



# ewna

European Workplace and Alcohol

## Toolkit for alcohol-related interventions in workplace settings





This document has been prepared by Jon Dawson, Mari Cruz Rodriguez-Jareño, Lidia Segura and Joan Colom on behalf of the European Workplace and Alcohol (EWA) Network and is a deliverable of the EWA Project.

This Toolkit for alcohol-related interventions in workplace settings document arises from the project European Workplace and Alcohol which has received funding from the European Union, in the framework of the EU Health Programme. The responsibility of the content of this document lies with the authors, and the content does not represent the views of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein. For more information and the electronic version of the document, see: <http://www.ewaproject.eu>

### ***Acknowledgements***

GENCAT, Liverpool City Council and all the EWA project partners would like to acknowledge their gratitude to all the companies and organisations and their workforces that took part in the EWA pilot projects and contributed to the compilation of case study experiences. Their participation and enthusiasm in supporting and delivering pilot projects on alcohol in a workplace setting have been vital to the implementation of the EWA project and to the development of this toolkit. Without the commitment of their time and energy to take part in awareness raising activities, training, reviewing workplace policies and supporting the impact assessment process, this project and its results would not have been possible.

This document should be quoted: Dawson, J, Rodriguez-Jareño, MC, Segura, L and Colom, J. (2013). European Workplace and Alcohol Toolkit for alcohol-related interventions in workplace settings. Department of Health of the Government of Catalonia: Barcelona.

The EWA project has been led and co-ordinated by Health Department of the Government of Catalonia, Barcelona. The Public Health Department of Liverpool City Council was the work package lead for the development of this toolkit.

Layout and cover design by Xavier Cañadell. Printed in Barcelona (Spain).





# Content

<b>1. Overview</b>	
1.1 Purpose of the toolkit	4
1.2 Who the toolkit is for	4
1.3 Why intervene? Rationale of the toolkit: the case for alcohol interventions in the workplace	4
1.4 Background to the toolkit's development	6
1.5 How to use the toolkit	6
<b>2. What to do? Programme focus</b>	
2.1 Assessing the workplace situation	7
2.2 Clarifying objectives	8
2.3 Deciding in the scope and scale of interventions	8
<b>3. How to do it? Development and implementation</b>	
3.1 Awareness raising	9
3.2 Assessment and improvement or introduction of workplace policy	12
3.3 Training for capacity building	13
3.4 Brief interventions and advice	14
3.5 Comprehensive level intervention	16
<b>4. How to monitor and evaluate?</b>	18
<b>5. Intervention schedule</b>	20

# 1. Introduction

## 1. 1. Purpose of the toolkit

This toolkit provides guidance for developing and implementing alcohol preventive interventions within workplace settings. It builds on evidence and good practice lessons derived from the DG SANCO funded European Workplace and Alcohol project. The toolkit has a specific focus on how employers and those working with workplaces can:

- **improve workplace productivity** and reduce absenteeism and presenteeism<sup>1</sup> ;
- **reduce workplace accidents** and make workplaces safer;
- **raise awareness amongst employees** about how, in relation to alcohol, they can live healthier lives and be more productive at work;
- **support employees to change** their alcohol-related behaviour to live more healthily during and outside working hours ;
- **help the adoption of a workplace culture** that, with respect to alcohol, is supportive of healthier living and improved workplace performance.

## 1. 2. Who the toolkit is for

The toolkit is aimed at a wide range of stakeholders including employers, occupational and workplace health professionals, trade union representatives, public health service providers, human resource managers and public health policy makers and commissioners. It highlights both how to establish effective alcohol preventive interventions that can benefit employees and employers and provides insight into the rationale for promoting and commissioning such interventions. It also flags up the key components for effective alcohol interventions in workplace settings.

## 1. 3. Why intervene? Rationale of the toolkit: the case for alcohol interventions in the workplace

Europe has the highest, and still increasing, per person level of alcohol consumption in the world . This consumption has a very negative impact on health and work. It is estimated that each year 138,000 European Union citizens aged 15 – 64 years die from alcohol-related ill health and injury. Alcohol consumption also has significant economic, safety and legal implications for workplaces. Overall, for instance, lost productivity costs feature as the dominant element in social cost studies arising from the harm done by alcohol, comprising about half of the total social cost of alcohol to the European Union.

Alcohol use during or before work, along with excessive consumption of alcohol generally, makes accidents more likely and can affect workers' performance, absenteeism, presenteeism and lead to loss of production. It can also have detrimental effects on the social climate in the workplace and on an organisation's image. All of these consequences of alcohol can hit employers' profitability.

<sup>1</sup> Presenteeism is where employees are present at work but are not well and so not working as effectively as they could do

Appropriate at any time, tackling alcohol is especially important during periods of economic difficulty as heavy drinking increases the risk of unemployment for individual employees and affects organisational efficiency and already squeezed profit margins. Addressing alcohol problems can also generate knock on benefits for family and friends and the wider community: the impact of the social and health costs to others from someone else's heavy drinking are as large as the costs for the drinkers themselves.

### **Box 1. Main benefits from implementing effective alcohol interventions**

#### **For employers:**

- Improved health and welfare of workers
- Improved safety at work
- Improved productivity and reduced costs associated with the reduction of accidents, absenteeism, and presenteeism
- Improved working environment and corporate image of the company
- Contribution to corporate social responsibility.

#### **For employees:**

- Improved health and wellbeing through access to effective advice and prevention measures
- Increased job safety through working in a safer environment as the risk of accidents and injuries caused by self or co-workers is diminished
- Increased job security for workers with alcohol problems through receiving support to address problems.

### **Box 2. Effective alcohol policies at European and member states level**

This toolkit focuses on the design and development of alcohol-related interventions in workplace settings. However, it is very important to recognise that such interventions should, ideally, be part of wider and more comprehensive alcohol strategy at societal level including legislation and policies that focus on:

- Reducing availability of alcohol products;
- Minimum prices for alcohol;
- Advertising bans on alcohol products;
- Controls on bulk buying offers;
- Health information labeling.

## 1.4. Background to the toolkit's development

The toolkit builds on the work and experience emerging from the EWA project. In particular, it reflects evidence identified and generated from:

- a comprehensive review of scientific evidence on the impact of alcohol in the workplace;
- a series of case studies of existing good practice in addressing alcohol-related issues within workplaces;
- the development, implementation and evaluation of innovative, evidence-based, alcohol interventions in 55 workplaces with over 9,400 employees across 11 European countries.

Key findings from the EWA project indicate that:

- alcohol consumption has a very negative impact on work;
- alcohol interventions at the workplace can help change attitudes, raise awareness and change drinking behaviour amongst the workforce;
- alcohol interventions are well received and valued by both employers and employees

Furthermore, the EWA project suggests that companies and organisations should:

- have a comprehensive, **written workplace alcohol policy** – for the most effective and sustainable impact (section 3.2);
- where resources allow, adopt a **comprehensive health-related alcohol programme** (section 2.3);
- **review working practices**, leadership styles and other factors that can cause work-related stress and, potentially, lead to alcohol heavy drinking;
- make their workplaces “**alcohol-free**”.

## 1.5. How to use the toolkit

The toolkit has been designed to be practical and simple to use. It briefly explains the reasons why alcohol preventive interventions in the workplace are important and shows tactics to build and implement a workplace alcohol programme. It provides a step-by-step guide to developing and conducting a range of interventions. Essentially, incorporating a “check-list” of factors to consider when developing or commissioning alcohol preventive interventions in workplaces. It highlights the key tasks that should be taken to establish an effective intervention.

This toolkit is available in a printed version and is also available on-line at [www.ewaproject.eu](http://www.ewaproject.eu). In addition, a series of downloadable resources that are supportive of, provide more contextual evidence for, and complement this toolkit are also available on-line.

## 2. What to Do? Programme focus

The commitment of the entire organisation towards the promotion of employee health is vital to changing attitudes and behaviours. This commitment is the key to the success and effectiveness of interventions. Transparency, trust building and confidentiality and securing the participation of employees, managers, workers' representatives and occupational health professionals in the process are also vital.

In deciding the focus and extent of an alcohol-related intervention within a workplace, it is important to assess the current situation, clarify objectives and determine the actions that will be taken. The next sections provide guidance for this important intervention framing phase.

### 2.1. Assessing the workplace situation

The first step is to make an assessment of how the workplace currently engages with alcohol-related issues and to understand the legislative context. This helps to provide a benchmark for the workplace and can feed into decisions about the type of alcohol preventive intervention that would be most appropriate to take forward.

Key factors to consider include:

- reviewing national legislation or guidance that may relate to alcohol in the workplace;
- reviewing the workplace's existing policies (if any) and practices related to alcohol;
- identifying current knowledge about the prevalence of alcohol consumption and alcohol problems within the workplace;
- availability of alcohol at work, either within or outside the workplace, and current practices about its use at lunch breaks, corporate events and social events;
- any history of alcohol-related accidents or incidents.

Other important factors to consider relate to the "readiness" of the workplace and the workforce for different types of intervention. Evidence from the EWA project has highlighted that introducing alcohol-related policies and interventions enjoys considerable support amongst employees, both before and after actions are taken. Nevertheless, it is important to consider:

- is the "company culture" ready? Notwithstanding high levels of support, alcohol at the workplace may be a sensitive issue amongst some workforces and initial steps may be required to prepare the terrain for a change in culture: for instance, by starting with an awareness raising campaign before attempting to design and introduce a more ambitious project.
- is there likely to be resistance from workers or from workers' representatives? Working closely with both is important.
- what resources are available to develop and implement an intervention? In addition to organisational resources, potential support may be available from NGOs, the public health sector, and other governmental bodies.

## 2.2. Clarifying objectives

Any workplace focused health intervention should have clearly specified and widely acknowledged objectives. For an effective alcohol-related intervention - that has the potential to make a difference to the health and well-being of the workforce and to organisational performance and productivity - key goals should include:

- to create a culture and practices within the organisation that embraces healthy attitudes about alcohol;
- to increase awareness amongst managers and employees about the dangers of alcohol and about how, changing their drinking habits, can lead to a more productive and healthier workforce;
- to ensure support is available to those employees with alcohol problems.

## 2.3. Deciding in the scope and scale of interventions

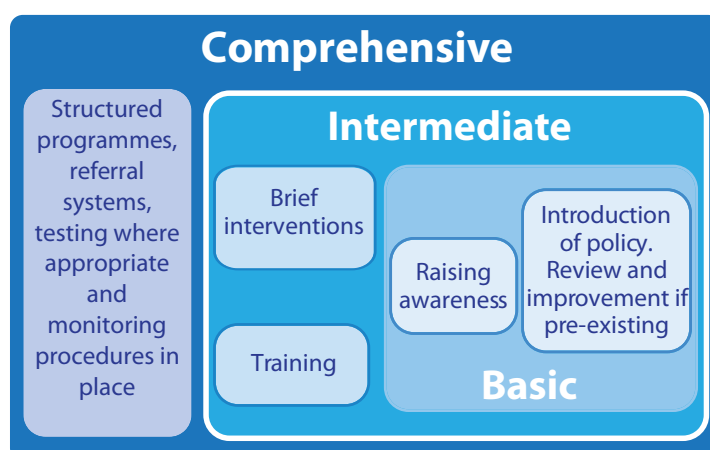
Based on good practice evidence and the wide experience of the EWA project, this toolkit identifies several specific alcohol-related interventions that can contribute to the achievement of the above goals. They are:

- **awareness raising** for workers and managers about alcohol and alcohol policies;
- **workplace alcohol policy** assessment, review and introduction or improvement;
- **capacity building training programmes** to develop and implement effective alcohol policies and procedures.
- **brief interventions** incorporating screening and advice about alcohol consumption and use;
- **structured programmes** that may include treatment or referral mechanisms and systems, in specific cases, for alcohol testing in the workplace

The scope of interventions selected and the scale at which they are implemented will reflect the outcome of the assessment process in section 2.1. This approach provides flexibility. For instance, it enables organisations to adapt their approach to their existing track record of alcohol and wider health preventive action.

Depending on the elements introduced and according to the resources that the organisation invests, this toolkit is structured around 3 levels of intervention: basic, intermediate and comprehensive.

How organisations can take forward each of these is set out in the following section. Reflecting its fundamental importance, and as evidenced within the EWA project, it is important to highlight that all levels include the introduction or improvement of a workplace alcohol policy.





## 3. How to do it? Development and implementation

Whatever the level of intervention, preliminary steps will include deciding:

- who will participate in providing the intervention and who will lead;
- who will receive the intervention or the different levels of intervention (for instance targeted training, information cascading, etc);
- the timing;
- the funding and other resources to be allocated;
- how to build evaluation and performance indicators into the agenda.

### ✓ Key tips

- Involve employees and/or their representatives from the beginning of the process. This gives transparency, encourages initiative, and cooperation, improves the chances of success and smooth running of the program. The ideal situation is that workers, both managers and other employees, feel a sense of ownership of the programme.

### 3.1. Awareness raising

**Activity:** Awareness campaign

**Objective:** To increase awareness among workers and managers about alcohol-related harm, risks related to alcohol and the workplace, alcohol policies that exist and the way that drinking less can lead to a more productive and healthier workforce

### ✓ Key tips

- Awareness-raising campaigns should be adapted to the characteristics of the target groups.
- Providing information through interactive and creative methods is more likely to succeed.

Box 3 highlights the focus and methodologies that can be adopted to raise awareness about alcohol and enhance workplace policies related to alcohol.

### **Box 3. Actions to raise awareness within workplaces for employees**

#### **Essential actions:**

- Deliver key messages about alcohol consumption and reducing alcohol-related harm

#### **Raising awareness for employees often includes a focus on:**

- Informing and creating awareness about the risks related to the use of alcohol both in the workplace and for the health and well-being of individuals;
- Providing information on the existing availability of treatment and support including through self-referral to specialists outside the organisation;
- Explaining alcohol policies and procedures.

#### **Creative interventions can include interactive events that embrace:**

- Fact sheets and leaflets;
- Information and campaign posters;
- Small gifts with messages;
- Alcohol unit and consumption calculator;
- Group exercises or small group discussions;
- Role play;
- Quizzes;
- Guide and manuals for workplaces (including e-versions);
- “Mocktail” bar (serving alcohol-free cocktails).

## Key tasks:

1. Develop focus and content of awareness raising activity
2. Obtain or develop awareness raising materials
3. Deliver series of interventions with workforce
4. Review and assess experience

## EWA examples:

**LEAFLETS.** In Germany over 60.000 units of the leaflet developed by DHS for awareness raising were distributed across the country.

**POSTERS.** In Catalonia, FCC developed a very powerful awareness raising campaign addressed to all employees. Graphically impacting, it used humour and positive, clear messages to grab effectively the attention of employees .

*More detail and further EWA examples of good practice in raising awareness can be found at:*

[www.ewaproject.eu](http://www.ewaproject.eu)



## 3.2. Assessment and improvement or introduction of workplace policy

An agreed and written health protocol and disciplinary policy is very important - implementing policies can make a lasting contribution to workplace practices and culture. EWA recommends that workplaces should be “alcohol-free”.

**Activity:** Alcohol policy assessment, review and improvement or introduction

**Objective:** To put in place an effective workplace alcohol policy that is widely known and applied.

### ✓ Key tips

- Utilise existing and “good practice” workplace alcohol policies, adapting them if necessary to the specific workplace context.
- The policy should not be based solely on disciplinary procedures, but it should also include clear support mechanisms. Make it clear that the purpose of the alcohol policy is not to punish, but to help.
- Involve the workforce in the development of the policy to generate support for it.
- Put effort into raising knowledge about the policy - perhaps by launching a new policy in tandem with a wider awareness raising event

Box 4 highlights key elements of a “good practice” and comprehensive alcohol policy for a workplace.

### Box 4. Alcohol policy assessment and review

#### Essential actions:

- Review and assess current position regarding policies and procedures;
- Enhance and put in place clear, comprehensive and effective policies and procedures.

#### A template alcohol policy could include sections on:

- the consumption of alcohol at and before coming to work;
- the possession of alcohol in the workplace;
- the consumption and use of alcohol at workplace events, client entertaining or when staff are on workplace business;
- disciplinary, but also supportive, procedures for breaches of the alcohol policy;
- procedures for dealing with suspected cases of alcohol heavy drinking;
- identifying specific categories of workers (eg for workplace safety reasons and considering whether alcohol testing may be appropriate), and how the policy may apply to them;
- employee support and confidentiality in relation to alcohol concerns -including clear signposting or referral pathways.

The EWA example of a standard or template alcohol policy including further indications on how to develop it can be found at [www.ewaproject.eu](http://www.ewaproject.eu)

### Key tasks:

1. Review and assess alcohol-related workplace policy and practice
2. Create or improve a written policy
3. Secure support from workforce and representatives for the new policy
4. Launch and disseminate the revised or new policy
5. Monitor compliance with the policy

## 3.3. Training for capacity building

Commitment from managers and other senior staff to promote the health of employees within an organisation is vital to changing attitudes and behaviour. Training programmes that can provide key staff with the skills and motivation to address alcohol-related issues are essential to building organisational capacity.

**Activity:** Capacity building training programmes

**Objective:** To enable key personnel (employers, managers, health and safety representatives, occupational health professionals etc) to understand how to detect and correctly deal with alcohol problems, to cascade training and information, and to ensure that workplace alcohol policies, procedures and practices are effective

### ✓ Key tips

- Training should be comprehensive, interesting, fun and interactive
- A key aim should be to motivate training participants to become enthusiastic advocates for alcohol-related health promotion.

Box 5 highlights components of training for employers and managers.

### Box 5. Capacity building training programmes

#### Essential actions:

- Capacity building training for key workplace representatives.

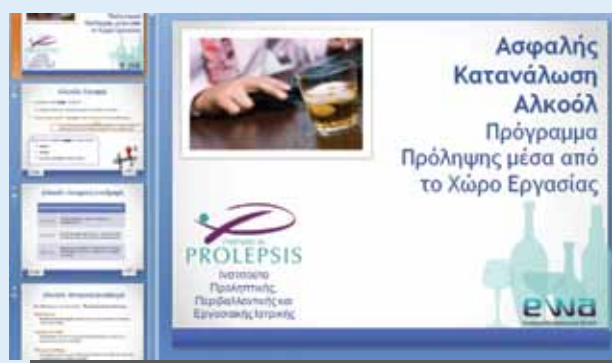
#### Training for these groups should include a focus on:

- impact of alcohol consumption;
- assessing and recognising signs and symptoms of heavy drinking;
- providing knowledge and skills on how to act on this information;
- learning how to implement a comprehensive alcohol policy - including detection and signposting or referral procedures;
- gaining skills on how to communicate with employees about alcohol issues.

### Key tasks:

1. Compile training materials
2. Identify key staff to be trained
3. Conduct training to build capacity for effective and sustainable action
4. Review capacity training experience, content and protocol

### EWA examples:



**Training session in Greece.** Target groups, who have had adequate or more in depth training, can act as disseminators or information multipliers.

*More detail and further examples of good practice in training to build capacity around alcohol in the workplace agendas can be found at: [www.ewaproject.eu](http://www.ewaproject.eu)*

## 3.4. Brief Interventions

There is an extensive body of evidence indicating that brief interventions are effective and have become increasingly valuable in supporting individuals who drink at hazardous and harmful levels. As a low cost, evidence-based solution, alcohol-related brief interventions have proved a popular intervention tool amongst policy-makers and health professionals.

**Activity:** Brief interventions incorporating screening and advice about alcohol consumption and use - including deployment of the AUDIT tool

**Objective:** Identify workers at risk of alcohol-related harm in order to give them advice and support.

## ✓ Key tips

- Confidentiality is vital
- Use the AUDIT C tool <sup>2</sup> as screening tool (see figure below)
- Clear referral pathways should be in place

Box 6 highlights important elements of the brief intervention process within workplace settings

### Box 6. Brief Interventions

#### Essential actions:

- Screen and advise employees through 1-to-1 consultations that utilise the AUDIT C tool.

#### Aspects that contribute to making alcohol-related brief interventions more effective:

- use of a fast, workable and validated screening tool that gives confidence to intervene;
- raising awareness of an evidence base that shows the effectiveness of intervention;
- providing training within induction programmes that makes occupational health staff more readily accept screening and brief intervention as part of their work;
- providing clear feedback to employees and a choice of actions.

AUDIT-C Questions:	Scoring system					Your score:
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Scoring: A total of 5+ for men and 4+ for women indicates increased or higher risk drinking and is therefore AUDIT-C positive.						Total:

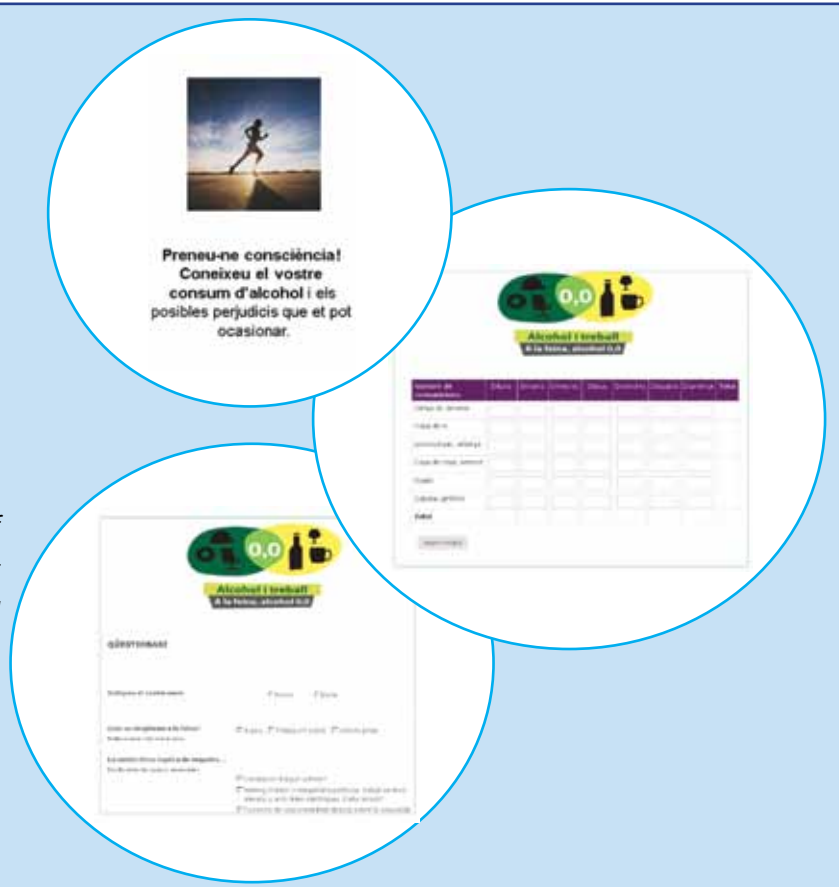
## Key tasks:

1. Identify screening tool
2. Raise awareness of screening and evidence for it
3. Administer service
4. Provide feedback for participants – reflecting need for confidentiality
5. Inform respondent, where appropriate about referral options

## EWA example

**Brief Interventions (BI) online tool.** In Catalonia, an on-line BI intervention tool was developed. Workers could anonymously assess their alcohol consumption and work related risks and receive personalized advice.

*More detail and further examples of good practice in screening, brief intervention and advice about alcohol in the workplace can be found at: [www.ewaproject.eu](http://www.ewaproject.eu)*



## 3.5. Comprehensive level intervention

A comprehensive level intervention within an individual workplace should, in addition to intermediate and basic level components comprise employers putting in place a structured programme that might include:

- introducing a structured alcohol programme to raise awareness;
- use of testing tools to monitor alcohol use, where appropriate;
- enabling treatment or referral to alcohol treatment services;
- putting in place effective monitoring systems.



## √ Key tips

- Make alcohol programme part of a wider well-being agenda
- Facilitating access to specialized treatment for alcohol problems is critical to the rehabilitation and reintegration of employees.

Box 7 highlights systematic workplace practices that would be part of a comprehensive intervention.

### Box 7. Comprehensive level intervention

#### Essential actions:

- Workplace implements “good practice” alcohol programme for the workforce.

#### This could include the adoption of systematic workplace practices that incorporate:

- implementing alcohol policy for workforce and corporate events;
- establishing a structured programme of awareness raising – not just one-off events (perhaps as part of a wider well-being programme or ongoing professional education);
- a confidential system for supporting staff screening, using the AUDIT tool, and referral, where appropriate, for alcohol treatment;
- where appropriate, testing specific staff for alcohol levels during working hours;
- establishing systems to monitor alcohol-related incidents, accidents and sickness absence.

*More detail and further examples from the EWA project relating to comprehensive actions can be found at: [www.ewaproject.eu](http://www.ewaproject.eu)*

#### Key tasks:

1. Review previous experience of alcohol-related interventions
2. Work with workplace stakeholders to develop comprehensive programme
3. Identify and secure resources for delivery
4. Publicise proposed actions amongst all staff
5. Launch and implement programme
6. Monitor and evaluate progress and impact and amend future action accordingly

## 4. How to monitor and evaluate?

Defining and establishing monitoring indicators and evaluation tools is essential for assessing progress and impacts. They are particularly appropriate when organisations are introducing longer-term actions or wish to know, over time, about levels of alcohol-related knowledge, attitudes and behaviour amongst its workforce. Putting in place monitoring that can identify alcohol-related incidents and accidents also provides workplaces with valuable data about the degree that alcohol is or is not a problem within an organisation. Indicators should be measurable, meaningful and simple to compile. They should measure progress and impact.

### **Progress indicators**

Progress indicators should relate to progress against the goals of specific interventions. They may include:

- number of staff engaged in awareness raising events;
- number of training courses held and numbers of staff trained;
- number of staff engaged in brief interventions;
- number of other organisations that have learnt about a workplace's good practice.

### **Impact indicators**

Impact indicators should aim to measure changes in key staff and other employees' alcohol-related knowledge, attitudes and behaviour – including awareness of the effect that alcohol can have on organisational efficiency and profitability. Whilst ongoing data collection provides useful trend data, if it is first collated before interventions take place, it can, if repeated afterwards, provide valuable intelligence about the effectiveness of interventions in specific workplaces. It can also inform the focusing and adaptation of alcohol-related actions from the outset and following on from initial activity. In this way, impact indicators can be a useful managerial tool.

Impact indicators, tested within the EWA project, relate to:

- awareness of the health impacts of drinking alcohol;
- attitudes to alcohol and drinking at the workplace;
- consumption levels;
- knowledge of workplace alcohol policies.

A copy of the EWA employee questionnaire can be found at: [www.ewaproject.eu](http://www.ewaproject.eu)

## Monitoring indicators

Organisations should consider adding a data monitoring category, to capture alcohol-related incidents, in their incident and accident at work records. This should enable incidents or accidents that have an alcohol-related aspect to be easily identified.

### Key tasks:

1. Define progress, impact and monitoring indicators
2. Compile baseline impact indicators at pre-intervention stage
3. Compile progress and monitoring indicators on an ongoing basis
4. Compile follow-up impact indicators at post-intervention stage

## Evaluating interventions

The indicators outlined above can generate key quantitative evidence for evaluating the effectiveness of alcohol-related interventions within workplace settings. Qualitative evaluation can add value to the quantitative data. It can help to explain progress, problems and successes. Qualitative methodologies that can be deployed include semi-structured interviews with key informants and focus group sessions with key staff and employees. Analysis of quantitative and qualitative research findings can enable assessments to be made about:

- the impact of the intervention and the extent to which the intervention is meeting its targets and objectives;
- aspects that work well and what works less well;
- perceptions of how the intervention should develop in future;
- recommendations, where appropriate, for short and medium term intervention adjustments.

A comprehensive guidance document for evaluating alcohol-related interventions in workplace settings: "EWA Analytic Framework Model: Guidance document for analyses of pilot interventions" is available on-line at [www.ewaproject.eu](http://www.ewaproject.eu)

### Key tasks:

1. Establish evaluation methodology
2. Ensure data gathering measures are in place, such as performance indicators and employee feedback
3. Conduct evaluation at defined time
4. Use evaluation to evidence impact and inform future action
5. Share experience with others conducting or interested in conducting alcohol-related interventions in workplaces

## 5. Intervention schedule

Schedules for the development of alcohol-related interventions in workplaces will incorporate a series of phases:

- Set-up phase
- Programme design and development phase
- Programme launch and implementation phase
- Evaluation and feedback

Therefore, wherever possible, an implementation schedule should be carefully designed and planned, and provisions made to assure continuity of the action.

It is very important to bear in mind that the most useful interventions are long term, on-going and developed in stages, and comprehensive interventions are more effective than basic, one-off activities.

Intervention phase		Checklist
Phase 1: Set up	Framing the intervention	<ul style="list-style-type: none"> <li>• method to be adopted (internal delivery of the project by the own company/ delivery by external organisation of whole or part of the project)</li> <li>• assessment of how the workplace currently engages with alcohol-related issues and of the legislative context</li> <li>• aims of pilot intervention</li> <li>• anticipated level of intervention: basic, intermediate or comprehensive, and elements to be incorporated</li> </ul>
	Key actors involved	<ul style="list-style-type: none"> <li>• who will lead and project manage intervention</li> <li>• who will deliver services</li> <li>• who will receive training</li> <li>• other stakeholders involved</li> <li>• will the whole company participate or only some specific workplaces?</li> <li>• co-ordination arrangements among different actors</li> </ul>
	Collation and/or development of resources and materials	<ul style="list-style-type: none"> <li>• what resources and materials will be developed and deployed</li> <li>• who will collate and develop materials</li> </ul>

Phase 2: Implemen- tation	<p>Actions: for all actions to be delivered within workplace, e.g.:</p> <ul style="list-style-type: none"> <li>• awareness raising</li> <li>• policy audit and improvement</li> <li>• training of managers</li> <li>• brief interventions and advice</li> <li>• referral systems</li> <li>• testing</li> <li>• monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• who will deliver each action</li> <li>• how action will be developed</li> <li>• what will be the content of the action</li> <li>• how action will be delivered</li> <li>• what will be duration and frequency of action</li> <li>• how impact on day-to-day business of workplace will be minimised</li> </ul> <p>Depending in the characteristics of the company and of the intervention, a launch/dissemination event can be a good element to consider.</p>
Phase 3: Follow- up and analysis	Project analysis	<ul style="list-style-type: none"> <li>• Baseline assessments should be conducted at the outset and updated at the conclusion of the intervention. Results will inform of effectiveness of the intervention and provide elements for improvement.</li> </ul>

Drawing on the pilot project experience within the EWA project, the following chart highlights the suggested phasing for alcohol-related interventions within workplaces. The template table highlights the content that should be incorporated within each intervention and, in tandem with the guidance above, can be used as a checklist for developing and drafting intervention work plans.

## Associated Partners



## Collaborating Partners



Ledy by:



In collaboration with:



Co-financed by:



## Contact us

**EWA - European Workplace and Alcohol**

Program on Substance Abuse

Department of Health of the Government of Catalonia

C. Roc Boronat 81-95, 3a. planta 08005 - Barcelona

Tel 93 551 36 10

[ewa@gencat.cat](mailto:ewa@gencat.cat)

[www.ewaproject.eu](http://www.ewaproject.eu)