

Procedures for verification of consumption of alcohol, psychotrope substances and drugs on workplaces

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Abstract

In recent years the legislator has provided for the verification of the absence of conditions of assumption and dependence on alcohol and psychotropic and narcotic substances. The State Regions Conference of March 16, 2006 contains the list of activities that involve a high risk of accidents at work or for the safety, security or health of third parties for which alcohol is prohibited; agreement of the State-Regions Conference of 30.10.2007, on G.U. n. 266 of 11.15.2007 identifies the tasks that entail risks to safety, safety and health of one's own and of third parties, also with reference to a sporadic intake of narcotic substances

Training and information of workers, first level alcoholic and drugs controls are necessary. If positive, the occupational physician applies second level controls.

New laws on alcohol and drugs in the workplace is awaiting publication in the Official Journal.

KEY WORDS: *alcohol, drug, occupational physician, worker.*

Introduction

In recent years the legislation about prevention and safety in the workplace has addressed the aspects linked to the risk of alcohol and psychotropic substances and drugs. The legislator has introduced the prohibition of the recruitment and administration of alcoholic beverages in work activities that involve a high risk of accidents at work and has provided for the verification of the absence of conditions of assumption and dependence on alcohol and psychotropic and narcotic substances.

Reference legislation on alcohol in the workplace

- Law 125/2001 - Framework law on alcohol and alcohol-related problems:

Prohibition of the hiring and administration of alcoholic and super-alcoholic beverages in work activities that entail a high risk of accidents at work or for the safety, security or health of third parties and the provision of alcohol checks by the occupational physician or physician of the services for prevention and safety in the workplace of ASL (art. 15) (1);

- Agreement 16/3/2006 of the "Conference of State-Regions":

Identification of work activities that involve a high risk of accidents at work or for the safety, security or health of third parties (pursuant to Article 15 of Law 125/2001) (2);

- Legislative Decree 81/2008 and Legislative Decree 106/2009 - "Consolidated Law on safety in the workplace" (3):

Health surveillance also aimed to verify the absence of alcohol dependence conditions and the intake of psychotropic substances. The same decree also provides that the employer adopts provisions aimed to the prevention and safety of workers, specifically also with regard to the risk linked to the consumption of alcohol, and provides for the obligation for workers to respect them. The operators who carry out the activities at risk foreseen by the agreement referred to the State-Regions Conference of 16.3.2006 are forbidden to take alcohol even before taking up service, or during breaks for meals, because the presence of alcohol in the blood represents an additional risk of an accident at work or of causing damage to health to third parties. The alcohol control for workers exposed to work at risk must demonstrate the absence of alcohol in the blood (alcohol = 0).

How to calculate how much you drink

To calculate the amount of alcohol consumed, the volume of the alcoholic beverage consumed can be multiplied by the concentration of alcohol contained in it, known as the alcoholic strength. For the calculation of the total grams of alcohol consumed the following formula can be used:

grams of alcohol consumed = alcoholic strength (%) x liters of drink x 8

One liter of wine, for example, contains about 100 g of alcohol. The standard alcoholic unit (UA) is equivalent to 12-14 g of ethyl alcohol, which corresponds to about 330 cc of beer, 150 cc of wine or 50 cc of spirits with a 40% content.

Drinking alcohol can be risky if it is exceeded in the amount consumed and this can lead to physical, mental or social damage.

It is however appropriate to distinguish between alcohol dependence, characterized by a set of physiological, behavioral and cognitive phenomena in which the use of alcohol plays an ever greater priority for the individual (continuous desire/need to drink), and alcohol abuse, in which the individual has acute effects, however, without physical and psychological dependence.

Alcohol effects on the body

Ethanol, after being ingested, is rapidly absorbed by the oral mucosa, the stomach and the small intestine, and then distributed throughout the body. Almost all alcohol is metabolized, while a small part is eliminated in urine, sweat and exhaled air. Between 30 and 60 minutes after ingestion we observe the highest concentration of ethanol in the blood. Metabolism begins in the stomach by gastric dehydrogenase alcohol, but mostly occurs in the liver: alcohol is first converted into acetaldehyde and then to acetic acid. CYP2E1, belonging to the cytochrome P450 complex, is another enzyme that can metabolize ethanol and it intervenes when we exceed with alcohol assumption.

Ethanol can have short and long term effects on different organs and systems:

- Neurological symptoms are the most obvious effect of ethyl poisoning; we include symptoms such as depression of the central nervous system, anxiolytic effect, behavioral disinhibition, hyperactivity, hypomania, impulsiveness, aggressiveness, critical deficiency, impairment of affectivity; subsequently depression, somnolence, difficulty in speech, diplopia, motor incoordination may appear (4);
- Acute ethanol ingestion causes cutaneous vasodilation and an increase in blood flow to the stomach, with increased heat loss; this causes a decrease in body temperature and, due to a concomitant depressant effect on the thermoregulatory centers, increases the risk of death due to hypothermia (5);
- Acute alcohol ingestion stimulates diuresis, in-

creases salivary and gastric secretion, irritates gastric mucosa; nausea and vomiting may be present;

- Alcohol abuse has adverse effects on hypothalamic-pituitary-adrenal axis, hypothalamic-pituitary-gonadal axis, hypothalamic-pituitary-thyroid axis, hypothalamic-pituitary-growth hormone/insulin-like growth factor-1 axis, hypothalamic-posterior pituitary axis, endocrine pancreas and endocrine adipose tissue; alcohol abuse can cause hormonal disturbances that may result in various disorders, such as stress intolerance, reproductive dysfunction, thyroid problems, immune abnormalities and psychological and behavioral disorders (6);
- Based on the metabolic and physiological differences between male and female sex, women are usually more vulnerable to alcohol and reach higher alcohol levels with lower amounts of alcohol consumed and reach them faster;
- Alcohol has effects on the heart, where it can cause arrhythmias (for example atrial and ventricular fibrillation) and hypertension; are also recognized harmful effects on pancreatic and hepatic level (cirrhosis) and increased carcinogenic risk, especially in the oral cavity, pharynx, larynx, esophagus and liver (5, 6).

Works for which the administration and consumption of alcoholic beverages is prohibited

The State Regions Conference of March 16, 2006 contains the list of activities that involve a high risk of accidents at work or for the safety, security or health of third parties for which alcohol is prohibited (2):

1. Activities for which an enabling certificate is required for the performance of the following hazardous work:
 - a) Use of toxic gases (article 8 of the royal decree 9 January 1927, and subsequent amendments);
 - b) Management of steam generators (ministerial decree 1 March 1974);
 - c) Fochino activities (Article 87 of the Presidential Decree of 19 March 1956, No. 302);
 - d) Manufacture and use of fireworks (decree of the President of the Republic 12 January 1973, n. 145);
 - e) Sale of phytosanitary (article 23 of the decree of the President of the Republic April 23rd 2001, n.290);
 - f) Technical management and operation of nuclear plants (Presidential Decree of December 30, 1970, No. 1450, as amended);
 - g) Lift maintenance (Presidential Decree of 30 April 1999, No. 162);
2. Managers and persons in charge of controlling production processes and overseeing safety systems in plants at risk of major accidents (Article 1 of Legislative Decree 17 August 1999, No. 334);
3. Superintendence of the works envisaged by Arti-

- cles 236 and 237 of the Presidential Decree of 27 April 1955, n. 547;
4. Health duties carried out in public and private structures as: specialist in anesthesia and resuscitation; specialist in surgery; doctor and nurse on board; doctor in any case in charge of diagnostic and therapeutic activities; nurse; operator social health; obstetrician head nurse and ferrista;
 5. Infancy surveillance or pediatric nurse and child-care, assigned to the maternal nests and to the wards for newborns and immature; social and social-health tasks carried out in public and private structures;
 6. Teaching activities in public and private schools of all levels;
 7. Duties entailing the obligation of equipping the port of arms, including the activities of particular and sworn guards;
 8. Duties pertaining to the following transportation activities: drivers in charge of road vehicles for which possession of the driving license category B, C, D, E is required, and those for which the professional qualification certificate is required for the driving of taxis or vehicles in rental service with driver, or the professional training certificate for driving vehicles carrying dangerous goods on the road; o staff directly involved in train movement and railway safety; railway personnel navigating on the ships of the railway infrastructure manager with the exclusion of room and canteen personnel; inland water crews; personnel in charge of the circulation and security of the railways in concession and in governmental management, subways, tramways and similar plants, cableways, bus and aerial funicular plants and land; drivers, drivers, shifters and persons in charge of exchanging other vehicles with track, rails or lifting equipment, except for bridge crane operators with ground push-button panels and monorails; maritime personnel of deck and machine sections, as well as maritime and technical personnel of the platforms at sea, floating pontoons, used for off-shore activities and pipelay vessels; responsible for lighthouses; pilots of aircraft; flight controllers and flight assistance experts; personnel certified by the Italian Aeronautical Registry; sea, land and air navigation testers; people in charge of movement control panels in the transport sector; o operators in charge of earth moving or goods handling machines;
 9. Person in charge of the production, packaging, holding, transport and sale of explosives;
 10. Workers assigned to the building and construction sectors and all tasks involving activities at height, over two meters in height;
 11. Beaker and conductors involved in melting furnaces;
 12. Nuclear plant maintenance technicians;
 13. Operators involved in potentially explosive and flammable substances, hydrocarbons sector;
 14. All the tasks that take place in quarries and mines.

Procedures for the verification of alcohol intake in the workplace

- 1) *Training and information of workers:* adequate training/information to workers not only on the risks associated with the use of alcoholic beverages during work and the necessity of the prohibition but also on the implementation methods of metric alcohol controls and on the consequences deriving from possible cases of refusal to undergo checks on metric or positive alcohol controls and on the implementation of the health surveillance for the verification of alcohol dependence.

- 2) *Compilation of the list of workers belonging to the categories provided by annex i provision march 16, 2006 no. 2540:*

The communication must be made at the first activation of the assessment procedures, for all the workers assigned to the duties referred to in the aforementioned annex and subsequently, periodically and promptly updated with reference to the new hires and the subjects who have ceased to carry out tasks at risk.

- 3) *Communication of the list of employee names* to be subjected to investigations. The Employer sends in writing to the occupational physician the list of workers belonging to the categories envisaged to be subjected to metric checks at the workplace.

- 4) *Alcoholic Controls*

- a) Purpose of the checks: it is the verification of compliance with the prohibition on the consumption of alcoholic beverages in the workplace.
- b) Control method: for the verification of the absence of alcoholic beverages the alcohol measurement in alveolar exhaled air can be used by means of a breathalyzer. This method is used because the levels of alcohol in the alveolar air are well correlated with alcohol levels; this method is not invasive and is easy to apply in the field.
- c) Procedures for carrying out checks: the checks must be carried out without workers' notice, at their place of work; in making them you will have to follow a criterion of impartiality (eg draw) in the sense that they will have to involve all the workers even if the frequency of the same checks can be different among the workers for example based on the entity of the risk in different sectors working or situations of reasonable doubt; the results will be communicated by the occupational physician directly to the worker with a suitable procedure that will be illustrated to the worker by the occupational physician.
- d) Frequency of checks: it is not identified by the law, therefore it is discretionary, but must in

any case be respectful of the dignity of the workers and not appear excessive and unjustified, as well as, on the contrary, little practiced in contexts that require it. For some sectors/departments or for some employees, controls may be more frequent, such as in the sectors/departments with activities considered to be at greater risk. The same may occur in the event of reports received from the staff responsible for checking compliance with the prohibition, or in the case of previous cases of positive alcohol control or refusal to undergo them, or based on the results of health surveillance aimed to assess workers' alcohol consumption.

e) Management of alcohol test results:

Any result other than "0" is intended as a positive result, as no cut-off is envisaged by the law; in fact, a result other than "0" is an indication of a violation of the prohibition of alcohol consumption during work.

in case of negative control: insertion of the result in the health and risk folder;

in case of positive control: communication to the employer or his delegate of the violation of the prohibition of employment, which may provide for the disciplinary sanction to be applied; precautionary suspension from the job at risk for that day; inclusion of the result in the health and risk record, to be integrated with the results of health surveillance, for the purpose of expressing the judgment of suitability.

in the event of refusal, ascertain whether the information has been adequately carried out (a refusal, in the event of information/training failure, could be justified); the worker who refuses to undergo control, despite adequate information and training, is liable to disciplinary action, as well as precautionary suspension from the job at risk for that day, if together with the refusal there are other elements that make a good presumption that the person has hired alcoholic beverages (clinical signs, testimonials from work colleagues); the refusal will be noted in the health and risk folder;

The Employer identifies for each place of work where there are workers assigned to tasks at risk a delegate (e.g. manager or person in charge) to whom the Occupational physician will communicate any positive results or refusals for the consequent measures (immediate suspension from the job to risk, possible application of the disciplinary sanction envisaged).

For the worker who violates the prohibition, thus resulting in a positive test, the legislation provides for an administrative sanction pursuant to art. 15 L 125/01 of the amount from 516 to 2582 euros as well as disputes by the Supervisory Authority (SPreSAL of the territorially competent ASL) for contravention of Article 20 of Legislative Decree 81/08 punishable by arrest up to for a month or a fine from 200 to 600 euros.

5) *Health surveillance* for workers referred to in Annex I Agreement 16 March 2006 n. 2540:

Health surveillance makes use of investigations aimed at assessing the person's alcohol consumption and any effects on the blood chemistry or organ level.

EXAMPLE OF HEALTH SURVEILLANCE PROTOCOL:

- Questionnaires about alcohol consumption and psychological reactions and consequences (AUDIT and CAGE);
- Targeted Medical Visit;
- Laboratory Examinations as a blood count (with particular attention to MCV), transaminases, gamma-GT, triglycerides, CDT;
- Any second-level specialist assessments (neurological, psychiatric, internal examination), based on suspicions of alcohol-related diseases or alcohol dependencies, to be confirmed or excluded.

Repeated positivity of a worker to alcohol checks accompanied by clinical alterations highlighted by the occupational physician may result in sending to the Ser.T. territorially competent for a diagnosis and possible treatment course. The occupational physician can express an opinion of temporary unsuitability, with the placement of the employee to other duties. Access to therapeutic and rehabilitation programs for workers suffering from alcohol-related diseases entitles the holder to retain his job for three years with unpaid leave (Article 124 of Presidential Decree 309/90). The Worker may appeal against the judgment of the Occupational physician pursuant to Legislative Decree 81/08; the appeal must be made within 30 days from the communication of the same Judgment to the Supervisory Body (SPreSAL of the territorially competent ASL) which, after any further verification, provides for the confirmation, modification or revocation of the judgment (art. 41 c. 6 Legislative Decree 81/08).

- Periodicity: "normally" yearly, as indicated in art. 41 of Legislative Decree 81/08, but can be established, for each individual worker, in the opinion of the occupational physician, based on the medical history, clinical and laboratory data that emerge during the health surveillance itself.

Reference legislation on psychotropic and narcotic substances in the workplace

- Consolidated Act on Narcotic Drugs - D.P.R. 309/1990 Art. 125 (7). Assessments of the absence of drug addiction: those belonging to the categories of workers assigned to tasks that involve risks for the safety, security and health of third parties, identified by decree of the Ministry of Labor and Social Security, of in concert with the Ministry of Health, are subjected, under the care of public structures within the National Health Service and at the employer's expense, to ascertaining the absence of drug addiction before being hired and, subsequently, to periodic checks.
- Agreement of the State-Regions Conference of 30.10.2007, on G.U. n. 266 of 11.15.2007 (8).

It identifies the tasks that entail risks to safety, safety and health of one's own and of third parties, also with reference to a sporadic intake of narcotic substances... For these tasks, health surveillance is mandatory.

- State Regions Agreement 18 September 2008: Procedures for carrying out checks (9).

Tasks are listed below:

1. Activities for which an enabling certificate is required for the performance of the following hazardous works:
 - a) use of toxic gases (Article 8 of Royal Decree 1927, and subsequent amendments)
 - b) manufacture and use of fireworks (referred to by Royal Decree 6 May 1940, No. 635) and positioning and blasting of mines (as per the Decree of the President of the Republic March 19, 1956, No. 302)
 - c) technical management and management of nuclear plants (as per the decree of the President of the Republic December 30, 1970, No. 1450, and s.m.).
2. Tasks related to transport activities:
 - a) Drivers of road vehicles for which the possession of the driving license category C, D, E is required, and those for which the certificate of professional qualification is required for driving taxis or vehicles in rental service with driver, or the vocational training certificate for driving vehicles carrying dangerous goods by road
 - b) Staff directly in charge of train movement and safety of railway operation who carry out activities of conduct, verification of rolling stock, maneuvering of safety equipment, train training, train support, traffic management, infrastructure maintenance and coordination and supervision of one or more security activities
 - c) Railway personnel sailing on the ships of the railway infrastructure manager, excluding room and canteen personnel
 - d) Inland waterway personnel with the title of conductor for pleasure craft used for hire
 - e) Personnel in charge of the circulation and safety of the railways in concession and in governmental management, subways, tramways and similar systems, cableways, bus companies and funicular, aerial and land systems
 - f) Drivers, drivers, operators and persons in charge of exchanging other vehicles with track, rails or lifting equipment, except for bridge crane operators with ground push-button panels and monorails
 - g) First-class maritime personnel in the deck and machine sections, limited to the General Staff and non-commissioned officers who make up the crew of merchant and passenger ships, as well as the maritime and technical personnel of the platforms at sea, floating pontoons, used for off-shore activities and of pipelay vessels
 - h) Flight controllers and flight assistance experts
 - i) Personnel certified by the Italian aeronautical registry
 - j) Sea, land and air navigation testers
 - k) Employees in the movement control panels in

the transport sector

- l) Operators in charge of earth moving and goods handling machines.
3. Operational functions of the employees and of those responsible for the production, packaging, holding, transport and sale of explosives.

Procedure for verifying the intake of psychotropic and narcotic substances in the workplace

1) TRAINING AND INFORMATION OF WORKERS: adequate training/information to workers not only on the risks associated with the use of drugs as referred to in point 3.1 of the resolution of the regional council No. 332 but also on the procedures for implementing the controls and on the consequences deriving from any presentations, refusals etc.

2) COMPILATION, OF THE NAMES OF THE EMPLOYEES 'LIST TO BE FOLLOWED BY THE ASSESSMENTS on the basis of the list of tasks described in Annex I of the Ruling n. 99/CU of 30 October 2007.

It is specified that, when completing the list, reference is not made to the mere possession of the licenses but to the actual use of means for which the license C or other is required (see Annex I to the aforementioned provision) for work reasons.

3) COMMUNICATION OF THE LIST OF EMPLOYEE NAMES to be subjected to investigations. The Employer formally communicates in writing to the occupational physician the names of the workers to be subjected to the checks previously identified.

The communication must be made at the first activation of the assessment procedures, and periodically and promptly updated with reference to new hires and subjects who have ceased to carry out tasks at risk, and in any case with minimum annual frequency.

4) ITER OF THE FIRST LEVEL FINDINGS:

- a) Within thirty (30) days from the formal receipt of the list, formally transmitted by the Employer, the Occupational physician establishes the chronogram for the accesses of the workers to the assessments; and in agreement with the Employer defines the dates and place of execution of the assessments taking into account the number of workers to be subjected to checks;
- b) The Employer, on the basis of the complete list previously presented to the occupational physician, selects the workers to be sent and submitted from time to time to the required checks.

The sending to the assessments will be carried out taking into account the following criteria:

- pre-assignment assessment of the job: the worker is subject to assessment before being assigned to the job at risk;
- periodic assessment: normally with annual frequency; the Employer, on the basis of the complete list previously presented to the occupa-

tional physician, selects the workers to be sent and submitted from time to time to the required checks, through the use of a random identification process

- verification for reasonable doubt: when there are sufficient indications or evidence of its possible intake of illicit substances; reports of reasonable doubt, as a precautionary measure and confidential, are made by the employer or his delegate, to the occupational physician who will verify the validity of the reasonable doubt and, if necessary, activate the clinical investigations envisaged by his competence;
 - assessment after an accident: the worker must be subjected to an assessment of suitability for the job after an accident involving vehicles or motor vehicles during work and/or the reasonable doubt that they have suffered the accident under the effect of psychotropic or narcotic substances;
 - follow-up assessment (precautionary monitoring) and/or for reintegration into the job at risk, after a period of suspension due to a previous positive outcome: the worker, before returning to the job at risk, must in any case be checked at regular intervals after the suspension by positive outcome for the use of drugs or psychotropic substances, this in order to verify over time the persistence of the status of non-underwriter (precautionary monitoring); toxicological tests must be carried out at least monthly for a minimum period of 6 months.
- c) Communication to the worker of the date and place of the investigations with a notice of no more than one day from the date established for the assessment.
 - d) If the worker does not attend the checks for justified and valid reasons duly documented, the same must be reconvened within 10 days from the date of termination of the reasons that prevented his presentation;
 - e) If the worker does not attend the assessments without the documented and valid justification the employee will be "suspended" from the job at risk as a precaution and reconvened within 10 days;
 - f) The occupational physician in the subsequent first level assessments must take into account the previous non-justified non-presentation, subjecting the worker to at least three surprise toxicological checks in the following thirty (30) days or longer observations based on reasonable situations doubt found by the Occupational physician himself;
 - g) In the event of the employee's refusal to undergo the tests, the occupational physician will send to the Employer a communication of "material impossibility to carry out the assessments" and the worker will be suspended as a precaution from the job at risk.

5) FIRST LEVEL FINDINGS

a) *Medical Examination*: carried out by the occupational physician according to the indications reported in point 3.2.2 of the resolution of the regional council 8 May 2009 n° 332.

In the event that the occupational physician detects clinical-anamnestic elements indicative of the use of narcotic or psychotropic substances at the visit, he/she will issue a judgment of "temporary unsuitability for the job" and will send the worker to the competent health facilities pursuant to art. 2 and to the art. 6 of the Intesa CU. October 30, 2007, for further II level assessments, failing to carry out toxicological-analytical tests in this case. Any communication to the competent health structures, by the occupational physician, will be made by FAX, with the receipt of the correct transmission sent by the sender, or by registered letter with acknowledgment of receipt.

b) *Toxicological-Analytical Tests*:

1. The collection of the biological sample (URINE) must be carried out under the supervision of the occupational physician, or of another health professional formally delegated by the same; the amount of urine collected must be at least 40/60 ml; the urine is divided into 3 aliquots A, B, C.
2. The execution of the rapid immunochemical test by the MC or a health care professional who divides the sample into 3 aliquots A, B, C of 20 ml each and carries out the rapid immunochemical test on aliquot A. If the test is positive aliquots B and C will be sent to the laboratory identified in a refrigerated thermal container together with the accompanying report.
Preparation of the formal delegation to the health-care provider.
3. The collection of urine will take place with a visual inspection in rooms that do not allow the introduction of adulterating materials from the outside; the worker must not be allowed to introduce any container into the room, no detergent must be present in the room; the water in the toilet should be properly colored to avoid adulteration of the urine sample; will be used special disposable plastic containers with caps to close the lock or to be closed and sealed with a non-renewable tape adhesive seal; on all the containers produced the name and surname of the worker and of the occupational physician, the date and time of collection must be clearly legible; the occupational physician or the health care worker and the worker are required to affix their own signature on the label of each container of urine produced.
4. The worker, as a rule, cannot leave the room used for collecting urine until he has produced a quantity of urine of at least 40/60 ml; where the worker requests to leave the container where the incomplete sample is stored, it must be sealed and reopened only in the presence of the subject for the subsequent integration of the sample into a new container; the worker can take soft drinks.
5. The occupational physician or other health care

worker in charge must complete three copies of the report, clearly indicating:

- a) the place, date and time of collection;
- b) quantity of urine collected;
- c) the personal details of the Occupational physician and/or of the healthcare professional;
- d) the worker's personal details;
- e) the list of the drugs that the same may have declared to have taken in the last seven days both systemically and orally, as well as topically;
- f) any additional declarations requested by the worker and/or deemed appropriate by the Occupational physician.

The report must be signed by the occupational physician/medical staff in charge and countersigned by the worker who certifies, in this way, the correct execution of the urinary sample, the valid storage of the biological material produced by him and the registration procedures implemented. Of the three copies of the report one is delivered to the worker, one is kept by the occupational physician/medical staff and one is to be inserted in the thermal container which must be received, within 24 hours of collection, by the identified analysis laboratory.

6. in case of negativity of the immunochemical screening test, no other tests will be performed and biological samples (urine) will be disposed of according to the regulations in force after having produced an objective printout of the results obtained.
7. In the event of a positive immunochemical screening test (rate A), the rates B and C will be sent to the laboratory which will be identified for this purpose according to the indications of the resolution of the regional council 8 May 2009 n° 332 in point 7 for the execution of the confirmation test (rate B) which has a definitive value;
8. The laboratory must communicate, within 10 days from the delivery of the samples, the results of the analysis to the occupational physician.

6) RESULTS OF THE FIRST LEVEL FINDINGS

- a) In the event of a **NEGATIVE OUTCOME** of the first-level assessments (immunochemical test or confirmation test), if the clinical-anamnestic evaluation (medical examination) has given a negative result, the occupational physician will issue a judgment of suitability to the task, communicating it in writing to the employer and the employee.
- b) In case of a **POSITIVE OUTCOME** of the 1st level (immunochemical test or confirmatory test):
 - the worker is judged temporarily unsuitable for the job;
 - formal notice is given to the worker and at the same time to the employer who will, in respect of the dignity and privacy of the person, temporarily suspend the worker from the performance of the task at risk;
 - the worker is informed of the possibility of requesting, with the expense of the worker, a re-

view of the result on the basis of which the judgment of non-suitability was expressed, which must be requested within 10 days from the communication of the outcome referred to on; the rate C will be used for the revision test; the modality of this revision must follow what is indicated by the resolution of the regional council May 8, 2009, No. 332. in point 6.

- the worker is sent to the competent healthcare facilities (SERT of the ASL where the company is located) for further secondary level diagnostic analysis.

7) METHODS OF PERFORMING SECOND LEVEL FINDINGS

In case of positive first level assessments, the occupational physician sends the employee to Ser.T. for II level assessments.

Second level assessments will be carried out at the Ser.T. territorially competent according to the provisions of point 4 of the resolution of the regional council of 8 May 2009, No. 332.

The offices of the Ser.T. will be identified by the Competent Doctor. territorially competent.

8) RESULTS OF THE SECOND LEVEL FINDINGS

The doctor of the Ser.T. will certify the diagnosis of "absence of drug addiction from narcotic and psychotropic substances" or "absence of drug addiction from narcotic and psychotropic substances" with the use of one or more substances "or of" drug addiction to narcotic and psychotropic substances "using the form expected to be handed over to the worker; a report with the results of the assessments will be sent to the occupational physician.

- a) In the event that the Ser.T. has detected a state of "absence of drug and psychotropic drug addiction" the occupational physician will issue certification of suitability for performing the job at risk by notifying the Employer and the worker.
- b) In the case of a state of "presence of drug addiction to narcotic and psychotropic substances", in order to be readmitted to the tasks at risk, the worker must undergo an individualized therapeutic and/or rehabilitative program, with the conservation of the job, according to what indicated in the art. 124 of Presidential Decree 309/90 and subsequent amendments; at the end of the therapeutic and/or rehabilitative program the positive outcome of the same will be certified by the Ser.T, the occupational physician received the complete remission certification by Ser.T. will issue further certification of eligibility for the performance of the task at risk, giving notice to the Employer and will schedule a subsequent first level precautionary monitoring period, in which it will verify the maintenance of a state of non-intake of drugs and psychotropic substances according to the methods indicated previously.
- c) In the event that the verification of the Ser.T. has detected a state of "absence of drug addiction

from narcotic and psychotropic substances” with the use of... “the occupational physician will certify the suitability or the unsuitability to perform the job at risk of the worker and will start a precautionary monitoring with clinical assessments and toxicological first level, for a minimum duration of at least six months; the judgment of the occupational physician must be commensurate and aimed at the extent of the risk connected to the job, having heard the doctor of Ser.T.”.

New laws on alcohol and drugs in the workplace

On 13/07/2017 the new text of the Understanding, pursuant to Article 8, paragraph 6 of the Law of 5 June 2003 n. 131, between the Government, Regions and the Autonomous Provinces of Trento and Bolzano, was approved during the State-Regions Conference (“Guidelines for the prevention of serious and fatal injuries related to the consumption of alcohol and drugs, the ascertainment of alcohol dependence and drug addiction and the national coordination of supervisory activities in the field of health and safety at work pursuant to Article 5 of Legislative Decree 9 April 2008, n. 81 “); the new text is awaiting publication in the Official Journal.

This agreement will repeal, once it enters into force, the agreements of 3/16/2006 and 10/30/2007 concerning, respectively, alcohol control and drug addiction controls. The main changes are:

- Work activities with a high risk of injury involving serious consequences for the safety and health of the worker, other workers and third parties in the performance of specific tasks will be contained in a single Annex A which replaces Annexes I to the agreement from 6 March 2006 and Annex I of the agreement of 30 October 2007; in particular, some activities for which only the alcohol test was previously envisaged will now also have to carry out an assessment relating to drug addiction (e.g. activi-

ties in the construction sector or construction at height above 2 meters);

- the frequency of checks is established by the occupational physician subject to a periodicity of at least three years;
- if from the risk assessment carried out by the employer there are particular risks deriving from the abuse of alcohol and/or from the use of drugs, the employer must request the performance of checks on the work's fitness by the commission established at the ASL;
- possibility for the employer to request quick surprise tests if the worker appears in obvious conditions altered by alcohol or drugs;
- suspension of the worker from the work shift in the event of non-presentation or refusal to perform the tests;
- the control bodies will program tests with a certified breathalyzer during inspections in the sectors at greatest risk.

References

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2. Agreement 16/3/2006 of the Conference of State-Regions.
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