

# Absenteeism and Work Inability Due to Alcohol Consumption in Poland

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## Abstract

Alcohol consumption has long been embedded in social and cultural traditions worldwide, yet recent trends highlight its escalating public health implications. Statistically, approximately 1.2 million Poles need treatment, with an additional 4 to 5 million engaging in risky drinking behavior. Poland's per capita alcohol intake exceeds the EU average, and the country ranks second in alcohol-related mortality within the EU. The economic burden of alcohol-related issues in 2020 was estimated at over PLN 93 billion, surpassing tax revenues from alcohol sales. This study examines the scope and consequences of alcohol use in Poland among workers, emphasizing its societal, health, and economic impacts. The analysis includes data from the Social Insurance Institution (*Zakład Ubezpieczeń Społecznych* or "ZUS") on sick leave from 2006 to 2025, which is publicly available in annual reports on sick leave and the reasons for it. The following variables were analyzed: absence from work due to personal illness of persons insured with ZUS due to alcohol consumption (Code C), measured in the number of days (thousands) and the share of all sick leave (%), as well as the causes. The data was analyzed by year, gender, and age group and is presented with descriptive statistics. The analysis showed a consistent rise in sick leave due to alcohol use, with a 51% increase in 2024 compared to the previous year. The most affected age group was 35–49-year-olds, with most absences lasting up to five days, indicating recurrent alcohol-related issues among employees. Countries with effective regulation strategies demonstrate significant reductions in morbidity, mortality, and social costs, suggesting that Poland's approach should shift toward ongoing, multi-sectoral interventions to address this growing public health challenge.

**Keywords:** workforce, alcohol, employee, absenteeism

## Introduction

Alcohol consumption has long been a part of social and cultural traditions worldwide, but in recent years, it has emerged as a growing public health concern. Increasing rates of alcohol use and abuse are impacting individuals, families, and communities across many regions, leading to a rise in health problems, workplace issues, and social challenges that result in costs on many levels. From the social perspective, alcohol is associated with domestic violence (Sontate et al., 2021) and a higher risk of accidents. It leads to multiple health problems, such as hypertension (Fuchs et al., 2021), cardiovascular diseases (Roerecke, 2021), liver failure (Chrystoja et al., 2020), cancer (Alattas et al., 2020), sleep disorders (Klob et al., 2020), lower male fertility (Finelli et al., 2021), and fetal damage (Popova et al., 2021).

This trend calls for a closer examination of the factors driving increased alcohol consumption, its consequences, and the urgent need for effective intervention strategies. As the issue continues to evolve, understanding its scope and implications as well as taking real actions are essential for policymakers, healthcare providers, and society at large to effectively address this pressing problem.

Alcohol consumption in Poland is an ongoing and growing issue among all groups, even pregnant women (Rehm et al., 2022). According to the latest research by the Institute of Mother and Child in Warsaw, based on an analysis of EtG in the hair of mothers who have just given birth, 50% of women drank alcohol during pregnancy, including 10% who drank it regularly and in large quantities (National Public Health Institute [PZH-PIB], 2023). In this case, the aspect of social pressure is significant. Research shows that the most commonly reported reasons for alcohol use during pregnancy were societal pressure and the belief that only “strong” alcohol or large quantities are harmful (Popova et al., 2022). However, the World Health Organization (WHO) warns that there is no safe level of alcohol intake and recommends several policy regulations to effectively lower alcohol consumption (WHO, 2022).

According to the data presented during the parliamentary session in 2025, approximately 900,000 Poles are addicted to alcohol, with an additional 2 to 2.5 million engaging in risky drinking. The average consumption is 11 liters of pure ethanol per person annually – more than the EU average of 9.8 liters. Moreover, Poland ranks second in the EU for alcohol-related deaths, with over 9 deaths per 100,000 residents annually. Between 2002 and 2020, alcohol consumption in Poland increased by 35%, and the number of sales outlets reached 490,000. For comparison, according to WHO recommendations, there should be no more than one alcohol sales outlet per 1,500 people; in Poland, the ratio is one per 270 (WHO, 2022).

The overall economic and societal costs of alcohol consumption in Poland in 2020 was assessed at PLN 93.3 billion (approximately EUR 20.5 billion). This exceeds the revenues from excise tax, leaving a gap of PLN 79.9 billion (Rutkowski, 2021).

While other countries introduce regulations to continually limit consumption, the public authorities have held off with more substantial moves, despite increases in previous years (Rehm et al., 2022). However, the experience of other countries that have implemented restrictions and regulations shows that they bring tangible health and social benefits. Regulations of alcohol consumption in Canada and Lithuania (Tran et al., 2022) lowered mortality rates due to cirrhosis of the liver. Globally, countries that have introduced regulations that continually increase alcohol prices and reduce its availability observed lower alcohol consumption (Kilian et al., 2023). Similar results have been presented after the introduction of alcohol control policies in former Soviet Union countries (Neufeld et al., 2021).

After 2023 and 2024, when Poland significantly increased penalties for driving vehicles under the influence of alcohol, we observed a decrease in the numbers of drivers held by the police (104,467 in 2022 vs. 92,324 in 2024) and of car accidents caused by drunk drivers (2,248 in 2022 vs. 1,201 in 2024) (Road Traffic Office of the Police Headquarters, 2025). This shows that interventions such as increased penalties work, but only in the short term unless they are increased regularly.

Alcohol is present throughout society and in all groups, including the workplace. However, the burden of alcohol consumption during the workday is unknown. The aim of this study is to assess the scale of absenteeism resulting from alcohol consumption among workers in Poland based on data from the Social Insurance Institution.

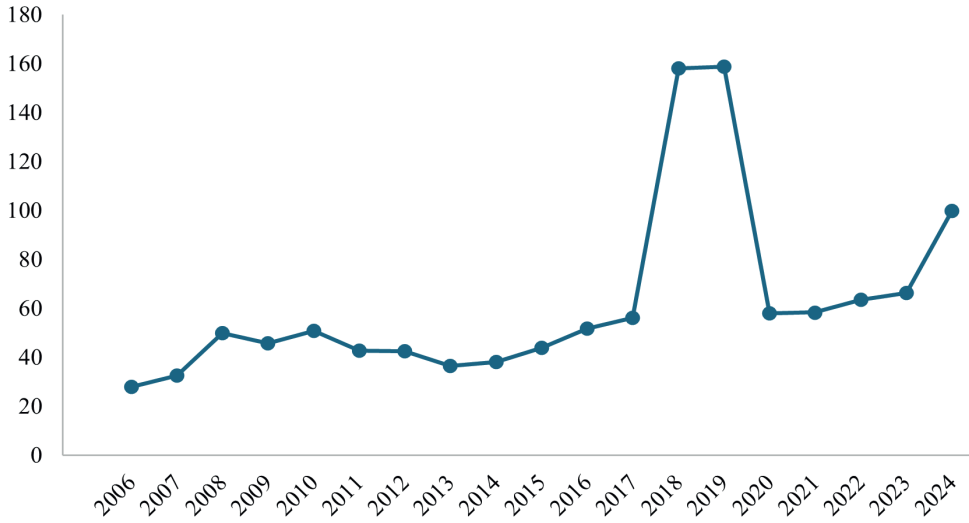
## Material and Methods

This study is a secondary data analysis, using data from the Social Insurance Institution (2025) of the Republic of Poland (*Zakład Ubezpieczeń Społecznych* or “ZUS”) on sick leave from 2006 to 2025, which is published in annual reports on sick leave and the reasons for it. The data is publicly available. In this study, the following variables were analyzed: absence from work due to personal illness of persons insured with ZUS due to alcohol consumption (Code C), measured in the number of days (thousands) and the share of all sick leave (%), as well as the causes. The data was analyzed by year, gender, and age groups and is presented with descriptive statistics.

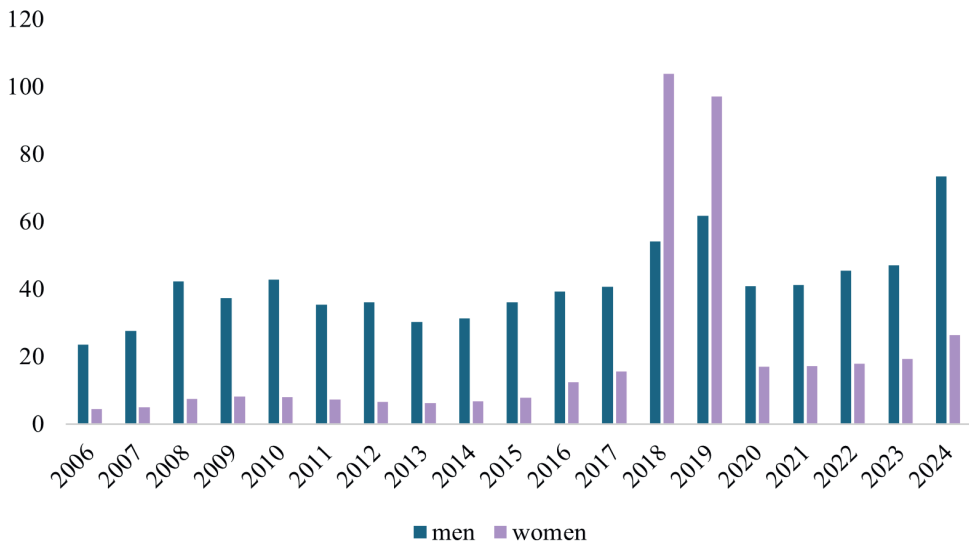
## Results

Over the years, we can observe a constant increase in sick leave with Code C, which stands for an inability to work caused by alcohol abuse (Figure 1). There was a notable increase in 2018 and 2019, primarily driven by women, followed by a decrease in 2020. Further analysis and possible insight from ZUS is needed in order to understand the underlying

causes. Nevertheless, since 2020 the incidence has been rising. In 2024, the increase in Code C sick leave was 51% – far higher than during the period 2020–2023 (Figure 2).

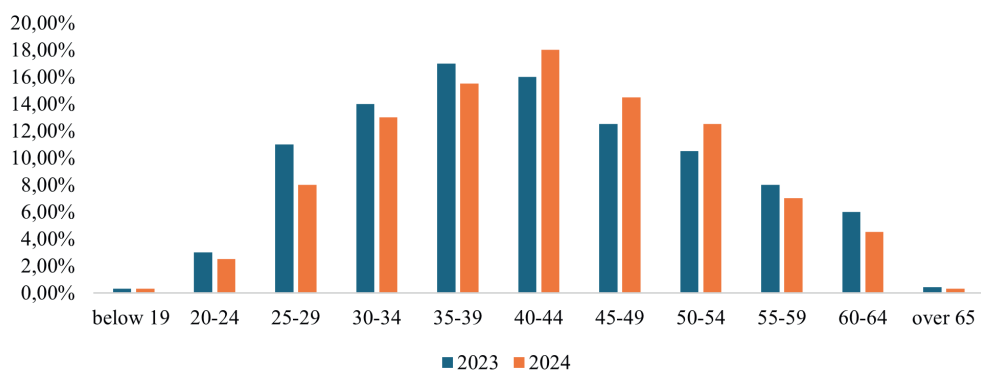


**Figure 1.** Sick leave due to alcohol consumption (Code C), 2006–2024, in thousands of days



**Figure 2.** Sick leave due to alcohol consumption (Code C), by gender, in thousands of days

When broken down by age, sick leave with Code C is most frequently issued to individuals aged 40–44 (17.7% of all cases), followed closely by those aged 35–39 (Figure 3).



**Figure 3.** Sick leave due to alcohol consumption (Code C), by age group, in thousands of days

In 2024, people between 30 and 49 years of age received 62.8% of all doctor’s notes for sick leave with Code C. Among men, the largest number was in the 40–44 age group, while women receiving sick leaves were mostly in the 30–34 age group. Approximately 75% of all Code C sick leave is issued to men.

The most common reasons for issuing sick leave with Code C were mental and behavioral disorders caused by alcohol use (77.1% among men and 46.5% among women). In terms of women, the alarming data shows that 14.7% of Code C sick leave was issued due to maternity care, which shows the scale of pregnant women drinking alcohol and requiring additional treatment (Table 1).

**Table 1.** Most common reasons for sick leave with Code C in 2024, by gender

Cause	Men	Women
Mental and behavioral disorders caused by alcohol use (Code F10)	77.1%	46.5%
Maternity care for conditions primarily related to pregnancy (Code O26)	n/a	14.7%
Toxic effects of alcohol (Code T51)	3.1%	2.1%
Mental and behavioral disorders caused by the alternating use of alcohol and psychoactive substances	2.1%	n/a
Acute rhinopharyngitis (Code J00)	n/a	3.1%
Acute upper respiratory tract infection of multiple or unspecified sites (Code J06)	n/a	3.0%
Alcoholic liver disease (Code K70)	1.0%	n/a
Open head wound (Code S01)	0.9%	n/a

## Discussion

According to the Social Insurance Institution data for 2024, 31.9% of sick leave due to alcohol consumption (Code C) involved absences for 1–5 days. The sick leave benefit is not paid for the first 5 days of absence from work due to Code C, which shows the scale of people who are left with no income during their absence from work.

Data for the first half of 2025 further confirms this trend. In the first half of the year, doctors issued 4,971 such certificates, representing a 12.3% increase compared to the same period in the previous year. This translates to 50,400 days of work absence – an increase of 10.3% year-on-year. The vast majority of these absences lasted up to 5 days, which, according to experts, may indicate an occasional but recurrent pattern of alcohol consumption among employees (Zatońska et al., 2021).

Each day on sick leave means lower productivity and higher public expenditure, which generates further costs for society. The problem of alcohol use is even more complex because it affects all aspects of life, from home and streets to the workplace. The costs involve the social, health, and economic spheres. Polish young adults (18–35 years) regularly consume alcoholic beverages (94.6%) (Wysokińska & Kołota, 2022). Between 2002 and 2017, an increase in mortality wholly attributable to alcohol consumption was observed for both men and women and among all age groups in Poland (Zatoński et al., 2021). It is estimated that 4–5 million people in Poland are addicted to alcohol or engage in risky drinking and almost 1.2 million people require treatment (National Center for Combating Addiction, 2023). This issue increasingly affects young, professionally active individuals, often in managerial positions, between the ages of 30 and 40, including an increasing number of women. This data clearly demonstrates that alcohol-related issues permeate all segments of society, transcending economic status and educational background. Moreover, alcohol consumption significantly contributes health and social inequalities, exacerbating existing disparities (Ward et al., 2024). The burden of alcoholism intensifies these inequities, disproportionately affecting vulnerable populations and widening gaps in health outcomes. Therefore, public health policies must explicitly recognize and address these inequalities when designing and implementing interventions at both the national and local levels to ensure equitable health improvements across all communities.

The observed increase in alcohol consumption among the working population has significant practical implications for workplaces, employee health, and the broader economy. Elevated alcohol use is closely linked to a rise in sick leave, which directly undermines workplace productivity by increasing absenteeism and reducing overall workforce efficiency. This trend also poses serious risks to employee health. From an economic perspective, the cumulative effect of increased sick leave due to alcohol-related issues results in substantial financial costs for employers and the healthcare system. These findings underscore the urgent need for employers and policymakers to prioritize alcohol-related health risks as a critical factor that influences workforce well-being and organizational performance.

Future efforts should focus on comprehensive workplace interventions to mitigate alcohol consumption and its adverse effects on employee health, absenteeism, and health inequalities.

This study is a secondary analysis of data published by the Social Insurance Institution of the Republic of Poland. There is a lack of data on the type of work or occupation of the people taking sick leave due to alcohol consumption, which is limitation of this study. The economic costs of sick leave due to alcohol consumption (Code C) were not calculated.

## Conclusion

The analysis shows that alcohol consumption in Poland is an emerging issue across all segments of society, including employees and even pregnant women. Countries that introduce policies that continually regulate alcohol consumption have observed results in the form of lower consumption and morbidity and mortality rates. Also, in the case of Poland, we noticed fewer traffic accidents involving alcohol and decreased consumption immediately following the implementation of regulations. However, the current situation in Poland shows that these cannot be one-off actions, but must be continuous, comprehensive plans throughout all community groups, including places of work.

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