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## The study of the sobriety of employees as one of the key elements of safety

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### ABSTRACT

Safety at the workplace is one of the key aspects that affects both the employee and the employer. Despite the passage of time, this unusually expanded subject does not lose its significance and its social status influences the creation of a culture of work safety. It is aimed not only at removing threats or creating security procedures, but also changing the beliefs, attitudes and behavior of employees. This last element is extremely important to be able to adapt employees to today's European security standards. The purpose of this article is to show the importance of the sobriety of employees as an aspect of safety in the workplace, which not only affects their health and life, but also reduces quality and productivity at the same time undermining the credibility of the company.

**Keywords:** sobriety, harmful drinking, breathalyser, penalties, alcohol dependence, alcohol problems

### 1. INTRODUCTION

The political changes that took place in Poland in the early 1990s carried the conviction that in the economy the problem of drinking workers would disappear. However, such a situation did not occur, and the problem of drinking at the workplace, coming to work under the influence of alcohol or on the so-called "hangover" affects more and more employers who in times of demand for employees can not afford to eliminate drinking ones.

CBOS questionnaire from 2008 showed how big the problem is alcohol in the workplace. 8% of respondents admitted to alcohol consumption in the workplace, and 16% of respondents admitted to witness the consumption of alcohol while performing professional activities. Despite the generally prevailing view that the performance of professional duties excludes connection with alcohol, employers continue to face problems related to alcohol in the workplace of various etiology and character.

The problem of replacing drinkers concerns not only the reserve cadres in large enterprises, but increasingly often in small businesses. While a few years ago this problem was accompanied by reduced productivity of employees, absenteeism at work, today it causes a large fluctuation and increase in tensions between the management and the employer, who can not cope with their tasks. A few years ago, this problem was accompanied by reduced productivity of employees, absenteeism at work, however, today it causes a large fluctuation and increase in tension between the management and the employer, who can not cope with their tasks. Another important issue is the decreased security while the lack of awareness of the employee under the influence of alcohol which can be a decisive element for the health and lives of people staying in its vicinity.

## **2. GENERAL PRINCIPLES OF BREATHALYZER TESTING**

One of the most serious violations of the labor discipline is the consumption of alcohol in the workplace or starting work while being drunk. In accordance with article 108 of the Labor Code, the matter should be obvious, but it is often a serious problem from the point of view of health and safety regulations. The employee's sobriety test is carried out in the following two situations:

- a) suspicion of being in the workplace under the influence of alcohol,
- b) alcohol consumption in the workplace.

Employers have the right to routinely test the employees' sobriety without giving them prior notice. In reasonable suspicion of an employee being in the workplace under the influence of alcohol, noticing alcohol consumption in the workplace or routine sobriety testing, a special authorized Commission is designated for such examination. The sobriety examination of the employee is carried out using a breathalyzer that meets the conditions set out in the Act on Measures (Journal of Laws of 2004 No. 243 item 2441, as amended) and legalizations required by law.

The person handling the breathalyzer should undergo training in the operation of the device and have a written authorization to test the sobriety of employees. In order to eliminate the undermining of the correct measurement by the employee, the tests must be carried out correctly. Correctly performed measurement should not be carried out immediately after the employee consumes alcohol because a high concentration of alcohol in the mouth and esophagus can damage the sensor or discalibrate the breathalyzer, while smoking cigarettes and eating before the measurement can cause residues on the sensor, which in perspective may cause an incorrect result. Before the sobriety testing, the employee is instructed about his right to refuse the examination and about the possibility of requesting a re-examination if the measurement result was positive.

### **3. SOBRIETY TEST PROCEDURE**

In the situation when the employee agreed to carry out the test, the result of the measurement determines the further procedure. The negative result is the amount of alcohol in the breathing air to 0.0 ‰ (equal 0.0 mg in 1 dm<sup>3</sup>) – then the employee is admitted to work and the test report is not prepared. The positive result is an alcohol content in the exhaled breath above 0.0 ‰ (0.0 mg in 1 dm<sup>3</sup>). Then, the person responsible for the implementation of the ordinance draws up the report and as a proof of the test appends a printout from the breathalyzer to the protocol, if the device made it possible to prepare such printout.

A re-examination by the Commission is only possible at the request of the employee. The entire procedure must end with the signing of the test report. If the employee refuses to sign, the person who was entrusted with the test draws up a declaration of refusal to sign the report. In this case, the employee is strictly removed from work or not admitted to it, and in a situation posing a threat to his life or health or other people, the Police or the Ambulance Service is called. In the event of refusal to undergo a sobriety test by an employee, he is obliged to make a relevant refusal statement. Then, the person entrusted with the tests prepares a memo describing the course of the entire incident. The employee is not admitted to or removed from work. The employer decides on further consequences for the employee based on the documents and explanations of the employee. After receiving information about the sobriety undertaking, when the employee leaves the workplace without the knowledge and consent of the supervisor, it is associated with the preparation of a memo describing the course of the event and the consequences that will be imposed on the employee by the employer.

### **4. PENALTIES**

Being drunk at work is a serious violation of employee duties. Labor Code art. 108 defines the catalog of procedural penalties that the employer may impose on the employee. According to the law regulations, there are:

- a) a warning,
- b) a rebuke,
- c) a financial penalty.

Whether the penalty will be imposed on the employee and its type depends on the decision of the employer. An employer may impose a warning, a reprimand or a financial penalty on an employee, however its amount may not exceed his / her one-day remuneration and, in total, financial penalties may not exceed a tenth of his payment. The employer may only impose one penalty for one offense. The imposition of a fine is possible from the knowledge of alcohol consumption within two weeks, and not later than three months after committing a violation of employee duties. These terms run inconsistently because the three-month period starts regardless of the employer's knowledge of the incident, while the two-week period is calculated from the next day from the information on the employee's violation of duties. In addition to the penalties, an employer can also terminate an employment contract with an employee because of alcohol consumption at the workplace. In such a situation, a declaration of will is made in writing with a clear indication that the reason for dismissal was

the employee's intoxication. The employer is obliged to prove the reason for termination of the employment contract immediately from the sole fault of the employee if he has evidence to confirm this reason. The range of penalties an employer may impose on an employee is not unrestricted. It should be understood that imposing on the employee other penalties than the Labor Code may impose a fine on the employer in accordance with paragraph 281.1. The result of not allowing a drunk employee to work will be the day of unjustified absence from work, which is associated with the lack of remuneration for that day.

## **5. ALCOHOL PROBLEMS IN THE EU**

Alcohol consumption at the workplace has a major impact on work environment disorganization and unemployment. Alcohol causes absenteeism, work-related accidents and reduced productivity of workers in the workplace to a significant extent. It occurs on the job - is an important social policy issue, because it can undermine employee health as well as productivity. [1] Based on the premise that alcohol serves to decrease an individual's level of self-awareness. According to this analysis, alcohol interferes with encoding processes fundamental to a state of self-awareness. [9] Economic losses associated with the presence of alcohol in the workplace are difficult to estimate. Most people addicted to alcohol and abusing it are characterized by a reduced quality of life, demonstrated both in world [6, 7] and Polish [4] research.

Signs that may indicate deteriorating employee performance in the workplace are:

### 1. Absenteeism at work:

- unexcused absences,
- a lot of short absences,
- a lot of slowness and sluggishness.

### 2. Absence while performing official duties:

- frequent absence from the workplace,
- continuously increasing number and length of breaks,
- physical ailments.

### 3. Problems with concentration:

- problems while performing basic duties,
- distraction, distraction,
- difficulty in recalling the orders of superiors.

### 4. Low work efficiency:

- a large number of errors and mistakes,
- extremely high or low efficiency and quality of work,
- avoiding making decisions.

### 5. Variable relationships with other employees:

- irritability, nervousness,
- avoiding co-workers,

- complaints from colleagues,
- mood swings,
- sensitivity to criticism
- bursts of emotions.

The specific problems created by alcohol or other drug use may include impaired performance of job-related tasks, accidents or injuries, poor attendance, high employee turnover, and increased health care costs. [2, 13-16]. Alcohol consumption in the workplace has decreased significantly, however, it is still a serious problem as demonstrated by international experts. Economic losses related to alcohol abuse are estimated in the countries of Western Europe and in the USA at the level of 3-5% of gross domestic product (GDP). In Poland in 2011, the CSO (Central Statistical Office) estimated the costs of Poles' productivity loss due to alcohol abuse and addiction, which amounted to 0.3 percent of GDP.

**Table 1.** Cost estimation of reduced labor productivity due to abuse and dependence on alcohol by employees in Poland in 2011.

Year	Polish GDP [PLN]	0.3% of GDP as the estimated annual cost of the loss of productivity due to the abuse and dependence on alcohol by employees in Poland [PLN]
2011	1523,2 billion	4,57 billion

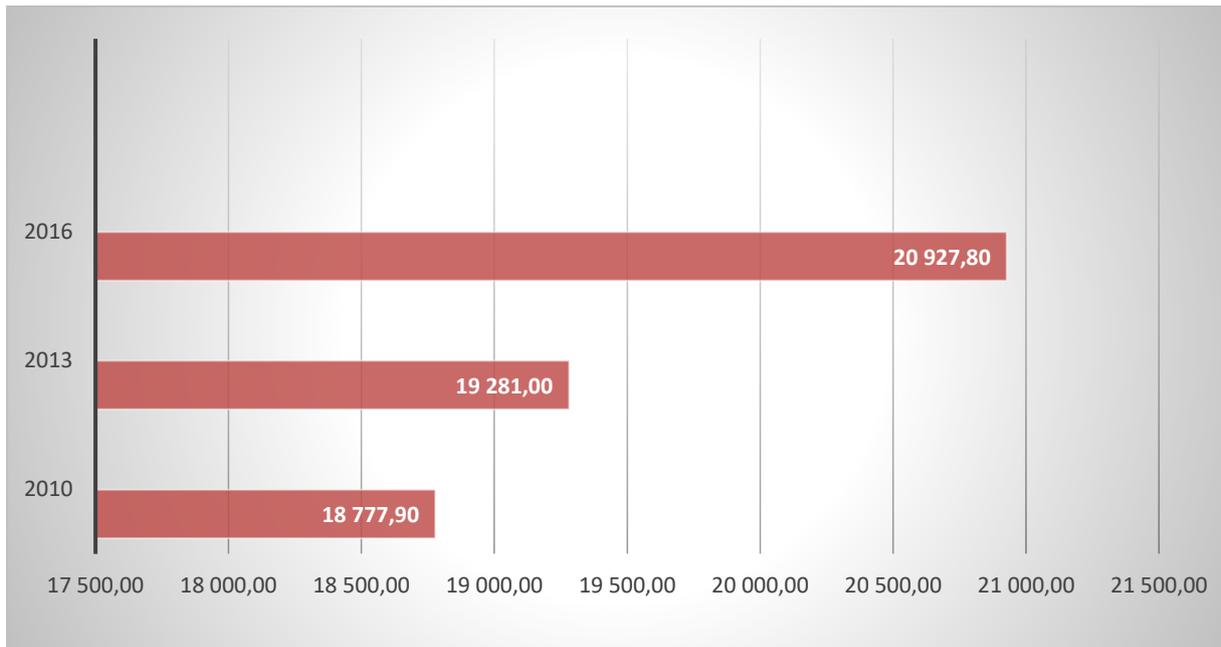
Source: Own calculations based on GUS, 2013.

The problem of alcohol consumption by employees applies not only to entrepreneurs who have problems with absenteeism, reduced productivity or accidents at work, which resulted from their state of intoxication, but also affects ordinary citizens who pay taxes. Research shows that 1 PLN received by the municipality (income from alcohol consumption) generates costs at the level of approx. 4 PLN, which burdens the State budget and brings with it huge losses in the form of:

- treatment costs: people with an alcohol problem (addiction treatment), alcohol-related illnesses, injuries caused to the drinker, his relatives or other people (victims of aggression, road accidents), costs of forensic victims,
- benefits for people with alcohol problems and their families,
- damage to property,
- costs of lawsuits, police interventions.

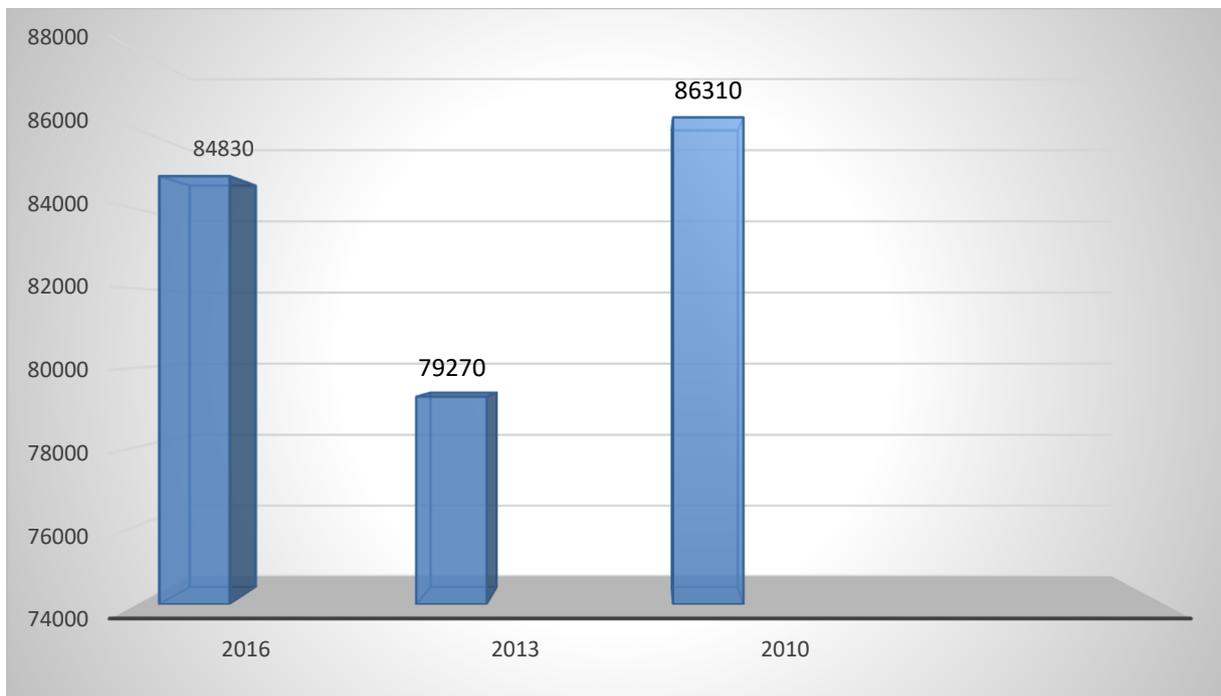
Alcohol consumption and addiction to it is also associated with sick leave, the number of which is difficult to estimate because the only body that records their number is the Social Insurance Institution (ZUS). The graphs below present the number of medical certificates registered in 2016, 2013, 2010 in relation to the number of days of absence of employees as a result of sick leave due to mental disorders and behavioral disorders caused by alcohol consumption.

**Figure 1.** Registered medical certificates



Source: Own study based on: ZUS. Department of statistics and actuarial forecasts. Sickness absence in 2010/2013/2016.

**Figure 2.** Psychiatric disorders and behavioral disorders caused by alcohol use resulting in sickness absence among men



Source: ZUS Department of statistics and actuarial forecasts. Sickness absence in 2010/2013/2016.

It can be noted that the number of registered medical certificates in Poland in 2016 was the highest (20,927.80). It was an increase in the number of medical attestations by 2013 by 1646.80 and by 2010 by 2149.90.

The Social Insurance Institution also keeps a register of disease entities that cause the longest sickness absence due to men's disease.

Nowadays, the problem of alcohol does not only affect Poles or people from the dregs of society, it also increasingly affects Europeans working with them every day in enterprises, institutions or offices. In Poland, about 700-800 thousand people suffer from alcohol addiction syndrome, which gives over 2% of the adult population who work, and only some of them remain outside the labor market (Department of statistics and actuarial forecasts. Sickness absence in 2010/2013/2016). The exact number of people abusing alcohol in Poland is not known because it is difficult to estimate it precisely.

However, the "Alcohol Consumption" estimate is being carried out, which was implemented in 2012 by TNS Poland for the Union of Employers of the Polish Spirits Industry on a representative sample of  $n = 3999$ . The tested group of respondents included Poles aged 18 and more, the data collected indicated a dozen or so relationships.

- 84% of the population confirmed alcohol consumption, 16% declared abstinence,
- the dominant group among non-drinkers are women,
- 90% of the population consuming alcohol was identified among people with higher education,
- 6% of abstainers are people under the age of 25, 27% are people over 60,
- 87% of people reaching for alcohol are city residents over 100,000 people, 87% are rural residents,
- 69% of men and 62% of women most often eat alcohol in their own home, 24% in friends, 12% in the open air, 8% in pubs, 5% in restaurants and 4% in discos,
- 71% of men and 54% of women consume alcohol for relaxation purposes, 15% under influence of others, 10% on birthday, 6% on holidays, 5% name days and 2% on other family occasions.
- 50% of people consume alcohol in the company of friends, 30% of people eat with a person with whom they have a partner or marital relationship, 28% with a family member, 22% in solitude,
- most Poles think that they drink alcohol in moderation,
- the highest alcohol consumption was recorded in the central part of the country (Research of TMS).

Along with the increase in alcohol consumption, the alcohol damage rates also increase. In the European Union, most deaths (86%) are caused by chronic diseases, including alcohol addiction, which accounts for about 10% of cases and deaths in this group of diseases. The European Health Report from 2012 indicates that: "Consumption of alcohol is another (after tobacco) factor conducive to the occurrence of health problems. The amount and type of alcohol consumed is also important. [11] The main causes of deaths associated with alcohol abuse include: cirrhosis, chronic hepatitis, gastric and duodenal ulcer. The figures published by the WHO (Research WHO) in 2012 show that Europe is one of the world's regions with the highest level of alcohol consumption, and the dynamics of alcohol consumption among young people is constantly growing.

Analyzes show that such a large alcohol consumption in the European Union is culturally determined. Europeans have greater tolerance towards alcohol than other nations, and the way to use its properties is a popular addition to everyday meals and a regular element of social gatherings [11]. Health issue in Western culture it is associated with psychiatric complications, such as depression, as well as physical illness subsequent to high levels of alcohol intake. [3] The most widespread psychoactive substances among youth in Poland is alcohol. Research shows that nine out of ten students aged 15-16 tried alcohol, and the age of alcohol initiation in most teenagers was before the fifteenth birthday, and almost 22% of them reached for alcohol for the first time at 11 and less. ESPAD studies conducted in Europe show that nearly 90% of 15-16 year old students have been drinking alcohol at least once in their lifetime. The average alcohol initiation in Europe takes place at the age of 12.5 years, and the first alcohol up at the age of 14. However, the average consumption among 15-16-year-olds exceeds 60 grams of alcohol, and in southern Europe it is close to 40 grams. [5]

This problem applies to all European Union countries in which the problem of alcohol abuse and addiction arises. The table below presents the consumption of alcohol per person from the age of 15 in the EU, Norway and Scandinavia.

**Table 2.** The table below presents the consumption of alcohol per person from the age of 15.

<b>Country</b>	<b>Total consumption in liters</b>
Czech Republic	16,31
Romania - b	16,30
Slovenia	15,31
Slovakia	14,59
Hungary	14,15
Estonia	14,05
Poland	13,60
Portugal	13,43
Spain	13,07
Montenegro	13,02
Lithuania	13,02
Austria	13,00
Germany	12,87
Ireland	12,87
Denmark	12,86
Croatia	12,76
Luxembourg	12,76

France	12,70
Great Britain	12,52
Finland	12,27
Belgium	12,00
Bulgaria	11,45
Switzerland	10,76
Greece	10,55
Netherlands	9,73
Italy	9,59
Cyprus	9,53
Sweden	8,85
Norway -a	8,30
Malta - a	8,01
Iceland - a	7,93
Turkey	3,64

a - Alcohol consumption per adult is equal to or less than 70% of the EU average.

b - Alcohol consumption per adult is equal to or more than 130% of the EU average.

Source: own study based on: Alcohol in the European Union. Consumption, harm and policy approaches. WHO, 2012.

Table 2 shows the consumption of alcohol in individual countries due to total and unregistered consumption (in liters). The average in the EU per person of total consumption is 12.45 liters. In Malta, Norway and Iceland, alcohol consumption is the lowest and is equal to or less than 70% of the EU average. And in Romania it is the highest and equals or exceeds 130% of the EU average.

## **6. UE MEMBER STATES ALCOHOL POLICY**

All European Union countries have their legal regulations regulating the admissibility of blood alcohol levels for drivers in road traffic or while performing their official duties. The resulting strategies coordinating the alcohol policy of the state are imposed by the permit systems as to the location of alcohol sales locations or sales hours. They also impose the age limit for the sale of alcohol for 16 years in southern Europe and 18 in northern Europe. However, despite such actions, the level of control of alcohol marketing varies depending on the type of State authorities' activities. Education, training or raising public awareness has little effect on reducing alcohol consumption. Education can reach and cover a large group of students in schools, because of the great ease of accessing them. However, the impact of

education is too small to bring about improvements in school education in the field of alcohol. It is the means of mass communication that play a special role in raising public awareness of what alcohol consumption is and what problems can be caused by drinking. Advertising has a big impact on young people, as it promotes attitudes towards drinking and alcohol. WHO, estimate that a total ban on advertising in European Union countries would avoid the loss of 202,000 years, which are associated with premature deaths or disabilities. Unfortunately, the costs of introducing and implementing such restrictions are estimated at nearly 95 million euros per year. Regardless of the restrictions imposed on advertisers, alcohol fashion in the media prevails, and the diversification of tax rates is a coherent feature of European Union countries. The introduction of a uniform dimension of alcohol policy will allow a more active policy on alcohol abuse. Today, the highest effective taxation occurs in the countries of Northern Europe (Norway - 17.7) and the lowest in the South (Greece - 5.5), with the average in the European Economic Area - 10.8. The level of restrictiveness in the European Union countries should aim to be more similar, due to the active policy of many countries. Taxes imposed on alcohol are particularly important as increasing excise duty by 10% in EU countries could prevent over 9,000 deaths, while providing 13 billion more budget revenues. The problem with alcohol consumption increases and causes the growing alcoholic pathology of the unemployed, which limits the effective search for work and leads to numerous redundancies from workplaces. The job demands such as risks and hazards and complexity impair employees' health and positively relate to burnou. [12]

This situation forces many employers to look for system solutions that will apply to all employees in the workplace. One of such solutions is the system of early problem solving, the practice of early interventions, the system of monitoring the effects or providing support to employees.

All these elements should be included in the alcohol problem solving plan in the workplace, which should include the following elements:

- prohibiting the availability of alcohol in the workplace, by adapting the regulations to new requirements,
- implementation of information, education and training programs on maintaining work safety and a healthy lifestyle,
- identification of problems faced by employees,
- implementing advice and starting treatment for people who have alcohol problems,
- cooperation of employers and employee representatives (eg trade unions),
- training of employees who are members of the company's health service of the scope of alcohol prevention or directing employees with alcohol problems to designated treatment facilities. The idea of an early solution to alcohol-related problems in place of work is not to take over and take care of an employee, but to eliminate insobriety in the workplace.

## **7. CONCLUSION**

Nowadays, modern personnel policy is not only about hiring and firing employees who have problems with alcohol consumption, but also about the adaptation and development of their employees. The results support the relation of work stressors to alcohol and illicit drug use before work, during the workday, and after work. These results provide support for both

the stress-induced substance use and stress response dampening propositions of the tension-reduction hypothesis. [10] Employers aware of the costs of work intended for recruitment invest significant resources for training implementing modern human resource management systems and raising employees' health and safety awareness. Such training requires efficiency that must add value, otherwise it loses meaning. Enterprises are more often trying to create a “climate” in the company that will encourage employees to work in it, and common goals and tasks will identify them more.

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