Satellite meeting to the 6th Croatian Congress on Occupational Health “Essentials for workers’ health protection”
South-East European Network on Workers' Health meeting

Assessment of the evidence of the health impacts of environmental determinants and risk factors on workers’ health in Croatia

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WHO CC Occupational Health

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Paradigm shift

From: Labour approach

*Occupational health*

- Action at workplace
- Work-related health issues only
- Work under labour contract
- Employers' responsibility
- Negotiation between workers and employers

To: Public health approach

*Workers' health*

- Action to include workers' families & communities
- Include all health determinants
- Include all workers (self-employed, informal workers)
- All stakeholders' responsible (insurance, health & environment authorities, a.o.)
- Health protection is a non-negotiable
Local changes affecting health

It is important to have a **good understanding of local predicted changes** in relation to:

- **Biophysical environment:**
  - physical environment: temperature, water quality, air quality and biodiversity
- **Social environment:**
  - social impacts, population displacement and mental health impacts
- **Service and infrastructure:**
  - services, infrastructure and economics, resource availability and access to a range of health, emergency and other services
- **Environmental diseases:**
  - production of food, vector-borne and food-borne disease and other environmental diseases.
Risk assessments

The relationship between the consequences that might arise from a particular activity and the likelihood of the activity actually occurring.

Risk = Consequence x Likelihood

The rankings:

- **Consequences** - catastrophic, major, moderate, minor, insignificant
- **Likelihood** - almost certain, likely, possible, unlikely, rare.
Alcohol consumption within healthy workplaces programs?!

- In Croatia 5-15% of workers are recognized as "social alcohol consumers"
- Healthy workforce is a prerequisite for sustainable development and social wellbeing
- Preventable consequences
  - Workers: loss of health and wellbeing
  - Community: loss of solidarity and equity
  - Company: loss of productivity and profit
Deaths among people aged 15–29 years related to selected risk factors, European Region, 2004

- Alcohol use
- Unsafe sex
- Illicit drug use
- High blood glucose
- Physical inactivity
- Occupational risks
- Iron deficiency
- Low fruit/vegetable consumption
- Child sexual abuse
- Unmet contraceptive needs

Men

Women
Alcohol consumption

- Croatia is in the European top
- that the problem must be approached at the local level and within companies and institutions.
Project EWA: European Workplace and Alcohol

• County Public Health Zagreb Institute
• under the auspices of the European Union
• in cooperation with
  – the Ministry of Health,
  – the Croatian Institute for Occupational Health and Safety
  – and the neuropsychiatric hospital "Dr Ivan Barbot."
Projekt Europsko radno mjesto i alkohol

U projektu Europsko radno mjesto i alkohol (European Workplace and Alcohol - EWA) uključeno je 30 partnera iz 12 zemalja Europe. Nositelj projekta je Katalonsko Ministarstvo zdravlja s 15 priduženih partnera i 14 suradnih partnera. Koorodinator aktivnosti u Hrvatskoj je Zavod za javno zdravstvo Zagrebačke županije, uz pomoć i potporu Ministarstva zdravlja, Hrvatskog zavoda za zaštitu zdravlja i sigurnost na radu i Neuropsihijatijske bolnice "Dr. Ivan Barbot".

Predviđeno trajanje Projekta je 30 mjeseci počevši od 1. siječnja 2011. godine.

http://www.eurocare.org/eu_projects/ewa/deliverables/by_work_package case_studies

U Hrvatskom zavodu za zaštitu zdravlja i sigurnost na radu koordinatorice projektnih aktivnosti su mr. sc. Goranka Škeva dr. med., spec. med. rada i sporta i dr.sc. Bojana Knežević, dr. med, spec. med. rada i sporta.
EWA project in CRO

- Through education of workers and employers, to raise awareness about the dangers of such behavior in the work environment.
- In Croatia was involved 746 employees and six legal entities.
- Assoc.-prof. Branko Kolarić, MD, PhD, spec. epidemiologist.
- Bojana Knežević, MD, PhD; Goranka Škeva, MrS spec. occupational and sports medicine.
High exposure, high burden of mortality and disease

- For men between ages of 15 and 64:
  - 1 in 7 deaths in 2004 were caused by alcohol (clearly premature deaths given the life expectancy in Europe)

- For women of the same age category:
  - 1 in 13 deaths in 2004 were caused by alcohol
Target groups

• **young** people who are just starting a career:
  – the most sensitive
  – have a significantly higher risk of unemployment;

• **elderly** workers who, despite great work experience
  – have the greatest risk of death associated with alcohol consumption.
Alcohol and the workplace

The workplace provides several opportunities for implementing prevention strategies to reduce the harm done by alcohol, since the majority of adults are employed and spend a significant proportion of their time at work.
Problem of excessive alcohol consumption

• should be a priority of the European and national health policy of all countries
• it is necessary to adopt specific strategies
Objectives of the EWA project

- to study alcohol policies related to the workplace
- and the development of European guidelines for reducing harm associated with alcohol consumption in the workplace.
- partners from 12 countries of the EU
- involving almost 10 000 thousand workers
Risk Perception

Perception of risk is related to many factors:

### Dimensions of Underlying Risk Perceptions

<table>
<thead>
<tr>
<th>LOWER PERCEIVED RISK</th>
<th>HIGHER PERCEIVED RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>manageable</td>
<td>unmanageable</td>
</tr>
<tr>
<td>no dread</td>
<td>dread</td>
</tr>
<tr>
<td>not globally catastrophic</td>
<td>globally catastrophic</td>
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<tr>
<td>consequences not fatal</td>
<td>consequences fatal</td>
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<tr>
<td>equitable</td>
<td>not equitable</td>
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<tr>
<td>individual</td>
<td>catastrophic</td>
</tr>
<tr>
<td>low risk to future generations</td>
<td>high risk to future</td>
</tr>
<tr>
<td>easily reduced</td>
<td>generations</td>
</tr>
<tr>
<td>risk decreasing</td>
<td>not easily reduced</td>
</tr>
<tr>
<td>voluntary</td>
<td>risk increasing</td>
</tr>
<tr>
<td>doesn't affect me</td>
<td>involuntary</td>
</tr>
</tbody>
</table>

Source: DeVries, J.
Personal health practices ("risk factors"), health costs, and productivity

- Low exercise
- Smoking
- Overweight
- Higher alcohol use

• Absent >50% more often
• 2x–3x or more health costs (services, drugs, disability)

Shain M, Kramer D M Occup Environ Med
2004;61:643-648
Alcohol and excessive drinking

- increases the risk of unemployment,
- absenteeism and
- lower efficiency at work
- consequences of the cost to the employer
- lost productivity.
Alcohol and excessive drinking

- The structure of the workplace and
- work stress increases the risk of excessive drinking of alcohol:

- alcohol strategy would be included in the programs of the overall welfare of the workers.
Alcohol-attributable disease

Chronic disease:
- **Cancer**: Mouth & oropharyngeal cancer, esophageal cancer, liver cancer, female breast cancer
- **Neuropsychiatric diseases**: Alcohol use disorders, unipolar major depression, primary epilepsy
- **Cardiovascular diseases**: Hypertensive diseases, hemorrhagic stroke
- **Gastrointestinal diseases**: Liver cirrhosis
- **Conditions arising during perinatal period**: Low birth weight
Alcohol-attributable injury

**Injury:**
- **Unintentional injury:** Motor vehicle accidents, drownings, falls, poisonings, other unintentional injuries
- **Intentional injury:** Self-inflicted injuries, homicide, other intentional injuries

**Preventive effects:**
- Diabetes
- Ischemic heart disease
- Ischemic stroke
Total disability-adjusted life-years (DALYs) lost due to selected risk factors, European Region, 2004
European action plan to reduce the harmful use of alcohol (EAAP) 2012–2020 – 10 action areas

- **Leadership, awareness and commitment**, as sustainable intersectoral action requires strong leadership and a solid base of awareness and political will
- **Health services’ response**, as these services are central to tackling health conditions in individuals caused by harmful alcohol use
- **Community action**, as governments and other stakeholders can support and empower communities in adopting effective approaches to prevent and reduce harmful alcohol use in both communities and at **workplaces**
- **Policies and countermeasures on drink–driving**, as it is extremely dangerous to drivers, passengers and other people using the roads
- **Availability of alcohol**, as public health policies to regulate commercial or public availability have proved to be very effective in reducing the general level of harmful use and drinking among minors
How to convince the business community

1. The 'right' thing to do: businesses are part of society and ethical/social frameworks

2. The 'legal' thing to do: in our globalized world, businesses that ignore or undermine workers' health are open to litigation and media scrutiny

3. The 'smart' thing to do: businesses that protect workers' health are among the most successful over time
Health Impact Assessment (HIA)

• The World Health Organization (WHO) defines a Health Impact Assessment (HIA) as:

“A combination of procedures or methods by which a policy, programme or project may be judged as to the effects it may have on the health of a population.”

– The HIA was initiated worldwide to facilitate the assessment of health issues in new proposals
Workplace services and legislation
WHO survey in EU Member States (2011)

<table>
<thead>
<tr>
<th></th>
<th>No of countries (N=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention or counselling programmes at workplaces</td>
<td>18</td>
</tr>
<tr>
<td>National guidelines for prevention of and counselling for alcohol problems at workplaces</td>
<td>8</td>
</tr>
<tr>
<td>Involvement of social partners representing employers and employees in action to prevent and address alcohol-related harm at workplaces</td>
<td>11</td>
</tr>
<tr>
<td>Legislation on alcohol testing at workplaces</td>
<td>10</td>
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