

# spectra

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## Work & health

### 2 When work makes people ill

Work is an important factor of wellbeing, self-esteem and social integration. But work can also make people ill. Each year Suva, the Swiss Accident Insurance Fund, recognises around 3000 cases of "occupational diseases", for instance dust-induced lung conditions, that can be unequivocally attributed to a particular type of work. But these occupational diseases are only the visible tip of the iceberg. More and more people suffer from "work-related health problems", which are associated with stress or lack of physical activity. Though these problems are not due solely to work, they are particularly widespread among the working population.

### 3 Better air quality in the workplace

The legislation that has been in place since 2010 is bearing fruit. Whereas 55 percent of the working population was exposed to passive smoking in the workplace in 2001, the figure had fallen to just 12.5 percent in 2012. The improvement in air quality has resulted in a decline in the incidence of heart attacks and lung problems. Pleasing though this development is, further action is needed – especially as one third of the Swiss population is unaware that the law protects employees against passive smoking at their workplace.

### 4 Cost of alcohol abuse

Hangover, illness, crime: excessive alcohol consumption is a burden not only on those involved and their families but also on society as a whole. Productivity losses, illness, fatalities and criminal offences resulting from alcohol abuse impose a financial burden of around four billion francs a year on the Swiss economy. It's heaviest on employers, who in Switzerland have to bear direct costs or productivity losses equivalent to 3.4 billion francs. But the cost of alcohol abuse also weighs heavily on the healthcare (613 million) and penal (251 million) systems.



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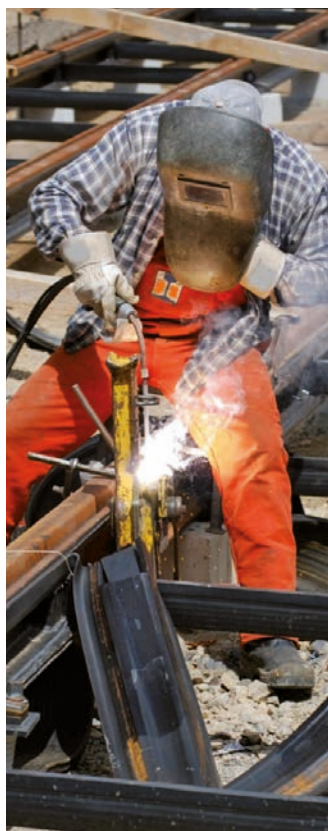
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# Work – a health risk

## Work-related health problems.

Road workers with damaged hearing, hairdressers with chemical allergies or carpenters with asbestos-impaired lungs: Suva (the Swiss Accident Insurance Fund) handles around 3000 such work-related insurance cases each year. In addition to these relatively clearly defined "occupational diseases", however, there are an infinitely larger number of disorders that are also – though not only – caused by work: "work-related health problems". Such physical and mental disorders, for instance stress and back pain, have increased massively in recent decades. Prevention of work-related health problems requires close cooperation between employers, prevention specialists and insurers.

While the causes of occupational diseases can be clearly attributed to the exercise of a particular type of work, in the case of work-related health problems it is extremely difficult to demonstrate a precise causal chain. It is virtually impossible to measure or even only estimate the extent to which an illness is due to the patient's work. Besides specific working conditions, a role is also played by factors such as individual predisposition or problems in private or social life. But one thing is certain: such



health problems are particularly common among people who work. According to surveys of the Swiss working population, 18 percent report work-related back pain and 13 percent other work-related musculoskeletal pain. The stress study carried out by SECO (State Secre-

tariat for Economic Affairs) has shown that the proportion of the working population who suffer frequently or very frequently from stress rose from 26 percent in 2000 to over 34 percent in 2010. Stress fosters a large number of physical and mental disorders, for instance

cardiovascular diseases of all kinds, burnout or depression.

## Top performance, but too little physical activity

The reasons for the rise in work-related health problems are obvious: the de-

## Forum

### Work-related diseases

Work-related health problems are common; indeed, all surveys show that they have been growing rapidly since the 1990s. In the 2012 Swiss Health Survey, 60 percent of respondents stated that they suffered from stress, and around 20 percent claimed to experience chronic stress that affected their health. The risk of depression is five times higher among chronically stressed individuals. According to an estimate of the State Secretariat for Economic Affairs (SECO), stress generates costs of ten billion francs a year for employers. Every second respondent in the general population had experienced back pain in the previous four weeks, with 18 percent of them receiving medical treatment for the problem. In surveys of the working population, 18 percent report work-related back pain, and 13 percent (or over 50% in 2010) other work-related musculoskeletal pain. The economic costs generated by back pain amount to between 1.6 and 2.3 percent of Swiss gross domestic product. Work-related health problems often result in sickness absences, and about 10 percent of people affected may experience long-term unfitness for work and even disability – every sixth patient with chronic back pain applies for a disability pension. There are many different reasons, as yet

little researched, for the increase in work-related health problems. Experts agree that changes at work, in the way work is organised, in the labour market, in social medicine structures, but also in new demands made on employees at the workplace and in their private lives all play an interacting role. Given their frequency and associated costs, work-related health problems are a priority public health problem. What is being done in Switzerland to prevent them? The 2006 ESENER (European Survey of Enterprises on New and Emerging Risks) survey shows clearly that Swiss employers are much less aware of the risk of work-related health problems than their European counterparts and they have undertaken fewer preventive measures. What is more, workplace health management in Swiss-based companies often goes no further than absence management. There is a lack of primary prevention measures, and little has been done to develop and coordinate the medical care and rehabilitation of those affected. In Switzerland, the underdeveloped state of occupational medicine means that the identification of occupational diseases and work-related health problems has to depend on primary care providers and a number of specialists such as rheumatologists and psychiatrists who are particularly involved. 820 physicians in

the French-speaking part of Switzerland (general practitioners, rheumatologists, pulmonologists, psychiatrists and dermatologists) stated in a questionnaire survey that 14.5 percent of preliminary diagnoses were work-related. This figure varies according to specialist field: general practitioners 15 percent, psychiatrists 17 percent and rheumatologists 21 percent. The most frequently cited work-related diseases are mental disorders (93 percent), back pain (70 percent) and other musculoskeletal disorders (29 percent). Of the physicians surveyed, 55 percent had never consulted a specialist in occupational medicine and 40 percent had never contacted a patient's employer, in an average of 27 years of professional practice. When asked about the need for assistance, 74 percent want help with stress-related diseases, 75 percent with getting patients "back to work" and 73 percent with the diagnosis of occupational diseases. On the basis of these findings, the Institute for Work and Health (IST) has in the last two years offered the interdisciplinary consultations on "Suffering at work", and a comparable service is being developed on "Back to work". It is not surprising that returning to work after work-related health problems or other serious or chronic diseases that may require changes at the workplace creates problems for the physicians

surveyed. They are not trained to help people back to work, and they fear that medical confidentiality is put at risk by the lack of a medical contact person within the enterprise. Moreover, the world of work is becoming increasingly competitive, which does not make it any easier to work with, or after, an illness. In addition, the OECD Report on Mental Health and Work Switzerland shows that the interface between the healthcare system and the world of work is not really functioning. Today, for instance, we can see that this interface is increasingly being handled by the insurers (daily sickness benefits and disability insurance) – and not only at the administrative level. If this is motivated solely by short-term cost-cutting considerations, a return to work ends in many cases in termination of employment.



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mands made on employees with regard to performance, flexibility and information processing have increased, as has the intertwining of work and private life. In addition, these higher demands combined with growing uncertainty at work promote the widely observed phenomenon of putting oneself voluntarily at jeopardy. This occurs when someone is prepared to sacrifice their health and wellbeing to their putative career by, for instance, turning up for work despite being ill, going without breaks, making themselves available during holidays or doing lots of unpaid overtime. Such excessive levels of performance increasingly result in recourse to medication. In the SECO study, four percent of respondents said they had used stimulants in the previous twelve months to boost their physical performance. A further four percent reported taking medicines such as Ritalin to enhance mental performance or mood. This situation calls above all for entrepreneurs and managers to adapt their working climate so as to prevent such work excesses by themselves and their employees within the framework of a caring, appreciative corporate culture.

While the demands on mental performance are growing, people in Switzerland engage in far too little physical activity because of the predominantly sedentary nature of their work, due on the one hand to the shift of jobs from industry to the service sector and on the other to growing automation in industry. The outcome is musculoskeletal pain or overweight, which itself facilitates a number of diseases such as high blood pressure or diabetes. A further consequence of physical inactivity is metabolic syndrome. As the name suggests, this is a problem of the metabolism; it is associated with high blood sugar and blood lipid levels and increases the risk of heart attack and stroke. Lack of physical activity is also associated with other problems, for instance an increased risk of colon cancer and osteoporosis. People who take little exercise also suffer from mental problems such as depression or anxiety. But studies show that even a slight increase in physical activity can greatly reduce these health risks. The risk of, say, a heart attack can be virtually halved by engaging in additional physical activity that uses up 2000 to 3000 calories a week. This corresponds, for instance, to three one-hour swimming sessions a week or jogging for a good half hour every day.

#### Economic cost in billions

In Switzerland, the distinction between occupational diseases and work-related health problems has immediate implications for insurance coverage: occupational diseases are subject to the Accident Insurance Act, and thus insurance funds such as Suva come into play, while work-related health problems are subject to the Health Insurance Act. This means that, in the former case, the em-

### Suva's project on work-related health problems

- Study of intervention strategies for chronic musculoskeletal pain (ETH Zurich/ University of Lausanne)
- Study of work-life balance and health (ETH Zurich/University of Zurich)
- Study of the effect of working out on somatic disorders (University of Bern/ Bern University of Applied Sciences and Arts)
- Study of cultural differences in perceptions of stress and the corresponding communication strategies vis-à-vis co-workers and employers (University of Lugano)
- Annual discussion forums with interdisciplinary participation
- "Bewegung ist möglich" [Physical activity is possible] – Suva competition to promote physical activity at the workplace
- stressNOstress.ch – website with a self-test and information on the subject of stress (University of Bern)

ployer's insurance takes over the health-related costs, in the latter the employee's health insurance fund. Regardless of the type of insurance cover involved, however, work-related health problems and the resulting absences from work generate enormous costs for employers. According to the SECO study, stress alone generates annual costs of around ten billion francs. Back pain costs the Swiss economy between 1.6 and 2.3 percent of gross domestic product. It is therefore all the more important not just to react to work-related health problems but also to take steps to prevent them. Effective prevention requires close networking of the numerous players active in this area.

#### Preventing work-related health problems: Suva in the vanguard

Suva has taken an active interest in the phenomenon of work-related health problems for many years. It has advocated the development of practice-oriented prevention measures through its "Progrès" project since 2002. Companies operating an effective in-house workplace health promotion system are still rare. The money spent on prevention is usually perceived as a cost rather than an investment. However, many managers underestimate the cost of work-related illnesses and accidents and overestimate the cost of prevention measures. But if the efficiency of pre-

vention measures is to be documented and employers are to be persuaded of the benefits, scientific evidence is required. This is also a goal of the Suva "Progrès" project (see box). A further major Suva commitment is the annual discussion forum on the subject of work-related health problems, at which representatives of industry, medicine, prevention and the social partners meet to exchange views. Given the complex nature of work-related health problems, a joint interdisciplinary approach to the development of prevention measures is the only way of tackling the growing issue.

Link:  
www.suva.ch  
> Prävention > Arbeit > Arbeitsmedizin  
> Progrès

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### Passive smoking at the workplace – current situation

- Smoking in enclosed spaces that are used as a workplace for more than one person or are accessible to the public has been forbidden in Switzerland since 2010. A number of studies have demonstrated the beneficial effects that this law has had on health, including that of employees. The marked improvement in the air quality of enclosed spaces has resulted in a decline in the incidence of heart attacks and lung problems.
- Yet in 2012, despite good compliance with the law, 12.5 percent of the working population in Switzerland were still at risk from passive smoking, 2.9 percent of them for three or more hours each week. By way of comparison, 55 percent were exposed to passive smoking in 2001, 20 percent of them for three hours or more. However, not everyone is aware of the law: 36 percent of the population do not know that the law protects employees at their workplace. These findings show that there is still room for improvement in this respect, even though the large majority of workers are currently protected from the harmful effects of passive smoking.

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#### At first hand

Being part of the working population is an important factor in the health of the individual. Paid work not only ensures financial independence; it also creates a sense of personal achievement, security and social integration. But work also entails health risks that go beyond established health protection measures at the workplace. The term "work-related health problems" covers disorders that are not actually caused by specific working conditions but are nonetheless more common among the working population. They include, for instance, musculoskeletal disorders, or symptoms that can result from constant stress. In addition, pressures at the workplace may also be associated with pressures in private life. Since women are still more likely than men to combine going out to work with caring for their children and/or sick family members, they are more often subject to excessive pressures.

Global crises also take their toll on the Swiss economy, subjecting businesses to pressures on innovation, competition and wages that can aggravate any more negative effects of work. The Swiss economy's most important resource is knowledge, i.e. people. But knowledge can have a sustained effect only if those who possess it are in a position to wield it, i.e. if they are in good health. People's health is therefore the key condition that enables us to secure and further develop our prosperity.

At the federal level, the State Secretariat for Economic Affairs (SECO) is primarily responsible for health-related improvements in the work environment. But health policy makers are also active: in the "Health 2020" strategy (www.gesundheit2020.ch) published in January 2013, the Swiss government argues in favour of strengthening health promotion, prevention and early identification – and thus also of stepping up efforts to foster health at the workplace. This was the backdrop to the November 2013 launch of the "Mental Health" dialogue project. This project envisages the Federal Office of Public Health (FOPH), the Swiss Conference of Cantonal Health Ministers and the Health Promotion Switzerland Foundation cooperating with a number of other players to develop measures that will help improve mental health in Switzerland. All efforts must aim at enabling as many people as possible to reach retirement age in as good a state of health as possible.



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# Alcohol abuse: the greatest damage is to the economy

**Alcohol-related costs.** Excessive alcohol consumption weighs heavily not only those directly affected, but also on society as a whole – to the tune of over four billion francs a year. This is the conclusion of a study commissioned by the Federal Office of Public Health (FOPH). The bulk of the costs is borne by the economy: alcohol-related productivity losses amount to CHF 3.4 billion a year.

Alcohol abuse is a risk factor for 60 diseases as well as for accidents and acts of violence, and it causes productivity losses at the workplace. In the reference year 2010, alcohol consumption in Switzerland generated costs totalling 4.2 billion francs. As the study "Alcohol-related costs in Switzerland" shows, this corresponds to 0.7 percent of GDP or annual per capita costs of CHF 630 in the population aged over 15.

**Economy bears 80 percent of the damage**

Productivity losses to the economy generate costs of 3.4 billion francs, i.e. 80 percent of total costs. Of this amount, 1.2 billion francs are incurred directly by employers when, because of a hangover for instance, employees absent themselves from work unannounced or perform below standard. Mortality and morbidity account for costs of 0.5 billion francs to the enterprises. Mortality refers to loss of production resources, i.e. workforce, as a result of early deaths. Morbidity refers to workforce losses resulting from illness or early retirement. The remaining 1.7 billion francs are lost to the overall economy as a result of reduced prosperity.

**Healthcare system: 613 million francs**

In the healthcare system, a further

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Good health? Society picks up the tab for alcohol abuse to the tune of more than 4 billion francs a year in Switzerland. Lost production in the economy accounts for about 80 percent of this amount.

613 million francs of direct costs are incurred as a result of alcohol abuse. They include the cost of treating alcohol-related illnesses, accidents and injuries. At 405 million francs, the cost of residential treatment is almost twice as high as that of outpatient treatment (208 million).

**Penal system: 251 million francs**

Alcohol abuse promotes criminal offences such as acts of violence or drunken driving. The cost to the public finances, i.e. the police, justice and penal systems, is 251 million francs. The police accounts

for almost half of these costs (113 million francs). Prison inmates detained for alcohol-related offences cost the public finances 75 million francs. The justice system accounts for a comparatively small portion of costs (64 million francs) because only unsolved cases generate such outlays. Convicted wrongdoers generally pay any administrative costs themselves.

**Who actually pays?**

In nominal terms, the employers pay the bulk of the direct costs, i.e. an estimated 1.7 billion francs. This sum in-

cludes the above-mentioned losses due to lower productivity and to mortality and morbidity. The remaining 1.7 billion francs of economic costs are incurred at the expense of social prosperity, i.e. they are paid by the economy as a whole and ultimately by society. The direct costs incurred in the healthcare and penal systems are borne by the social insurance funds (298 million) and the state (387 million), in other words the taxpayers. The remaining 179 million francs are costs incurred by private households in the form of medical insurance deductibles and contributions, which, for data availability reasons, were not accessible to the study. These are the only private costs taken into account.

**Everyone benefits from prevention**

Ultimately, therefore, it is the population as a whole that pays the cost of alcohol abuse – society bears collective responsibility. Prevention of alcohol abuse helps reduce the resulting costs and is therefore in the interests not only of employers and the social insurance funds but also of all citizens. In the "Health 2020" report on health-policy priorities, the Swiss government insists that efforts to promote health and prevent disease are to be stepped up. This would also reduce the economic costs generated by unbalanced diet, lack of physical activity and excessive consumption of alcohol and/or tobacco. In addition, the National Programme on Alcohol (NPA) specifically envisages measures that aim to reduce the negative effects of alcohol consumption on public life and the economy.

**Various prevention projects**

Two projects aimed at reducing costs have already been initiated. In the healthcare sector: a project to encourage self-help and a programme promoting brief interventions by family doctors. A model project on hospital referrals in cases of alcohol intoxication is also under development. The aim is to systematise cooperation between medicine, prevention, young people directly affected and their parents. At present, the procedures involved from referral to discharge vary from hospital to hospital. The model is designed to increase the effectiveness of treatments and lower their costs. Moreover, the basis for tackling the topic of alcohol & violence and measures for protecting young people at events requiring authorisation have been drawn up. Thanks to the increase in test purchases and in training courses for sales staff, enforcement of the legal age for the sale of alcohol is expected to improve. Numerous projects are devoted to raising public awareness of the risks of problematic alcohol consumption.

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Overview: alcohol-related costs in Switzerland		
	Costs in CHF m	Share of total costs
<b>Economy</b>	<b>3360</b>	<b>80%</b>
Productivity losses due to mortality <sup>1</sup> and morbidity <sup>2</sup>	2185	52%
Direct productivity losses <sup>3</sup>	1175	28%
<b>Healthcare system</b>	<b>613</b>	<b>15%</b>
Residential treatment	405	10%
Outpatient treatment	208	5%
<b>Law enforcement</b>	<b>251</b>	<b>6%</b>
Police	113	3%
Penal system	75	2%
Justice	64	2%
<b>Total</b>	<b>4224</b>	<b>100%<sup>4</sup></b>

<sup>1</sup> Premature, alcohol-related deaths  
<sup>2</sup> Workforce losses resulting from illness and early retirement  
<sup>3</sup> Reduced performance or short-term absences  
<sup>4</sup> Slight discrepancy on account of rounded figures

**Platform for employers**

The FOPH and a wide-ranging alliance of partners support numerous projects in the framework of the National Programme on Alcohol. A study shows that employers in particular incur very high costs as a result of alcohol abuse. The platform [www.alcoholamarbeitsplatz.ch](http://www.alcoholamarbeitsplatz.ch) offers, among other services, information and support measures for workplace prevention programmes.