

Workplace instruction –  
General



## Alcohol at the workplace

Guidance for company instruction



# Alcohol at the workplace

## Facts

Long-term alcohol consumption leads to many physical and mental illnesses. At work, it results in more frequent absences

and reduced performance. Just as in road traffic, the risk of accidents increases considerably.

## Information on the topic of alcohol

### Important to know

- 5% of employees in the workplace are considered alcohol dependent, and a further 10% are at serious risk from becoming alcoholics.
- A standard alcoholic beverage contains approximately 10g of pure alcohol, i.e. a small pint of beer (0.25l) or a glass of wine (0.1l). It is recommended that adults should not exceed 24g (men) and 12g (women) of pure alcohol in a day. However, even this low-risk drinking quantity must not be consumed on a daily basis. Therefore, it is recommended to keep a minimum of 2 days in the week alcohol free.
- Both employers and superiors are responsible for the safety of employees and for preventing dangers posed by persons under the influence of alcohol. It is the duty of superiors to judge whether the employee(s) is at risk to themselves or others as a result of alcohol consumption.

### Increased risks of accidents

- **Caution residual alcohol:** alcohol in the body is broken down very slowly (approx. 0.1 per mil per hour), so you may still be affected by drinks enjoyed in the evening the next day at work.

- **Insurance cover:** accidents at work are insured by the statutory accident insurance. This insurance cover is not applicable if alcohol, in legal terms, is considered the only cause of the accident. This includes accidents at work, on business trips or on the way to work.
- Due to their duty of care, superiors may not simply look the other way. If there is a suspicion of alcohol, superiors must immediately stop the employee(s) from working and e.g., have them driven home by car.

### Alcohol addiction

Habitual drinking (risky drinking) can lead to psychological or physical dependence. Alcohol dependency is diagnosed if at least three of the following criteria of the World Health Organization (WHO) have been met during the last year:

- Strong desire or compulsion to consume alcohol
- Reduced ability to control when to start drinking or when to stop and how much to drink
- Physical withdrawal symptoms when alcohol is reduced
- Drinking with the aim of relieving withdrawal symptoms



Persons who try to help alcohol drinkers by protecting, explaining and apologizing unknowingly become allies of the addict and co-dependent persons.



- Developing alcohol tolerance, i.e. drinking larger quantities of alcohol to have the desired effect
- Tendency to disregard the socially accepted rules of drinking behavior whilst consuming alcohol
- Neglecting other interests in favour of drinking
- Continued consumption of alcohol despite harmful physical, social and psychological consequences

## Everybody can help

### Duty of care and responsibility

- Know company regulations on alcohol
  - Are there absolute alcohol bans?
  - Do an addiction prevention policy or a corresponding agreement exist in the company?
  - Is there an addiction counselor?
- Both employers and superiors have a duty of care to the employee. This also applies to supporting the employee in facing this problem. A “quick termination” that is feared by many employees is usually not legally possible (as long as the employee does not commit any criminal offenses).
- Do not look away if a person is under the influence of alcohol, rather address the person tactfully or, if necessary, inform the superior. Covering up the situation means a false sense of collegiality and can cause considerable harm to both the person concerned and other employees.

Signs of problematic alcohol consumption can be changes in: external appearance (“alcohol plume” or “breath cleaner” (candies), absent gaze, glassy eyes), work behavior (unreliability, performance fluctuations), social behavior (irritability, aggressive behavior, severe mood swings, social withdrawal).

- You can get help from:
  - In-house:
    - Occupational physician, addiction counselor, works council or staff council.

**They all are subject to confidentiality**

  - Externally:
    - General practitioner (studies prove a high effectiveness of intervention by general practitioners)
    - Outpatient counseling and treatment centers, information on this topic is available e.g. from health insurance companies
    - Self-help groups: e.g., Alcoholics Anonymous, International Federation of the Blue Cross

### Never encourage victims of dependency or persons in danger of becoming addicts to drug consumption

Those who work with persons with former alcohol problems who remain abstinent, must never try to encourage them to use addictive substances again.



### Further information on the topic of alcohol

- ▶ Brochure of BG ETEM: Alkohol und Arbeit (JB012) (German)
- ▶ Factsheets of the German Centre for Addiction Issues on the topic of alcohol, [www.dhs.de](http://www.dhs.de)
- ▶ Brochure of the BGN (German food, hotel and restaurant professional association): Alcohol at work and on the way to work (0.07), briefing of the BGN
- ▶ [www.bzga.de/service/](http://www.bzga.de/service/)
- ▶ [www.dhs.de/infomaterial](http://www.dhs.de/infomaterial)



## Effects of alcohol consumption

Even in small quantities alcohol leads to noticeable impairment of performance. If medication and alcohol are taken at the same time, the effects of each can be unpredictable.

Below are some examples of the effects of alcohol on performance, signs of impairment and the resulting increase in the risk of accidents.



Depending on the individual's physical constitution and condition on the day, certain impairments of performance can already be reversed at a lower blood alcohol level.

Per mill	Affects
0.2 ‰	<ul style="list-style-type: none"> <li>• ability to give and receive criticism and ability to concentrate decreases</li> <li>• Risk taking rises</li> <li>• Responding time for eye and ear is extended</li> </ul>
0.3 ‰	<ul style="list-style-type: none"> <li>• Objects appear more distant than they really are</li> </ul>
0.5 ‰	<ul style="list-style-type: none"> <li>• Misjudging speed and distance</li> <li>• Visual performance is reduced significantly</li> <li>• Adaption from light to dark declines</li> <li>• Red light weakness increases</li> <li>• Hearing and ability to concentrate are reduced</li> </ul>
0.7 ‰	<ul style="list-style-type: none"> <li>• Disturbance of balance occurs</li> <li>• Reduction of night vision ability</li> <li>• Responding time is considerably slower</li> </ul>
0.8 ‰	<ul style="list-style-type: none"> <li>• Loss of control of eye movements</li> <li>• Visual field loss ("tunnel vision")</li> <li>• Increased reaction time by approx. 35%</li> <li>• Considerable reduced ability to concentrate</li> <li>• Impairment of balance and coordination</li> <li>• Overestimation of your own abilities</li> </ul>
0.9 ‰ and beyond	<ul style="list-style-type: none"> <li>• Great impairment of concentration, attention, visual ability, slower responding time and hearing impairment</li> <li>• Speech disorder</li> <li>• Irregular gait, impaired balance</li> <li>• Extreme overestimation of one's abilities</li> <li>• Confusion, orientation disorders</li> </ul>

### Consider break down of alcohol!

Those who go to bed around midnight with 2.0 per mille will only sober up completely the next evening (depending on age, sex and physical constitution, etc.)

