special release from work.

#### Contents of education

<table>
<thead>
<tr>
<th>Addiction and substance-related information</th>
<th>Tasks and role of occupational contact persons</th>
<th>Counselling competences and working methods</th>
<th>Prevention and application of media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and drug-related behaviour (effects, prevention, intervention)</td>
<td>Definition of roles (tasks, possibilities and limits, addiction prevention in the field of occupational interests self-reflection)</td>
<td>Competences in interviewing</td>
<td>Education and preventive work (preventive approaches, workshop concepts, cooperation partners, events for target groups)</td>
</tr>
<tr>
<td>Irregularities at work (characteristics of risky and addictive behaviour; mental problems/crises)</td>
<td>Framework conditions (concept, organisation, company/works agreement)</td>
<td>Information, counselling and guidance of concerned people (initial contact, counselling, attendance of stage conversations, therapeutic steps and occupational reintegration)</td>
<td>Occupational health promotion and addiction prevention</td>
</tr>
<tr>
<td>Dealing with risky behaviour/consumption</td>
<td>Legal aspects (social and employment laws)</td>
<td>Skills in counselling and supporting the occupational environment (counselling of colleagues and superiors, conversation with representatives of interests)</td>
<td>Media for informative events and trainings</td>
</tr>
<tr>
<td>Addiction (development, process, counselling aims and possibilities, rehabilitation, relapse)</td>
<td>Addiction prevention as a part of the occupational health management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender aspects (of addiction, prevention and support)</td>
<td>Cooperation with external institutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-management</td>
<td>Methodical tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation</td>
<td>Knowledge of regional support systems</td>
<td></td>
</tr>
</tbody>
</table>
4.2 Occupational support system and networked help

Due to changing working conditions (e.g. work load, strains, unemployment), mental diseases have increased and occupational counselling offers gain in importance. This is also supported by mandatory laws and regulations. For internal addiction prevention services, this is a good opportunity for an interdisciplinary cooperation in order to improve and integrate occupational addiction prevention.

**Standard**

- Internal services for addiction prevention and addiction aid should proactively network with other counselling services and guarantee continuous cooperation.
- Internal networking is part of the occupational support system. Coordination with the different concerned departments with regards to counselling, prevention, intervention and support is necessary.
- The occupational support system offers the employees counselling and guidance for health, personal or social problems.
- It supports responsible staff in the implementation of health-oriented management.
- Internal counselling services should cooperate with external addiction prevention and addiction aid services confidentially and continuously.

**Working steps**

- In order to establish an effective intervention process, proceedings coordinated with executives, works council, human resources, representative body for disabled employees and other participants should be guaranteed. In this connection, further intervention concepts have to be considered (rehabilitation management, conversations about absence from work)
- In the fields of occupational health and safety as well as occupational health promotion, cooperation with the company physician, the occupational health service and experts for safety at work as well as human resources should be targeted.
- In the fields of psychosocial counselling, counselling in crisis and in case of debts, responsibilities should be determined clearly.
- Concepts should be exchanged and common activities should be scheduled with responsible actors.
- Contacts with regional counselling services or institutions should be established and a regular exchange should be arranged. Cooperation with regional services in the field of counselling and rehabilitation.

4.3 Cooperation and networking

Cooperation with accident and health insurances is vital. They support occupational activities in health promotion and addiction prevention (e.g. by means of brochures, counselling in the development of health promotion concepts, etc.). Funding of special occupational health activities is also possible.
Being part of a network has always played a central role in the development of occupational addiction prevention because it assures communication between occupational contact persons and other professionals of this sector.

**Standard**

- The steering committee and the internal service plan the activities for occupational addiction prevention and health promotion. In this connection, they make use of the possibility to cooperate with responsible accident and health insurances or other service providers.
- The internal service should systematically aim at internal and external networking.
- Regional and national as well as company-specific and comprehensive networks should be an important resource for both, occupational addiction prevention and the improvement of one's own competences and professional education.
- Networking should be an obligatory task of internal services and be recorded in the company agreement.

**Working steps**

- Contact to the in-house and external cooperation partners and networks; clarification of the effects of a cooperation of internal services, the steering committee and the company
- Decision on participating in specific networks
- Active and systematic cooperation with networks in order to strengthen the work of occupational addiction prevention. Learning from good-practice models of other organisations.
- Reports on networking for the steering committee.

**4.4 External services in occupational addiction prevention and addiction aid**

The development of occupational addiction prevention programmes has led to the emergence of several service providers in this sector. Institutions and services differ in some ways, but external services are necessary for small and medium-sized companies without an own in-house service. In order to guarantee internal prevention and counselling, companies use different models:

- Contractual agreements with professional addiction aid services or private providers of internal counselling on an hourly basis.
- Guarantee of a psycho-social counselling as a professional service of external providers of the occupational health service.
- Cooperation agreement with counselling centres or private suppliers on available services.
- Cooperation with regional institutions in individual cases on the basis of invoices or social sponsoring.
Standard

Occupational framework for the usage of external services

- The occupational working group/steering committee should stipulate in advance, what kind of competences are available in the company and how they can be used, where additional support is necessary or where further competences have to be provided by external services. Professional aspects and the quality of service in occupational addiction prevention are decisive criteria for the selection of external services either on an hourly basis or employed permanently.
- In the long term, cooperation should be based on a specific catalogue of criteria for the choice of external services.
- External providers should submit their range of services pointing out the offered elements of addiction prevention in a written form.
- Companies should cooperate with external services on the basis of a contract stipulating the delegated tasks.
- During the implementation of an addiction prevention programme or when developing an occupational comprehensive concept, external services should be able to attend this process both, professionally and methodically.

Requirements and selection criteria for external services

Counselling on primary prevention

- Knowledge of current primary preventive concepts which are applied in occupational addiction prevention (e.g. contextual abstinence, risky consumption).
- Knowledge of legal aspects as well as occupational concepts for consumption reduction (models of good practice).
- Possibility of working with programmes for individual consumption reduction (e.g. in Germany: SKOLL, non-smoking-courses).
- Knowledge of concepts on stress/salutogenesis, work-life-balance-and self-efficacy within occupational health promotion.
- Knowledge of the concept of "healthy management".
- Competences in dealing with new media, visual design of brochures, development of a creative approach to different target groups.

Qualification of responsible staff

- In workshops with responsible staff, external services should give priority to solution-oriented interventions in case of irregularities in work attitude or performance already at an early stage and not focus on symptoms for the diagnosis of addiction.
- Workshop providers should not only have competence in psychosocial diseases and risky substance consumption/addiction, but also in training methods and experience in the fields of management and communication.
- The intervention training should be focussed on health-oriented management in the sense of early conversations in case of irregularities and support for employees, discussion of appreciation, consequent and constructive discussion of critical behaviour and problems at work.
- Counselling and support of superiors on the topic of prior clarification of interventions and procedures in individual cases.
- Internal support systems (additional/full-time contact persons, company physician etc.), internal services and procedures should be presented by workshop suppliers.
Counselling for employees

- External services should counsel in a demand-oriented way and apply a resource- and solution-oriented approach.
- They should offer case guidance or case management if required.
- They should not commit to a specific approach to addiction aid, but cooperate with different counselling and professional services.
- They should show a high willingness for systematic networking within the company and at the same time adhere to the regulations of professional discretion.

Counselling on the development of an occupational addiction prevention programme

- External services should have deep knowledge of occupational addiction prevention concepts and addiction aid and share the aims in all fields of prevention.
- They should know the structure of occupational addiction prevention programmes and impart factors of a sustainable implementation to the organisation.
- They should transfer the legal principles of occupational addiction prevention and be able to support companies in the development of a company agreement according to current standards.
- They should be able to connect occupational addiction prevention with other fields of action.
- They should have knowledge of the responsibilities of managers, representatives of interests and professionals of the health management and consider their roles and interests when a prevention programme is implemented.
- They should give incentives for an effective connection of addiction prevention with other occupational processes (e.g. connection of addiction prevention with health promotion).
- They should impart the importance of further development of addiction prevention programmes on the basis of aims, demands, planned measures and evaluation.

Criteria for personal suitability

- External services should have broad qualifications and skills in counselling-, moderation- and training-methods. Basic knowledge of project management is an advantage.
- Neutrality and discretion are professional principles.
- They should have field competences, i.e. knowledge of organisational structures of companies and administrations.
- They should adapt to the demands of an occupational system and not only be focussed on helping individuals.
- They should make clear their role as an occupational counsellor and reflect their duties regularly.
- They should be able to evaluate the results of the service.
- An important prerequisite for a broad acceptance is the ability to change perspectives.
- They should be able to offer measures adapted to the requirements of the company and not universal products.
**Working steps**

Not all criteria can be fulfilled by one external service provider. However, the following working steps are reasonable:

- Survey on recent occupational activities in the field of addiction prevention and addiction aid and development of further or additional requirements.
- Survey on the applied and not yet applied occupational resources.
- Stipulation of requested services and available budget for the implementation of external services.
- Verbalisation of specific demands on external service providers by means of a criteria catalogue.
- Quotations and comparison of offers from different service providers.
- Selection of appropriate services, comparison of occupational demands with the providers’ range of service.
- Clearing conversations with the provider; recorded documentation of cooperation agreements.
- Planning and implementation of continuous evaluation interviews within the cooperation.

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**5 Structural integration of workplace addiction prevention and addiction aid, quality management, evaluation**

**5.1 Occupational comprehensive concept for addiction prevention**

Occupational addiction programmes may vary between support for addicted employees in individual cases and diverse comprehensive professional offers with a large network of further institutions.

**Standard**

<table>
<thead>
<tr>
<th>Occupational addiction prevention programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>The occupational addiction prevention programme should always be recorded in a document, even if it contains just a few activities. Aims, contents, structures and measures should be fixed in a company agreement.</td>
</tr>
<tr>
<td>The programme should aim at maintaining and promoting the employees’ health, harm reduction, support offers, increase of work safety and improvement of the quality of products, processes and services.</td>
</tr>
<tr>
<td>The programme should continuously be adapted to the legal, occupational and professional framework.</td>
</tr>
<tr>
<td>The programme should be integrated in occupational processes and be connected to occupational health management, occupational health and safety protection, human resources, organisational development and occupational reintegration.</td>
</tr>
</tbody>
</table>
A committee should be responsible for the programme. Participants are representatives of the management, works council, human resources and further departments. This steering committee does not counsel in individual cases.

The committee has the following duties:
- Coordination of aims, selection of parts of the programme.
- Preparation of decisions and agreements on initiation, implementation and development of the programme.
- Selection and development of measures.
- Coordination and guidance of internal services.
- Integration of addiction prevention in the occupational health management, connection with concerned departments.
- Integration of the programme in occupational, professional and regional networks.
- Evaluation, quality management.

### Structure and tasks of a steering committee in companies

**Steering committee: Working group addiction/health**

<table>
<thead>
<tr>
<th>Participants (large and medium-sized companies)</th>
<th>Tasks/Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Management</td>
<td>• Conceptual design of a programme</td>
</tr>
<tr>
<td>• Human resources</td>
<td>• Agreement of aims, focus and fields of the programme</td>
</tr>
<tr>
<td>• Works council</td>
<td>• Preparation of agreements and decisions</td>
</tr>
<tr>
<td>• Company physician</td>
<td>• Decision on measures (priorities)</td>
</tr>
<tr>
<td>Representative body for disabled people</td>
<td>• Communication and promotion of the programme</td>
</tr>
<tr>
<td>• Safety expert</td>
<td></td>
</tr>
<tr>
<td>• Other participants</td>
<td></td>
</tr>
<tr>
<td>• if necessary, external services</td>
<td></td>
</tr>
</tbody>
</table>

| Offers for individual consumption reduction | |
|---------------------------------------------| |
| • Drink-less programmes (e.g. in Germany: SKOLL) | |
| • Non-smoking courses | |

<table>
<thead>
<tr>
<th>Participants (small companies/institutions)</th>
<th>Tasks/Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Manager / owner</td>
<td>• agreement on aims and measures</td>
</tr>
<tr>
<td>• if necessary, human resources</td>
<td>• agreement on the addiction programme</td>
</tr>
<tr>
<td>• external services</td>
<td>• evaluation of cooperation</td>
</tr>
</tbody>
</table>

The occupational steering committee should be oriented on the latest standard of the International Labour Organisation (ILO) guidelines and determine:
• whom preventive measures may concern,
• who should be educated in interventions,
• who should counsel the responsible staff,
• whether internal counselling is required,
• which qualifications the counsellors should have,
• when and how it should be cooperated with external services,
• what kind of support should be offered,
• how an intervention should be conducted (intervention guidelines, code of practice, stage plan).

Basis for effectiveness is a regular meeting of the steering committee in short intervals. Later, the meetings can take place less frequently, but at least once a year.

**Working steps**

- Implementation of a steering committee.
- The steering committee informs on addiction prevention at the work.

- The implementation of a steering committee should start with a survey:
  - Which activities are carried out in the company?
  - Which regulations exist?
  - What kind of consumption culture does the company have regarding alcohol, tobacco and drugs? Which consequences does this have for health, work safety and working atmosphere?
  - How do employees deal with substance-related irregularities and health-risky behaviour?
  - Which working conditions promote problematic substance consumption?

- Development of aims, structures and measures by the steering committee and implementation in accordance with management and works council.
- Continuous evaluation of the occupational addiction prevention programme with focus on adjustments to the environmental conditions.

### 5.1.1 Occupational health management and addiction prevention

Occupational health management is defined as an intentional controlling and integration of all occupational processes, aimed at preserving and promoting the employees’ health. Addiction prevention is an essential part.
**Standard**

- Should the company have a systematic occupational health management, addiction prevention should be an integral part of this. The work should be coordinated by a common steering committee.
- The actors of occupational addiction prevention should participate in the development and implementation of health promoting measures.
- An important part is the concept of “healthy management”, which is supposed to raise the executives’ awareness of their capabilities to preserve and promote the employee’s health. In this connection, the topics of risky substance consumption and intervention possibilities according to the intervention guideline should be integrated.

**Working steps**

- Initiation of a stronger connection of activities in the fields of prevention of health risks and occupational health promotion in cooperation with responsible persons of other departments.
- Collaboration on a common concept for occupational health management, development of a common platform for systematic cooperation within prevention, health protection and health promotion by use of particular professional competences and influences.
- Implementation of elements of the programme into the activities and structures of an integrated occupational health management.

**5.1.2 Addiction prevention and addiction aid within extended occupational safety**

Since the extension of the labour protection act (ArbSchG 1996), occupational addiction prevention has become an integral part in the field of prevention of occupational health risks. In Germany, fields of preventive work with optional and obligatory services at work are arranged as follows:
### Fields of Preventive Work with Optional and Obligatory Services at the Work

<table>
<thead>
<tr>
<th>Obligation</th>
<th>Optional Offers</th>
<th>Duties of Employers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fields of Measures</strong></td>
<td>Occupational Health Promotion</td>
<td>Occupational Safety</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>• Improvement of the Health Situation</td>
<td>Prevention of Workplace-Related Health Risks and Prevention of a Prospective Reinforcement of Non-Vocational Diseases</td>
</tr>
<tr>
<td><strong>Measures</strong></td>
<td>Condition- and Behaviour-Oriented</td>
<td>• Condition-Oriented (Elimination of Causes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additionally Behaviour-Oriented (If Point 1. Is Not Possible or Sufficient)</td>
</tr>
<tr>
<td><strong>Measures of Addiction Prevention and Aid</strong></td>
<td>• Offers for Consumption Reduction</td>
<td>• Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>• Information and Awareness</td>
<td>• Assessment and Reduction of Work-Related Causes for Risky Substance Consumption</td>
</tr>
<tr>
<td></td>
<td>• Offers for Extension of Health Competence</td>
<td>• Information on Risks</td>
</tr>
<tr>
<td></td>
<td>• Reduction of Working Conditions Which Supports Substance Consumption</td>
<td></td>
</tr>
</tbody>
</table>
Working steps

- Common assessment of occupational prevention activities in the fields of addiction prevention, occupational safety and health protection, health promotion and possibilities of cooperation.
- Identification of current and prospective requirements within the intersection of occupational addiction prevention and occupational safety.
- Development of common aims, contents and activities as well as implementation of prevention events.
- Interactive integration of professionals of occupational addiction prevention and occupational health and safety protection in the corresponding committees.
- Promotion of cooperation within the occupational health management.

5.2 Company/works agreements

Company/works agreements are a clear and obligatory basis for addiction prevention programmes. Before the adoption of patterns or models of other companies, it should be checked carefully, whether they correspond to the latest standards.

Standard

- The occupational addiction prevention programme (aims, elements, contents, structures and measures) should be fixed in a company/works agreement.
- When writing the agreement, the elements of an occupational addiction prevention programme should be checked with regard to the occupational structures and demands. The guideline of the International Labour Organization (ILO) serves as an orientation.
- The agreement should determine the basic arrangements and regulations according to responsibility, mission and qualification of internal and external services, especially professional discretion for internal counselling as well as regulations of data protection.
- Legal norms, employment laws and current regulations have to be taken into account.
- The agreement should integrate all staff members as well as persons who are in touch with the company.
- After passing the agreement, it should be handed over to executives and introduced to all staff members.

The following template explains obligatory elements [italic script] of a company agreement; the other fields have to be adjusted dependent on the requirements of the company.

Title of agreement

The title should be focussed on the prevention of risky substance consumption, dealing with irregularities and support in case of addiction risks. The concept should be titled “addiction prevention programme”.

Preamble

Gives a summary of philosophy, main idea and aims; connects the superior
strategies with the concept.

Area of application
In case that not all staff members are included in the agreement (e.g. temporary workers), it is necessary to attach an explanation.

Aims
The aims give orientation for practice. They should be concrete, but also flexible enough to include developments in the long-term.

Working group/steering committee
Stipulating of member structure, tasks and meeting intervals. The concrete dealing with individual cases is not a task of the working group.

Dealing with substances – regulations for consumption
e.g. bans, limitations, restriction of the reachability of substances, design of a consumption culture, postulating of contextual abstinence.

Role and importance of superiors
The special importance of the superiors’ behaviour is to mention. At the same time, assistance and support in questions of addiction prevention should be assured.

Information and education for staff members
Continuous offers of information and education as well as qualification should be assured for all staff members. Specific workshops and coaching for managers should be made compulsory.

Risky substance consumption and salutogenetic workplace design
Within working fields with peculiar working conditions and strains, specific prevention measures should be mentioned. In case of high substance consumption in special working areas, an analysis of the situation as well as counteracting should be carried out in cooperation with occupational health and safety.

Procedure in case of hazards to occupational safety
A procedure in case of dealing with harm reduction in relation to substance consumption should be developed.

Mentioning of irregularities and support in case of risky consumption / addiction
All staff members should be requested to take action when substance related problems are noticed. In case of irregularities, superiors have to talk to the concerned employee at an early stage by means of stage conversations.

Intervention plan and stage plan
In case of irregularities, it should be proceeded as defined in the stage plan. The intervention plan should be attached to the agreement in order to facilitate necessary adjustments and updates.

Case Management within the stage process
If case management is part of the stage plan, it should be mentioned in the
### Implementation of internal services of prevention and addiction aid

The agreement is important for both, internal and external services because it is the legally binding basis for their work. Competences and responsibilities as well as the working frame should be stipulated. The professional discretion has to be mentioned in detail.

### Professional addiction aid

The description of tasks, rights and duties of the internal service serves as a basis for the description of external services.

### Additional contact persons – helping group

Description of tasks, qualification and conditions. An official assignment should be arranged in order to be legally secured to work additionally.

### Cooperation with external services

Description of assignment and frame of cooperation as well as tasks.

### Occupational support-groups

The tasks and the frame of participation of internal support groups have to be stipulated. Participation is voluntary except for civil servants.

### Special staff groups

Deviant, additional or restrictive regulations or specific offers for special staff groups (e.g. apprentices, employees with fixed-termed contracts) should be stipulated.

### Occupational rehabilitation

After a long period of absence caused by disease appropriate measures for occupational rehabilitation have to be determined in the agreement. Legal requirements have to be considered.

### Reemployment

As far as possible, an agreement can announce a reemployment in case of a successful therapy.

### Protection of privacy – Confidentiality – Deletion

Professional discretion has to be stipulated. The confidentiality of all conversations, notes and reports as well as a deletion deadline have to be determined. Special requirements for storage have to be regarded. For every individual case, a written consent of the concerned employee is required for the transfer of health-related data to other persons.

### Evaluation and report

Time intervals and responsibilities should be stipulated.

### Period of validity

Period of validity, period of notice and consequences have to be determined.
Working steps

- Development or revision of company/works agreement by the working group/steering committee. Participants have to be:
  - General management
  - Works council/staff council
  - Occupational health and safety specialist
  - Representatives of executives, staff responsible persons
  - Representatives of special interest groups (representative body for disabled employees, women’s representative, youth’s representatives, etc.).
- Group information on current professional and legal standards.
- Integration of external counselling familiar with these standards.
- Adjustment of the agreement in the different committees and joint signature of occupational departments.
- Utilisation of all occupational communication channels to publicise the agreement among staff and executives.
- Continuous validation of the agreement according to workplace, content and professional and legal standards.

5.3 Marketing and Public Relations

Within occupational practice, public relations are often limited to announcements of the addiction prevention programme. For successful public relations, the positive effects of the programme should be highlighted. This underlines the importance of addiction prevention programmes.

Standard

- In order to make specific offers within occupational addiction prevention, “customer’s needs” should be determined. The following questions serve as orientation guide:
  - Who is the customer for the services of addiction prevention and addiction aid?
  - How can different target groups be addressed?
  - Which services do they expect?
  - How do they notice the offer of service?
  - How do they accept it?
  - What do we know about the customer satisfaction?
- On the basis of the analysis of the customer’s needs, offers and services of the occupational addiction prevention should be visualised. If possible, the actors of occupational addiction prevention should be supported by professionals.
- The offers of occupational addiction prevention should regularly be presented in the company and in committees. The presentation should be up-to-date and attractive.
Working steps

• Ascertainment of the demand for offers and measures of occupational addiction prevention and addiction aid by the steering committee and/or the internal services, e.g. interviews with executives, representatives of interest. The results are integrated in aims, offers and action plans for addiction prevention.
  - Stipulating a concept of the occupational addiction prevention programme and of internal and external services for public relations
  - Internet/Intranet presence
  - Presentation at events, in departments and committees
  - Brochures
• Formulation of information with regard to contents
• Clarification of resources for professional support and technical implementation
• Organisation of information events and days of action, if necessary in cooperation with other institutions of the occupational health management.

5.4 Quality development, evaluation and reporting in occupational addiction prevention programmes

Quality development, evaluation and reporting the measures of occupational addiction prevention are necessary for the legitimisation of the programme and the required resources. Besides, it is an impulse for the reflection of one’s own actions with regard to the objectives. It serves as an orientation and gives transparency, what is necessary for the further development and the maintenance of the measures.

Standard

• Quality management with regard to a continuous improvement should be a central objective of an occupational addiction prevention programme. The frame of evaluation (e.g. scope, indicators and duration) should be stipulated.
• Evaluation should be focussed on the determined aims of the steering committee
• With regard to a minimum standard of quality management, (annual) reports should be written by the steering committee and/or the internal/external services. Contents of the report are:
  - Aims of occupational addiction prevention and addiction aid for the duration of implementation.
  - Instruction of the internal/external service.
  - Counselling work
    o Kind and number of counselling fields
    o Kind and number of in-house contacts
    o Analysis of central themes of counselling and effectiveness
  - Preventive activities
    o Information, prevention, brochures
    o Kind and scope of information / training events
    o Events
    o Analysis of acceptance and effects of preventive activities
  - Participation in networks.
  - Qualification, education, supervision of full-time and additional counselling.
  - Activities for quality development of the programme.
- Assessment of utilisation and effectiveness of the services (e.g. questionnaires, interviews)
- Evaluation of own activities with focus on targets
- Analysis and presentation of needs for further development

- For a professional standard of quality development, evaluation should contain qualitative statements on:
  - Standards of services and offers.
  - Approach of counselling and counselling concept respectively.
  - Results of addiction prevention and addiction aid for the evaluated period of time.
  - Level of target achievement, relation of input and results.
  - Estimation of strengths and weakness of the addiction prevention programme.
  - Cooperation with occupational health and safety experts, human resources, representatives of employee´s interests, etc.
  - Contribution to occupational health management.
  - Approach for the further development of the programme.
  - Required resources.

- Documentation and evaluation should be economically reasonable and appropriate in relation to the scope and tasks of the service.

- In the sense of a continuous quality improvement process, the evaluation results should be integrated in new aims and measures of occupational addiction prevention and addiction aid. Task of the working group/steering committee is, to make decisions regarding:
  - Further development of prevention/help concepts and integration in occupational health management.
  - Update of the addiction prevention programme, if necessary also in the company/working agreement.
  - Stipulation of objectives for the following period and required steps and resources.

**Working steps**

- Stipulating of objectives and frame of the evaluation as well as reporting within the working group/steering committee.
- Definition of quantitative and qualitative indicators for reviewing the achieved aims of addiction prevention and addiction aid in the period before.
- Analysis of
  - Data of the work of the steering committee
  - Data of the internal/external counselling
  - Data of preventive work, e.g. information events/ workshops
  - Data of cooperation and networks
  - Data of marketing and public relations
- Analysis of the results of the evaluation. Data should be analysed every year.
- Coordination of development and need for updating the occupational addiction prevention programme.
- Stipulating of objectives for the next reporting period and order for implementation.