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HEALTH PROMOTION IN THE WORKPLACE: ALCOHOL AND DRUG ABUSE

Report of a
WHO Expert Committee



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Geneva, 4–8 November 1991

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1. **Introduction**

A WHO Expert Committee on Health Promotion in the Workplace: Alcohol and Drug Abuse met in Geneva from 4 to 8 November 1991. Opening the meeting on behalf of the Director-General of WHO, Dr N. P. Napalkov, Assistant Director-General, pointed out that a previous WHO Expert Committee on Health Promotion in the Work Setting had been convened in 1987 and that, in response to that committee's recommendations, the Office of Occupational Health of WHO planned to hold a series of meetings on health promotion in the workplace, focusing on specific subjects. On this occasion, the meeting, organized jointly by the Office of Occupational Health and the Programme on Substance Abuse, would deal specifically with alcohol and drug abuse. The Secretariat had prepared a working document for discussion at the meeting after consulting some 75 experts, WHO Collaborating Centres, nongovernmental organizations and others.

Dr Napalkov noted that, over the years, the maintenance of safe and healthy working conditions for employees had come to be regarded as essential not only by professionals in the health field, but also by workers, trade unions and management. Legislation and the development of the concept of occupational health had also contributed to general awareness and recognition of the need for health and safety promotion in the employment setting.

The objective of the Expert Committee was to review current approaches to health promotion in the workplace aimed at preventing and controlling alcohol- and drug-related problems and to make recommendations to WHO and its Member States for further action.

2. **Important concepts and definitions**

The definitions provided below were adopted by the Committee for the purposes of its report, but will not necessarily be valid in other contexts.

2.1 **The workplace**

At first sight, the concept of the workplace appears sufficiently clear without definition: it is the place where people work. Nevertheless, in different parts of the world the image evoked by the word "workplace" may differ considerably. For industrialized countries, it may conjure up large enterprises in highly mechanized industries. However, even in these countries the majority of the workforce are actually employed in small enterprises.

In many developing countries, especially in Africa, besides workers in mechanized industries, which are on the increase, the self-employed, engaged mainly in agricultural work, predominate in the workforce. Many of them work with members of their family or with volunteers, or employ a few workers. In rapidly industrializing countries in Asia, migrant workers and homeless workers are rapidly increasing in number.

In the future, it may become increasingly difficult and undesirable to separate work/home or work/family domains in either industrialized or developing countries. As the trend towards smaller workplaces takes hold, for example, a related increase may occur in the number of people who work from within their homes (particularly in the burgeoning service sector). Family businesses have always been a feature of economies in many parts of the world, and this phenomenon clearly demolishes any meaningful boundary between work and home. It has been noted that some seafarers work in an environment (ships) that is both home and workplace to them for long periods of time. In addition, it is important to keep in mind those whose work indisputably takes place in the home or family unit – housewives or homemakers – who in some cultures make up a notable proportion of the workforce. Health promotion in the workplace must therefore be considered from a broad perspective that avoids too limited a definition of the employment setting.

2.2 Health promotion

The concept of health promotion has been described in a special issue of the international journal *Health promotion* (Vol.1, No.4, 1986), which contains a report of the first International Conference on Health Promotion and presents the Ottawa Charter, as adopted by the Conference (see Annex). The concept of health promotion in the workplace has been dealt with in some detail elsewhere, especially in the report of the WHO Expert Committee on Health Promotion in the Work Setting (1). It is important to recall here, however, the scope of the concept as envisioned by WHO at present. Health promotion emphasizes gaining or regaining control over personal well-being and encouraging a psychosocial environment that will foster this control. Applied to the workplace, this idea means that attention must be paid not only to encouraging healthy practices among individuals through education and training programmes, but also to the development and maintenance of working conditions conducive to the well-being of the workforce as a whole and to the prevention of alcohol- and drug-related problems (2).

Recently, the evidence linking adverse working conditions to the likelihood of alcohol- and drug-related problems emerging has become stronger. Health promotion therefore overlaps with the realm of industrial relations, and it becomes legitimate to see it as a strategy for improving the

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