

Health and safety Time for change

Reclaiming health and safety at work



Occupational diseases: The epidemic that is ignored.

Official figures show that just under 200 workers die as a result of an injury at work each year¹. This is 200 too many. However, by the most conservative estimates, at least 20,000 people die prematurely every year because of occupational disease. Between 8,000 and 15,000 die from occupational cancers² while 4,000 die from lung disorders such as chronic bronchitis and emphysema³ caused by breathing in fumes, chemicals and dusts. You can also add those that die as a result of cardiovascular disease caused by the nature of their work. This can either be stress (which can more than double your risk), or exposure to certain fumes and chemicals.

The death toll that work takes is only a part of the picture. The HSE estimates that there were 450,000 new cases of illness caused by work last year⁴. While many of these illnesses will go away quickly, many others become long-term and can remain with the person all their life.

In total, 1,200,000 people currently in work say they suffered from ill-health that they thought was work-related. Many of them continue to come to work, despite their illness, while others are on long-term sick-leave. In addition there are almost a million more people who have since left work and who say that they have ill-health as a result of their work. These people are still suffering the ill-effects of work after they retired or left.

Despite this huge toll from occupational diseases, the headlines are always about deaths caused by injury, but a life lost to disease is just as much a tragedy, yet because these often take place in a hospice behind closed curtains, often years after the person has left work, there is less awareness.

You just have to look at how the number of injuries has fallen as opposed to the number of occupational diseases. Fatalities have fallen by over 80 per cent in less than 40 years⁵. In part that is because many of the most dangerous industries such as shipbuilding, mining and heavy engineering have declined dramatically in the same period but a significant factor is the development of a better, simpler, legal framework since 1974 and the changes in safety that is brought about. Injuries have also fallen by over three-quarters in the same period.

A problem of the 21st century

We have not however seen the same decline in diseases. Despite huge advancements in technology and changes in the labour market the editor of International Journal of Occupational and Environmental Health has claimed “never in history has there been so much occupational disease as exists in the world today”⁶. Much of this is because of the emerging problems of new jobs and new work methods.

Some diseases have soared dramatically. Cases of the fatal lung cancer mesothelioma have risen from 153 in 1968 to over 2,000 40 years later. This is caused by exposure to asbestos, which, although its use is now banned, is still present in over a million workplaces.

Changes in the type of work and how we work have also changed the nature of occupational diseases. There have been far less change in what are called “musculoskeletal disorders” such as back, neck and shoulder pain, or RSI, which affect over half a million people. This is partly because of the increase in assembly work and repetitive jobs, as well as the huge rise in IT, with far more people typing and sitting for long periods.

The other big increase has been the rise in the number of people suffering from mental health issues such as depression and anxiety. This is often caused by stress at work. It is likely that part of the increase is due to the greater awareness of the issue and improved willingness of those who suffer from it to report it; however the increased number is also likely to have been fuelled by changes to how we work, with many people feeling they have less control over their work, or feeling less secure. It is estimated that around 415,000 people suffered from a work-related stress illness last year.

In the 21st century there are far more people working in sectors such as social care, call centres, and health provision. These all bring with them new health risks. We have seen the emergence of problems such as needlestick injuries and latex allergy amongst health workers, or acoustic shock in call centre workers. In the private care sector back injury has been a growing concern as a result of the lifting that takes place.

However two types of conditions account for over 70 per cent of all work-related illness. These are stress-related illnesses and musculoskeletal disorders such as back pain and RSI. Unfortunately there is still a view that these illnesses are less worthy of sympathy or action than injuries caused by “accidents”. Anyone who has experienced chronic back-pain or long-term depression will know that they are not minor ailments, but debilitating diseases that can have a major and devastating effect on a person’s quality of life.

The case for regulation and enforcement

Anyone who looks at these figures would be able to see that there is a need for much more priority to be given to this area of prevention with stronger regulations and enforcement to stop workers being made ill by their work. Not only is this not being done, but the reverse is happening.

A few years ago the HSE undertook a number of interventions around preventing occupational health issues such as stress, back injuries, RSI, and bullying. These had the support of trade unions and they were having a significant effect in ensuring that employers addressed these problems. An

example is the Stress Management Standards which showed clearly how to reduce the burden that stress has on workers. However in the last few years work on this seems to have stopped completely. This is despite the evidence that stress is a growing concern during the current economic recession, with some estimates suggesting an increase of 40%⁷.

Clearly there is far too little enforcement action and guidance available to employers on preventing the causes of the most common causes of occupational disease. Unfortunately the regulations themselves need revised and strengthened. Despite the huge numbers of people who suffer from workplace stress there are no specific regulations on its prevention. The regulations on computers (VDUs) have not been updated to reflect the emergence of laptops, tablets, smart phones and other hand-held devices. The numbers speak for themselves. There is an unarguable case for greater regulation and enforcement to prevent occupational diseases.

Occupational health support

In addition to prevention, workers need access to occupational health advice and services. This is a necessary part of ensuring the long term health of workers. Employers need feedback on what may be leading to illness or injury on their premises, while workers need support, advice and, in some cases, access to specialist services if they get ill or injured. The alternative is that workers are off sick much longer than necessary, come back to work and work in the same conditions that made them ill in the first place, or never return and end up on incapacity benefit for a long period of time. Also workers in workplaces where they may be exposed to a particular hazard need regular surveillance.

Unfortunately, very few workers have access to a fully comprehensive occupational service. A 2012 TUC survey showed that even amongst larger private employers and the public service less than half of workers had access to rehabilitation if they were injured or ill and only 54% had any form of health surveillance⁸. For workers in small companies the position is even worse. It has been estimated that less than 10% of workers have access to a fully comprehensive occupational health service through their employer. Many European countries have much better provision than the UK and several countries place a legal requirement on employers to provide an occupational health service.

The cost of occupational disease

The main effect of injury and illness is borne by the worker who has to bear the physical and emotional harm. They also have to bear much of the financial cost, especially if they work in a sector without access to a good sick pay scheme. You cannot put a price on health.

The cost to the employer is more tangible. In 2010 the CBI reported that workers took 180 million sick days the previous year at a direct cost to employers of £16.8bn. In the same year it is estimated that around 30 million of these days lost to sickness were a result of work – 24.6 million due to work-related ill health and 4.7 million due to workplace injury. That means that the direct cost to employers of work-related sickness absence was £3.7bn⁹.

Insurers also paid out £1.5bn in compensation to those made ill or injured through work, while the government paid out a further £800m in industrial injuries benefit.

The direct cost to employers' insurers and the government is therefore £6bn. That, however, excludes the cost to the NHS and social services of caring for those people, as well as the cost of other benefits paid out to those who have to leave work as a result of their illness. Most importantly it excludes the cost to the worker, and their family.

In contrast the amount that the government spent on preventing occupation illness and injury was a fraction of that. Public funding for the HSE last year was under £200m.

In her 2008 report¹⁰, the Government's National Director for Health and Work, Dame Carol Black, said that the economic costs of sickness absence and worklessness associated with working age ill-health are over £100 billion a year – greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal. She recommended that the Government should initiate a health and well-being consultancy service, offering tailored advice and support and access to occupational health support at a market rate. Despite the Government accepting her report they did nothing to provide this. Four years later another report by Dame Carl Black¹¹, this time into sickness absence, proposed a similar model where workers would have their health accessed after they are off work for a month. However, although this is likely to be set up, there will be no compulsion on employers to agree to any recommendations on access to rehabilitation and a great many will refuse to pay the cost.

Trade unions want strong regulation aimed at preventing stress, musculoskeletal disorders, bullying and violence with more emphasise on occupational illnesses in enforcement. Unions also believe that all workers should have free access to both health surveillance and comprehensive occupational health provision, either through a public body set up for that purpose or from services provided through the NHS. The savings to the economy by providing this would greatly exceed the cost as it would both reduce sickness absence as well as help prevent people becoming dependant on benefits.

References

¹ <http://www.hse.gov.uk/statistics/fatals.htm>

² <http://www.hse.gov.uk/cancer/research.htm>

³ <http://www.hse.gov.uk/statistics/causdis/copd/index.htm>

⁴ <http://www.hse.gov.uk/statistics/causdis/index.htm>

⁵ <http://www.hse.gov.uk/statistics/history/index.htm>

⁶ Joe LaDou. *Occupational health in industrializing countries*. Occupational Medicine: State of the Art Reviews, volume 17, number 3, pages 349-354, 2002.

⁷ J. Houdmont, R. Kerr, K. Addley. Psychosocial factors and economic recession: the Stormont Study, Occupational Medicine, Volume 62, Issue 2, Pp. 98-104

⁸ Safety representatives - biannual survey, TUC, 2012

⁹ CBI press release on CBI/Pfizer Absence and Workplace health Survey 2010.

¹⁰ 'Working for a healthier tomorrow' - Dame Carol Black's review of the health of Britain's working age population, DWP, 2008

¹¹ Health at work – an independent review of sickness absence, Carol Black/David frost DWP 2011.