Health, Work and Prevention
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1. Health and Work

Although many historians make specific references to facts in the Greco-Roman world, the development of works and conceptualizations of working conditions as a right of workers could be identified for the first time during the Industrial Revolution. But it was not until the beginning of the 1970s that it really began to be formalized, due to the central role played by trade-union organizations.

Different European countries, such as France, Italy and Germany, adopted and spread these demands by creating state agencies for their study and development. From the civil society, the European Foundation for the Improvement of Living and Working Conditions was created in the same period of time. Its main objective was to collect information on the living conditions of workers.

From that moment onwards, progress has been made in different aspects –such as the regulation of working hours, the protection of groups with specific needs— and also in terms of participation, representation and consultation of workers, which as well as health and safety regulations make up a new labor and social policy inspired by the idea of improving working conditions.

Regarding the relationship between health and work, it is important to highlight the contribution made by the movement known as "the Italian workers' model", which refers to a set of practices and analyses that, ever since the 1960s, have profoundly changed the traditional approaches of labor health and security. Emerging from mobilizations in large factories, this experience has also allowed a questioning of all the disciplines specialized in health and safety at work. Even when the world of work has changed significantly, some essential elements of the Italian labor model still provide valid answers to current health and safety problems. This model highlights the specific knowledge that workers

have of their own working space and environment, thus emphasizing that any intervention or prevention strategy in work contexts cannot be made without considering this knowledge, and without considering the active participation of workers in the strategy. Thus strengthening what, from Community Psychology, different authors have referred to as "bottom-up" actions, referring to the need to analyze and start from the viewpoint and knowledge of the intervention's target groups.

Currently, safe and healthy working conditions are not only a contractual obligation for companies, but also an integral part of collective bargaining agreements.

Thus, the concept of health has been changing and evolving from a traditional idea defined as "the absence of illness", to the more current one that identifies health with psychophysical and social well-being, passing through the psychoanalytic conception, where Sigmund Freud (1916) conceives health as the capacity to love and work, to enjoy and sublimate. In his introductory lectures to psychoanalysis, he points out: "The difference between nervous health and neurosis is, therefore, nothing but a difference relative to practical life and depends on the degree of enjoyment and activity that the person is still capable of."

The concept of work has also evolved and is considered from a perspective of complexity in which working life is a social and sensitive organizer in people's lives. In the Western world, the social conquests of the 20th century, the expansion of social protection systems and the status of wage-earners, as well as the access to public services, are the various stages that have marked and shaped people's relationship with the labor world.

Waged labor has been downgraded since the beginnings of the modern world. But now, it has turned into a fundamental feature of social integration in a society that is deeply organized and regulated by the State in terms of labor. Nowadays, different types of precarious work have become the greatest challenge. This concept was coined in Europe to make reference to a decomposing waged society. In recent years, different types of precarious work

have been on the rise, spreading to other countries, without the chance of union affiliation, thus resulting in a lack of contribution regarding rights and social organization.

Some of the critical elements to some changes that have yet to incorporate the restructuring measures that have been taking place as a consequence of the different global economic crises are: remote work, the increased usage of information and communication technologies, and the rise in resorting to outsourcing and subcontracting.

These changes have led to the so-called psychosocial risks —associated to work organization— becoming an important issue to health and security in the workplace.

Because of this context we are living in, it is increasingly fundamental and imperative for trade unions and all the people who form part of an organization to find solutions regarding the workers' health and implement them.

2. Mental Health and Work

One of the places that influence workers' physical and mental health the most is the working place. These days, ways of working are undergoing continuous and substantial changes in their organization, which has a clear impact on mental health.

Tackling multidimensional issues like mental health in the workplace is not an easy task, because of personal, cultural and organizational factors. On top of this, mental health stigmatization prevents treatment and early interventions from reaching people with mental disorders. According to the information provided by the World Health Organization (WHO), only a third of the world's population receives proper medical assistance.

The complexity and multidimensional nature of this subject require a multidisciplinary approach which encompasses occupational medicine, psychiatry, psychology, sociology, nursing and social work, while also including devices of different complexity levels and socio-labor integration strategies.

According to the definition presented by the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" (also known as "DSM-5") "a mental disorder is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom". Trying to define a diagnosis has always been difficult, yet, in recent years, a significant development in validating psychiatric diagnoses has been achieved. It has been proven, through research, that mental disorders can be diagnosed and treated just like any other illness, by destigmatizing and approaching them in a way that allows patients to carry out a normal socio-labor and family life.

Every worker has different abilities and attitudes in relation to their state of health, skills, expectations and motivations, which will condition their personal and work satisfaction level. People with mental health problems may suffer from

various behavioral alterations which are warning signs and indicators of the need for an initial examination.

Different professional organizations identify some signs as key elements to carry out an examination:

- Changes in personality: sadness, anxiety, anger, hostility, expressions of devaluation or constant hopelessness.

- Changes in behavior: deterioration in the quality of work, negative change in performance, repeated absences or delays in important activities, frequent interpersonal conflicts.

- Physical changes: deterioration of physical appearance and self-care, major changes in weight, excessive fatigue, sleep disturbances, physical indicators of addiction.

- Other changes: complaints from users and/or colleagues, inappropriate orders, unjustified absences, conflicts outside of work in parallel with work, concerns of colleagues or managers of the organization.

It is the worker who generally takes the decision of consulting a specialist. This is fundamental to become aware of the illness, to commit to its treatment, to acquire a feeling of self-care and self-efficacy with respect to one's own health, and above all, for therapeutic success. The first and main help from the support network will be helping to detect this need and encouraging self-reliance in asking for help. For the latter reason it is essential to generate qualified networks between work teams. In this aspect, the work developed by the Argentine Railway Medical Insurance (OSFE) since 2000 has become a model of a network of containment and listening.

It is also the doctor in Primary Health Care Centers (PHCs) or general health services who often carries out early detection of symptoms and decides to treat and/or refer the patient to mental health.

The work environment is also a frequent place of early detection of symptoms. Sometimes, consulting in the trade union support networks becomes the space where the work and the mental health problems are presented together.

Thus, PHC, Mental Health and Occupational Health can constitute an effective support network that makes it possible to provide an integral quality care focused on the rapport with the patient —the main agent responsible for taking care of their own health. Making this model of prevention and health promotion feasible requires the development of effective interdisciplinary coordination mechanisms in a support network consisting primarily of workers.

The above-mentioned changes in the work world involve increasing demands for flexibility for the worker in terms of requirements, often resulting in pressures on the distribution of working time, whether in forms of work, night work or schedules that are difficult to reconcile with family and social needs.

The effects of work on mental health are diverse and complex. On the one hand, work is a source of satisfaction and personal fulfillment through the relationships it generates and the financial security it provides, both of which are necessary conditions for good mental health. On the other hand, lack or loss of work can have negative effects. People who have lost their jobs are at greater risk of depression than those who are employed. The key aspect to consider, when work is poorly organized, is the emergence of psychosocial risks, which can have negative effects on mental health and well-being of workers.

Sometimes, stress appears as a reaction in people whose work demands and pressures do not properly match their knowledge and skills, exceeding their ability to cope with them. The origins of stress can be found mainly in the content, pace and burden of the work, the time organization and the level of participation and control in decision-making at work.

Stress does not affect everyone in the same way. It can lead to violence at work or addictive behavior: smoking, alcoholism, recreational drug abuse, gambling or screen addiction. It can also lead to psychological problems, such as irritability, inability to concentrate, difficulty with decision-making, or sleep disorders. However, if stress is sustained over a long period of time, it can lead to mental illness (depression or anxiety) resulting in inability to work.

Stress caused by work is also related to physical problems such as heart attacks, hypertension, gastric ulcers, headaches, skin problems or low defenses.

Even though most stress causes are found in the design of work organization and the way in which this is managed, the appearance of stress can also be related to such aspects as career prospects, status, wage, the role played inside the institution, interpersonal relations and the possibilities of reconciling family life with work.

3. The use of alcohol and other drugs

The use of alcohol and other drugs has a high and sustained prevalence in the society as a whole, and also among the working population, with its aftermath in workplaces. The impact of the use of these substances on the working environment is very significant (it generates diseases, accidents at work, absenteeism, disability at work, and decrease in productivity).

The seriousness of the use of alcohol and/or other drugs in the workplace has long been recognized by the International Labor Organization (ILO), which considers alcohol and drug use a problem that affects workers significantly. The ILO stresses that the harmful effects of alcohol and drug use in the workplace and on work performance are common at all levels. Occupational safety and productivity can clearly be affected when workers use psychoactive substances. It also indicates how the use of alcohol and drugs, in workers, produces a strong impact that extends to families and co-workers who are affected by loss of income, stress and disruption of the family atmosphere. Therefore, the use of alcohol and other drugs is a problem that does not only affect the user, but also their whole family, the work environment and the efficiency of a company.

In Argentina, according to the latest national study on the use of psychoactive substances (2017) conducted by the Secretariat of Integral Drug Policies (SEDRONAR), the substances that present the highest rates of consumption at some time in life are alcohol (81.0%) and tobacco (51.3%), both of which are legal for use (table 1).

Marijuana ranks third, with a use rate of 17.4%. Lifetime use of opioid analgesics without a prescription reaches a rate of 6.2% and cocaine 5.3%.

The use of non-prescription tranquilizers rate reaches 3.2%, and hallucinogens use rate is 2.3%. 1.8% has sometime used over-the-counter diet pills, while a lower percentage, 1.3%, has sometime used ecstasy.

Percentages below 1% refer to the use of solvent and inhaled drugs, such as ketamine, cocaine base paste, heroin, among other drugs, at some point in their lives.

Chart 1. The prevalence of drug use at least once, per type of substance. Argentina 2017. General population statistics. Argentine Drug Observatory (ADO).

Substances	Prevalence of use at least once in a lifetime (%)
Alcohol	81%
Tobacco	51.3%
Non-prescription Tranquilizers	3.2%
Non-prescription Stimulants	0.2%
Non-prescription Opioid Painkillers	6.2%
Non-prescription Diet Pills	1.8%
Marijuana	17.4%
Cocaine	5.3%
Cocaine base paste	0.5%
Hashish	1.6%
Crack	0.2%
Ecstasy	1.3%
Ketamine	0.8%
Heroin	0.1%
Solvents or Inhaled Drugs	0.8%
Other drugs	0.2%
Illegal Drugs, Total	18.3%

Alcohol is the substance that prevails in the economically active population, just like what happens with the general population, where the prevalence of

alcohol use is higher than that of all the illegal drugs combined. According to the same research study carried out by the Argentine Drug Observatory, alcohol is the prevailing drug if only the population over 18 years old is considered. It has been at its highest during the past year, especially in the economically active population (see chart 2).

Chart 2. Prevalence of use in the past year, per type of substance and economically active or inactive status. Argentina 2017. General population over the age of 18. ADO.
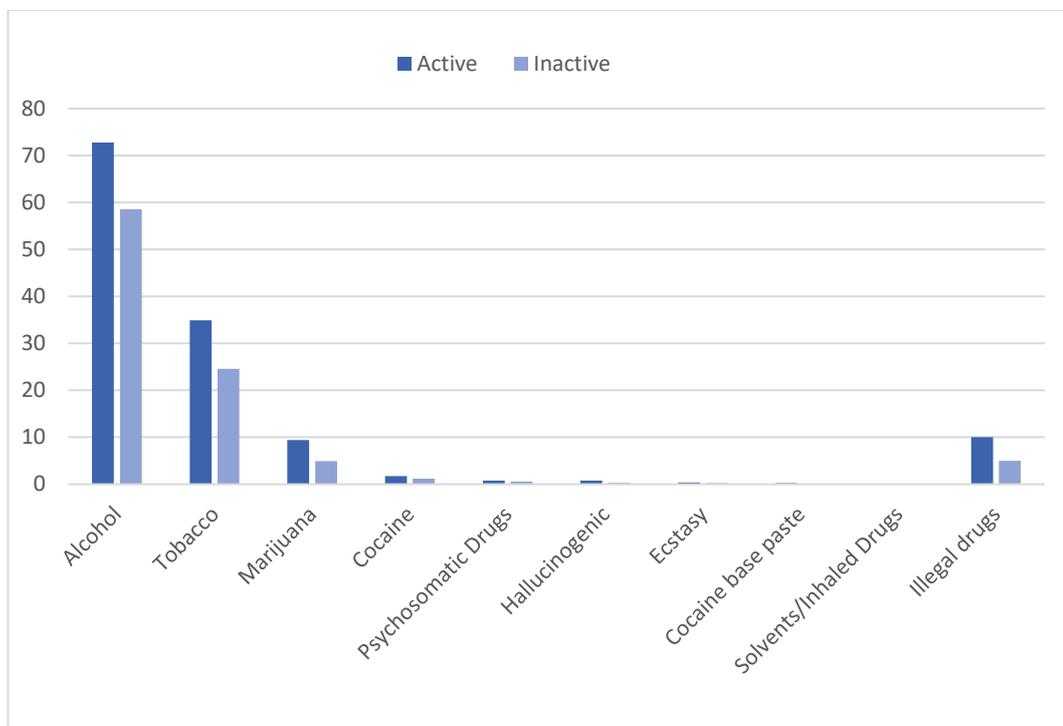

Since the weight of alcohol drinking is evident in society and in the workspace, it is relevant to make some considerations. The study of alcohol and its harmful use can be tackled from different perspectives. So much so that nowadays alcohol is the substance that accumulates the largest number of scientific studies. Nevertheless, this does not mean that the harmful use of alcohol can be socially perceived as one of the most critical issues regarding psychoactive substances.

The Argentine society finds it difficult to tell alcohol abuse from the drinking of alcoholic beverages in general. The problem of abuse develops within a tolerant environment as long as dependence thereon does not become socially visible. It represents a field of hidden problems, as they are not generally viewed as such. Thus, while the focus of social attention lies on the alcoholic subject (with symptoms of addiction and signs of deterioration), the field of abuse represents an invisible space right at the beginning of the psychoactive substances problem. The social gaze is shocked by the manifestations of the alcoholic or the addict, but it is tolerant of the abuse. Given that it is a legal drug, the level of social alarm towards alcohol drinking is low, and adults are generally indifferent to children's and adolescents' drinking practices that affect them.

In recent decades, the traditional Mediterranean intake model of daily wine drinking linked to food has given way to the generalization of occasional or intermittent weekend drinking (beer, distillates and mixtures), outside the context of food and family situations. The patterns associated with Anglo-Saxon influenced cultures, with a pathological intake close to gamma or alpha drinkers in Jellinek's classification, introduced the problem of alcohol that seeks to modify emotional stresses.

Within this context, of invisibility of abuse and its high prevalence rates among the working force, it is important to pay special attention to the abusive drinking of alcohol and how it occurs during the weekends (during non-working hours), as this type of abusive drinking, on many occasions, does have consequences in the working life. It is also important to highlight how the most prevailing levels of abuse typically occur among the unemployed, since, as mentioned above, one of the facts that affect mental health is the loss of employment or the lack of it (Chart 3).

Chart 3. Heavy alcohol drinking between weekdays and weekends, per occupational category. Argentina 2017. General population, over 18 years of age. Argentine Drug Observatory (ADO)

Weekends Weekdays

■ Weekends   ■ Weekdays
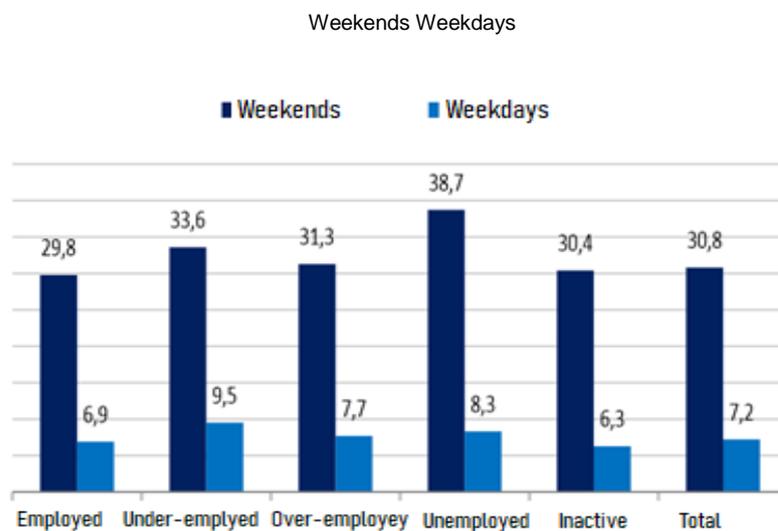
Employed – Under-employed – Over-employed – Unemployed – Inactive – Total

These high prevailing levels of alcohol use and abuse in the general and economically active populations have a knock-on effect on economic costs, where it is evident that alcohol is the substance that has the greatest impact and weight.

If we take as a reference the days of work lost due to absenteeism and the costs incurred as a result, it is clear that alcohol drinking is the most influential substance (Chart 4).

Chart 4. Days of absenteeism related to substance use per substance. Argentina 2017. General population, over 18 years of age. Argentine Drug Observatory (ADO).

Substance	Days of absenteeism	
	Amounts	%
Alcohol	522,048	59.6
Illegal Drugs	258,403	29.5
Alcohol and Illegal Drugs	95,260	10.9
Subtotal of Legal Drugs	522,048	59.6
Subtotal of Illegal Drugs	353,663	40.4
TOTAL	875,711	100.0

4. Preventive approaches and strategies in workplaces

Since the beginning of the Industrial Revolution until today, the concept of workers' health has become more complex and evolved, as has the concept of work, of psychoactive substance use, of human resources; and the same has happened with the strategies and policies concerned with health prevention and those specially focused on the prevention of various uses of substances.

Specifically with regard to strategies for the prevention of substance use, we can also highlight the beginning of the first strategies based on talks or tests, to the present, where both trade unions and companies are betting on the development of comprehensive strategies, according to the complexity that today's conceptualization and specific developments in the field have acquired, especially in academic circles and international organizations.

Currently, it is evident that there is a need for a policy in the labor field aimed at preventing or minimizing the occupational risks derived from the use of these substances, with prevention and support programs that provide basic reference information and are oriented to the welfare approach of workers with a clear participation of them in all stages of the policy (design, implementation and evaluation).

Among the aspects to be considered, the following decalogue can be highlighted:

1. Conceptual framework.

It is fundamental for the development of any strategy to consider the approaches crystallized by the United Nations, the Pan American Health Organization and the Organization of American States, which emphasize the need for policies centered on the person, from a human-rights-based perspective, and which consider gender-related aspects. That this be proposed as a complex and multidimensional problem of Public Health and that the design, implementation and evidence-based evaluation allow us to account for the actions and investments made, especially in

prevention programs in work contexts, the culture of each space, with comprehensive and participatory diagnoses, should always be considered.

2. Workers' participation.

As proposed by the aforementioned "Italian worker model", if a strategy is to work and meet its objectives, it must be carried out from, for and with the workers involved. The knowledge that workers have of their activities and of their workplaces is generally not possessed by specialists and must be a starting point for planning. On the other hand, this participation guarantees that the workers adhere to the proposal and that they make any intervention their own.

3. Planning based on goals.

Planning is a process that leads human capital to establish organizational goals, define strategies and policies for the achievement of those goals, and plan to ensure the development of the strategies and thus obtain the desired ends. For this, objectives and milestones must be defined as a flexible and feasible process.

4. Defining evaluation strategies and indicators.

Program evaluation is an interdisciplinary field with a high level of specialization and complexity, whose objective is to increase knowledge about the potential impact of actions. Regarding the evaluation indicators of the addiction prevention programs, the ones developed by COPOLAD and the ones developed by the United Nations are recommended. They both define the indicators that a quality program should have. Having objective evaluation indicators makes it possible to know the scope of the investment made and to correct errors in the different stages of the strategy's implementation.

5. Think of ways to intervene outside of the company.

A few years ago, drug prevention programs and plans of action were only available in the workplace. Nowadays, there is more awareness of the importance of including tools and action plans in workers' homes, along with bearing in mind the social and environmental conditions. According to recent studies and evaluations, the current proposal of "environmental prevention" has a more significant impact in comparison with other interventions.

6. Analysis and Work with networks.

Subjective networks are one of the key elements in institutional and community interventions. Paying strategic attention to the network analysis within an organization or community provides fundamental tools of analysis and social change. We have to analyze characteristics such as diversity, density, homosexuality, reciprocity and centrality because of their vital importance to achieve the goals proposed.

7. Think beyond substance uses.

The definition of the problem concerning substance uses as a complex and multidimensional one means that we have to go through multiple variables and pay attention to different risk factors that may come together. These are related to the organization of the productive process, job position or task, and finally to the workplace environment.

8. Involve every possible participant.

When it comes to participation of workers and the knowledge they have about their job, this is not operationally feasible without a validation across the organization and the creation of a board in charge of dealing with agreements and widespread consensus. Even though this mechanism requires dialogue and discussion, it also allows generating basic agreements and thus guaranteeing commitment in relation thereto.

9. Defining regulatory features.

The resulting agreements have to include regulatory features, which have to be formalized in an agreement between the different parties involved and disclosed throughout the organization. These regulations need to take into account the recommendations and developments of the so-called "environmental prevention".

10. Effective communication.

Goals, regulations and agreed policies, along with care strategies and prevention topics need to have a clear and specific communication plan. By defining appropriate population groups, pieces, times and messages.

Finally, a relevant fact from the National Study conducted by the OAD in 2017, when current workers were asked about regulation, prevention and treatment of alcohol and drug use in the workplace, only 25.5% of current workers stated that there are some regulations in place to control alcohol or drug use among their employees. While 18.2% of workers received some information related to the prevention and use of drugs and/or alcohol and only 9.6% stated that there is some kind of help program for employees with alcohol or drug related problems at their work.

It is crucial to develop comprehensive strategies to provide benefits to workers, companies, families and the community in general.

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