

## Occupational health care and the prevention of alcohol-related problems

The audit examined the achievement of the objectives in the Occupational Health Care Act, which was reformed in 2002. The Occupational Health Care Act places emphasis on preventive measures, which must be arranged and financed by employers. Employers can include treatment in services if they wish.

The indirect effect of occupational health care on the state economy is considerable, since with its emphasis on prevention occupational health care helps promote the health of the working-age population and reduce costs resulting from long-term illnesses.

The audit looked at occupational health care and the prevention of alcohol-related problems as a whole. Occupational health care for state employees, for example, was not examined separately.

In Finland occupational health care for the working population is a significant part of the health service system. Some 1.8 million employees are covered by occupational health care, and treatment is included in services for over 90% of these. Occupational health services are produced by employers' own clinics, private clinics and health centres. Each of these categories accounts for about half a million employees' occupational health care.

The audit indicated that the Occupational Health Care Act is clear and provides a good framework for activities. The way in which occupational health care is arranged does not meet the objectives in legislation in every respect, however. Occupational health care still focuses strongly on treatment. For example workplace studies serving as the basis for occupational health care have not increased as a result of legislation. While preventive activities have remained unchanged, visits to doctors as well laboratory tests and radiological examinations have steadily risen.

Since the Occupational Health Care Act was reformed, the costs of occupational health care have grown more than was projected. In 2005 the cost of occupational health care was 426 million euros.

Employers received 188 million euros in compensation, which is financed through earnings security insurance in the sickness insurance system. Although employers are compensated for 60% of the costs of preventive health care as opposed to 50% of the costs of treatment, treatment accounts for 60% of the cost of occupational health care.

The Ministry of Social Affairs and Health, which steers the system, and the Social Insurance Institution, which is responsible for paying compensation, justify treatment as part of occupational health care on the grounds that it produces indispensable information to support preventive work. According to the guidelines issued by the Finnish Institute of Occupational Health, treating illness usually fulfils obligations in statutory occupational health care, such as the provision of information and steering or the evaluation of the need for rehabilitation. In practice doctors spend most of their working time on treatment. Occupational health care customers also appreciate rapid access to treatment. Occupational health services are increasingly produced by private clinics that specialise in treatment, which is more lucrative than preventive occupational health care.

The key problem in the occupational health care system is large differences in the quality and availability of services. Occupational health care customers especially appreciate the service they receive from private providers. On the basis of the audit, the quality of service also varies greatly in private units. Municipal occupational health units, on the other hand, are hampered by small size and part-time staff. Operating conditions are expected to improve as a result of the restructuring of local government and services and the consolidation of units. For the time being the future of municipal occupational health care appears uncertain particularly in eastern and northern Finland. In the opinion of the National Audit Office, in its steering the Ministry of Social Affairs and Health should take steps to reduce differences in occupational health care quality and services.

The Ministry of Social Affairs and Health and the Social Insurance Institution have not paid attention to the fact that the system results in quite large treatment costs, although its purpose is to ensure preventive health services for all employees. Nor have the steerers of the system considered it a problem that different service

providers produce occupational health care at different prices. Taking into account treatment and laboratory costs, occupational health care is most expensive at private clinics.

The five largest chains of private clinics produce services for one-fifth of occupational health care customers. Private clinics' share of service providers is likely to continue growing as more companies outsource occupational health services. The outsourcing of occupational health care increases the focus on treatment and the costs of the system. Large health care enterprises have the capacity to provide comprehensive treatment services, which increases the temptation to purchase them.

With treatment increasing, the system will become more and more expensive for the financing parties in a way that was not intended in legislation. In the opinion of the National Audit Office, the Ministry of Social Affairs and Health, the Finnish Institute of Occupational Health and the Social Insurance Institution do not pay adequate attention to rising costs. The audit also indicated that a key objective of the compensation system, employees' equal position, has not been achieved. Some enterprises do not conclude agreements that only include statutory services. The National Audit Office considers that all employers should have equal opportunities to purchase occupational health services from the service provider of their choice. The system should have more uniform operating principles.

With regard to preventive measures the audit looked particularly at occupational health care activities aimed at preventing alcohol-related problems among the working population. In working life excessive alcohol consumption is connected to early retirement, absences, work accidents and inefficiency. Absences increase among heavy drinkers regardless of working conditions or socio-economic status.

Occupational health care is required by law to include the prevention of substance abuse. The audit found, however, that few heavy drinkers receive information and counselling in occupational health care. Some occupational health care professionals do not know how to identify heavy drinkers and do not adequately determine connections between alcohol consumption and illnesses. Nor do they fully understand screening and counselling for alcohol abuse.

Patients have over a million check-ups performed and make nearly five million other visits in occupational health care each year. Occupational health care is in a very good position to identify heavy drinkers and intervene in the abusive use of alcohol. In connection with check-ups and treatment, the subject of substance abuse should routinely be addressed. One precondition for the successful prevention of problems related to substance abuse is effective cooperation among occupational health care, superiors and occupational safety and health. At present cooperation between workplaces and occupational health care is not in line with the objectives in the Occupational Health Care Act. Few workplaces are aware that one task of occupational health care is to advise and guide workplaces in preventing and treating alcohol-related problems. The audit also indicated that the role of occupational safety and health in substance abuse matters is unclear.

Cooperation between occupational health care and other actors and workplaces' activeness have not been increased by the alcohol programme that the Ministry of Social Affairs and Health implemented in 2004-2007. Smaller workplaces in particular are not aware of recommendations regarding the prevention of alcohol-related problems. Programmes aimed at preventing substance abuse are either lacking or they are often outdated and focus on directing substance abusers to treatment.

Production losses due to alcohol consumption total about half a billion euros a year. Most of the costs of alcohol-related problems wind up being paid by the state and local authorities. It has been calculated that a seven-day detoxification treatment costs a local authority about 1,000 euros a day.

In the opinion of the National Audit Office, the field of preventive substance-abuse work and coordination should be clarified and steering should be harmonised at all levels of administration. Attention should be paid to removing obstacles to early intervention in occupational health care, at workplaces and in local authorities. Alcohol policy tax solutions are part of this whole.