

Management of Psychosocial Problems at Work

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ABSTRACT

The paper reviews and assesses the experiences with and responses to a range of psychosocial problems at work. International and national experiences including laws and practices are discussed. The paper likewise reviews psychosocial problems in the organizations and firms emerging from recent studies, and recommends methods for addressing psychosocial problems in Philippine organizations or firms.

Stress, violence and substance abuse have shown interrelationships and if left unchecked may reinforce each other leading to loss of productivity and impact on relationships even outside work. Responses have included a comprehensive body of conventions, resolutions and declarations by international bodies like the International Labor Organization (ILO). As a program, ILO has introduced the concept of **SOLVE** (**S**tress, **T**obacco, **A**lcohol & **D**rugs, **H**IV/AIDS, **V**iolence) to rectify specific problems. The approach is based on the premise that prevention is better than cure. Started in year 2002, the ILO has trained trainers from several ILO member countries including the Philippines, who have then replicated the trainings in their own countries.

The Philippine experience is presented with case studies, surveys and databases. All five concerns are backed up by laws and workplace policies. The response has been massive in the area of advocacy, training and technical assistance in policy and program development.

The review of data has pointed to several responses which started as denial and avoidance of psychosocial problems at the organization and firm level, to a paradigm shift of proactive,

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preventive action. Aware of the advantages of prevention over crisis interventions, some companies and organizations are moving in the direction of management of psychosocial problems at work through comprehensive policies and programs. SOLVE has been adapted by both government and academe and is being presented as an integral part of OSH programs in Philippine workplaces.

INTRODUCTION

Psychosocial problems have emerged as major concerns in workplaces in the private and public sectors, everywhere. Psychosocial factors at work, according to ILO definition, refer to interaction between the work environment, job content, organizational conditions on the one hand and workers' capacities, needs, culture and personal extra-job considerations on the other. This interaction may influence, positively and negatively, individual workers' health, work performance and job satisfaction as well as workplace co-operation and a firm's productivity and profitability.¹

Manifestations of psychosocial problems at work include stress, violence, substance abuse, HIV/AIDS and lifestyle diseases. Many manifestations are closely interrelated like stress, violence and substance abuse. Left unchecked, these manifestations tend to reinforce each other, leading to loss in productivity, increased cost for counseling, treatment or rehabilitation, among others.²

SCOPE AND OBJECTIVES OF THE PAPER

The present paper is designed to review and assess the experiences with and responses to psychosocial problems at work. More specifically the paper:

- discusses the laws, practices and methods related to psychosocial problems at work;
- reviews psychosocial problems in the organisations/firms emerging from recent studies and surveys;

¹ Estrella-Gust, Dulce P., "Psychosocial Factors and Problems at the Workplace", 1988. p.4

² Estrella-Gust, Dulce P., "Mental Health at the Workplace" in Asian-Pacific Newsletter on Occupational Health and Safety, Vol. 10, no 2, July 2003

- recommends methodologies and provides tools for addressing psychosocial problems in Philippine organisations or firms.³

Some reference will be made to international observations, research and approaches. However, the emphasis will be on the experience and responses in the Philippines regarding legislation, perceptions and programs on psychosocial problems at work.

INTERNATIONAL EXPERIENCE AND RESPONSES

The management of psychosocial problems at work has been a subject of interest at all times and in all places. For the Romans, successful work and other human activities were dependent on a healthy mind in a healthy body (*mens sane in corpore sano*); the Benedictines' motto "*ora et labora*" stands for a healthy balance between work and spiritual well-being. Marxists lament the stress on workers through exploitation in a capitalist system. Papal Encyclicals have called for the humanization of work and for safeguards of the dignity of workers. The complexity and psychosocial pressures at work could not have been better dramatized than in Charlie Chaplin's classic "*Modern Times*".

The International Labor Code of the ILO provides an internationally accepted body of policies on Decent Work for All. Providing guidance on all facets of the world of work, some 350 ILO conventions and recommendations, explicitly and implicitly, emphasize the importance of psychosocial issues at work. This is particularly evident in ILO Conventions Nos. 100 and 111 which proscribe "any distinction, exclusion or preference made on the basis of race, color, sex, religion, opinion, national extraction or social origin" and call for equality of opportunity and treatment in employment or occupation. Thus, the emotional well-being of workers becomes an integral part of the general working and living conditions.

More recently, psychosocial problems at work have moved to the center of attention everywhere, primarily because of the dramatic changes in the world of work over the past decades. These transformations were characterized, *inter alia*, by vast

³ According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution, 1946) ; Mental wellbeing is a state in which individuals can realize their abilities, can cope with stress of life, can work productively, satisfactorily and make positive contributions to their societies (World Health Report, 2001)

changes in the demand for new and better products and services, the introduction of new technologies and production processes and new management systems as well as labor relations. All these have to be seen against the background of a world-wide liberalization of trade and freer movements of capital and labor.

Selective research and practical experience have contributed to a better understanding of specific psychosocial problems at work and to possible responses, for example:⁴

- a large share of lost work days must be attributed to psychosocial problems;
- the reduction or increase of a worker's health risk factors has a considerable effect on health care cost ;
- inefficient job rotation and understaffing count prominently among workplace stressors;
- certain occupational groups, like health care workers are particularly exposed to workplace violence; others like police personnel are prone to unhealthy lifestyle behavior; and
- the causal relationship between individual psychosocial problems (i.e., stress and substance abuse) may increase exposure to further lifestyle risks (unsafe sex) and thus aggravate existing psychosocial problems at work.

Following extensive research and testing, ILO has recently come out with a methodology to address psychosocial problems in the workplace in a comprehensive manner under the acronym of SOLVE (**S**tress, **T**obacco, **A**lcohol & **D**rugs, **H**IV/AIDS, **V**iolence).⁵

Based on the premise, that *prevention is better than treatment*, the SOLVE methodology recommends a two-pronged approach at all workplaces, both private and public:

⁴ In addition, the references provide a plethora of studies, articles and initiatives related to specific issues of psychosocial problems at work, for example on gender, child labor, sexual harassment, drugs and alcohol, STD/ HIV/AIDS, violence etc. It would go too far to provide an exhaustive list.
⁵ www.ilo.org/safework/solve

- a firm-level policy, taking account of the existing legal, economic and cultural environment, to outline the commitment and responsibilities of management and labor in addressing the psychosocial problems at the workplace; and
- a firm-level program that provides details on the modalities and practical application of the policy through awareness raising, training, testing, rehabilitation and sanctions.

The SOLVE methodology is now being promoted for global application, including the Philippines, under ILO's Safe Work Program.

PHILIPPINE EXPERIENCE AND RESPONSES

Concerted efforts by government, employers and workers organisations and academe date back to the first symposium on "Psychosocial Factors and Problems at the Workplace" in 1988.⁶ Taking stock of the state of the art, the symposium had mapped out a medium and long-term framework of research, operational programs and monitoring of psychosocial problems at the workplace.

Meanwhile, a wide range of studies have been completed on various forms of psychosocial workplace problems, ranging from child labor to drug abuse, sexual harassment or working conditions of migrant workers. More recently, legislation and programs on substance abuse at the workplace, HIV/AIDS prevention and the protection of migrant workers have brought into sharper focus problems and solutions to psychosocial problems at the workplace.

The media, governmental and non-governmental organisations are regularly reaching out to a wider audience through awareness raising and advocacy campaigns. Industrial Relations, Human Resources Development and Occupational Safety and Health are being assigned a key role in the prevention, early detection and elimination of the underlying causes of psychosocial problems at the workplace.

Tobacco use is perceived as a growing problem and one of the most pressing public health problems in the country. Some 52.6 percent of the Filipino adult population had smoked at some

⁶ Estrella-Gust: " Psychosocial Factors and Problems at the Workplace", 1988

time of their lives. A national survey on the prevalence of smoking revealed that men still outnumber women in smoking; however, this gap was steadily closing. Cigarette and tobacco smoking have been shown to increase the risk of certain diseases, particularly cardiovascular diseases, which are among the main illnesses and causes of death.

The number of drug users in the Philippines has been estimated at 3.7 million in a population of about 80 million. A large majority of drug users are young workers. Shabu, marijuana and psychopharmacological drugs are the most commonly used drugs.

Annex 1 contains details on the properties and effects of alcohol and dangerous substances.

The Dangerous Drugs Board recorded a nationwide increase of drugs among workers and employees from 37.27 percent in 1997 to 42.51 percent of all drug users in 1998. Adding the self-employed, more than half of drug users belong to the workforce.

EMERGING PSYCHOSOCIAL PROBLEMS AT WORK IN PHILIPPINE WORKPLACES

Survey Findings

To gain further insight into the psychosocial factors, a survey was carried out in mid-2003. The SOLVE Survey instrument was administered to 71 respondents. The questionnaire, with 85 questions, generated a solid basis of information on which the following general observations related to stress, tobacco, substance abuse, HIV/AIDS and violence, are based.⁷

Respondents' Profile:

A majority of respondents were postgraduate students of the School of Labor and Industrial Relations at the University of the Philippines (U.P. SOLAIR) (second semester 2003); the second largest group included participants in OSHC's workshop on SOLVE; finally a few respondents came from the Loyola School of Ateneo de Manila University.

All but four respondents were working full-time in responsible positions as professionals in government, the private sector or academe. Most of them had college education and were attending postgraduate evening classes at U.P. SOLAIR leading to a Master's in Industrial Relations. Some 39.4 percent were between 20-30 years of age, while 32.4 percent belonged to the 31-40 age bracket; 53.5 percent were single.

⁷ Samala, Christine: "A Survey of Psychosocial Problems at Work and the Implications of SOLVE's Integrated Approach", October 2003.

Job Satisfaction and Stress:

More than 70 percent of respondents regarded themselves as being treated fairly at work; reasonable job satisfaction was correlated to a certain degree of freedom in deciding on how to do their work. About half of the respondents found their work stressful half the time and were experiencing physical and emotional symptoms of stress such as fatigue, sleep problems, anger, loss of energy. While the demands of family life were constantly competing with work demands, interference was still regarded to remain at tolerable levels. Notably, 69 percent did not miss one day of work due to stress-related reasons.

Substance Abuse, Alcohol, Drugs and Tobacco:

Respondents and other employees in their respective companies and organizations respected strict organizational discipline and sanctions and avoided taking alcoholic beverages and drugs during working hours.

One third of respondents admitted to "drinking until drunk" on a drinking spree; when experiencing the effect of hangover they would however not report for work.

Although about half of respondents regarded themselves as non-smokers, they admitted occasional lighting of a cigarette; an occasional "cigarette break" was considered an alternative to a "coffee break". Occasional smoking also occurred when drinking alcohol and in situations of stress. Non-smokers felt uncomfortable in the company of family members or co-workers because of perceived risks of passive smoking. Some individuals reported encounters with co-workers or supervisors because of smoking.

HIV/AIDS:⁸

Respondents were well aware of the problem and the modes of transmission; only 15 percent knew of anyone afflicted by HIV/AIDS. Seventy-two percent did not fear contracting HIV/AIDS by using public toilets; half of the respondents were unsure whether the infection could be transmitted through mosquito or insect bites. Thirty-eight percent were hesitant to get a haircut by somebody afflicted by HIV/AIDS.

In their work environment, respondents would be protective of anyone who was afflicted or being suspected of having the disease. Half of the respondents agreed that an organisation

⁸ There are an estimated 10,000 cases of HIV positives in the country, although surveillance research reports a total of 1800 HIV positives since 1984. According to WHO in 1998 HIV/AIDS was one of the leading causes of death, for both sexes, ranking No. 7 for 0-4 years old, No. 1 for 15-44 years old and No 6 for 45-59 years old. (WHO, World Health Report 1999 Data Base)

should maintain strict confidentiality when learning about an employee's affliction by HIV/AIDS. The respondents welcomed any encouragement by the organisation or firm of voluntary and confidential testing as well as counseling. Generally, HIV positives were to be treated fairly as all other employees.

Violence (physical and mental)⁹

Ninety percent of respondents confirmed, that over the past twelve months, they had never been subjected to physical violence at work from their supervisors, co-workers or clients. In contrast, mental violence was fairly widespread in the form of bullying, gossip, being ignored or unwanted sexual attention.

The survey results allow drawing some general conclusions on the psychosocial environment in a selected number of workplaces in the formal sector, where all respondents work in responsible positions:

- stress at tolerable levels is a common experience, arising from both work and family demands;
- smoking appears to be widespread; even declared non-smokers admit to occasional smoking during work breaks and at social gatherings;

⁹ *Violence at the Workplace*

Physically or mentally harmful aggressive behavior of a perpetrator towards a victim at the workplace.

Bullying, Harassment

Any action or behavior at the workplace that is considered offensive to the recipient.

Sexual Harassment

Unwanted sexually oriented conduct at the workplace committed by a co-worker or a person in authority such as physical contact, lewd remarks, display of sexist and pornographic images, indecent proposals, etc.

Mobbing

Systematic hostile communication about a co-worker to erode his/her reputation, integrity or morale through slander, rumors, abuse, demeaning treatment etc.

Discrimination

Any employment practice that disadvantages a worker or a category of workers on the basis of some attribute of the individual or group (i.e. race, gender, nationality, disability, etc.) resulting in unfair treatment in connection with hiring, promotion, pay, dismissal or harassment.

*Anna's Case*¹⁰

Anna has been working with a Chemical Manufacturing company for about 13 years as HR officer. She reported directly to the Manager/Owners. After the death of the founder/owner the company is run by his daughter, who relies heavily on outside consultants rather than on experienced vice-presidents. The company is unionized and has a militant union. The company, located near the Pasig River employs during peak performance between 150-200 workers. Producing silicate products for local manufactures of tiles (Mariwasa) the production is hazardous. Most workers hail from the nearby community which is saddled with security and drug problems.

About three years ago, trouble started. A tank exploded and led to the death of a by-stander. Service vehicles met accidents due to drug taking of the driver(s). Drugs (shabu) became a problem at the plant and was a cause of lack of discipline, drop in productivity and an increase of risks and hazards. On the occasion of compulsory drug testing, some employees tested positive (production operators, drivers, etc). After consultation of DOLE/NCR, Management decided to withhold from drug users P 30,000.- agreed in the CBA as a form of salary increase. Six drug users were suspended.

Union members started harassing, threatening and mobbing Anna during rallies staged at the office and even in front of her nearby home requesting her resignation. Poisoned letters were placed on her office desk. Under pressure and without consulting Anna, management reinstated the six drug users.

As a result Anna, formerly in excellent health, developed high stress, chronic asthma and anxieties. She went on sick leave and underwent continuous medical treatment and medication. She stayed away from work because of a real danger of being physically harmed in addition to being insulted and harassed. Management did not take any action. While Anna did not formally resign she has been out of work since November 2001. Her post of HR officer has been filled.

Following protracted negotiations between Anna and the management as well as NCMB's advice, management is now considering some modest termination benefits (of about Php 100,000) Her considerable medical cost have to be borne largely by herself, while PGH is providing some medical support. As a single mother, she is dependant on work; she has trained to practice healing for a living. She does not intend to return to work with her former employer. Her case is now for decision with the NLRC. Meanwhile she has taken up a job in the Middle East.

¹⁰ Based on verbal presentation by Anna and on a case review at the OSHC/SOLVE seminar on 18 July 2003.

- alcohol and/or substance abuse does not seem to be a problem, at least at work;
- there is solid awareness about the main forms of transmission of HIV/AIDS;
- physical violence seems to be rare, but mental violence appears to be fairly widespread ranging from harassment and bullying to exclusion;
- discrimination at work is strongly resented, for example regarding employees afflicted by HIV/AIDS;
- high standards of confidentiality are stressed.

The survey results, however limited, could broadly reflect the situation in representative workplaces in a small segment of the formal sector, both private and public, comprising about 10 percent of some 800.000 establishments in the country. Here high organizational objectives go hand in hand with high demands on performance and compliance with set behavioral standards. Still, much scope exists to refine support mechanisms to contain and reduce existing or latent psychosocial problems and to make work more productive and rewarding. The survey results are not necessarily representative of the informal sector where about 75 percent of the Philippine labor force is located.

Case Studies

Case studies can be helpful in illustrating and substantiating the findings of general surveys and in highlighting practical solutions in solving specific problems. In the following box, a case study is presented which was subject of discussion at SOLVE workshops and in U.P. SOLAIR classes.

Anna's case reveals a whole gamut of interrelated psychosocial problems: strained labor-management relations, unsatisfactory OSH arrangement, low level of discipline combined with aggressive interpersonal relations, violence, alcoholism and substance abuse. All adds up, not only to stress and health problems but also to low performance and productivity. Early diagnosis of existing problems and determined action by management and the union would, most likely, have prevented the escalation of conflict and crisis.

Because of the complexity of the psychosocial problems, solutions must be sought through comprehensive interventions, based on the full commitment of the parties involved and where necessary with external assistance.

FRAMEWORK FOR INTERVENTION

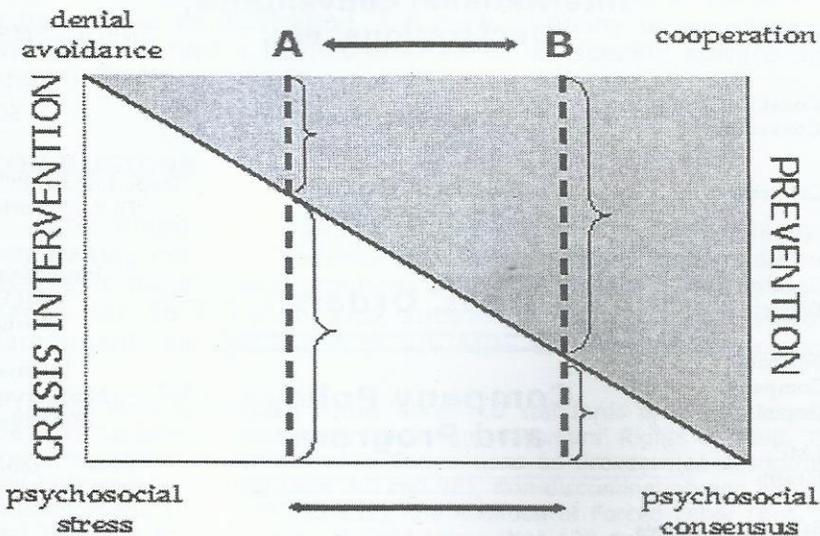
Research and empirical evidence suggest that psychosocial problems at work show multiple manifestations and have multiple causes. Effective solutions require comprehensive interventions. The following paragraphs highlight a possible framework for intervention.

Paradigm Shift

Psychosocial problems often tend to remain unnoticed or unattended to for various reasons. Sporadic manifestations carry expectations of eventual disappearance of the problem. Management and co-workers may be unaware of the gravity, progress and potential implications. Other frequent reasons are the denial of problems and avoidance of recognizing them at an early stage. Absenteeism, for example, may not be attributed to alcohol and/or substance abuse of workers during their spare time. The problem is unlikely to go away in a climate of denial and avoidance. Usually, a wake-up call is rung through incidents like accidents, violence or drug pushing that trigger drastic action by management (dismissal) or the law (police intervention).

Denial and avoidance are counterproductive and costly from human, social and economic points of view. A paradigm shift is therefore required from denial and avoidance to cooperation for preventive action by all concerned: management, labor, the families and communities. This paradigm shift is illustrated in Figure 1:

Figure 1 From Denial to Cooperation



Denial and avoidance of manifestations of psychosocial problems are associated with crisis interventions, high cost of treatment and compensation, loss in productivity, sanctions or legal follow-up. Moving towards cooperation on the vertical axis, at point A, a certain degree of preventive measures come into play and are being associated with a less stressful psychosocial environment and less need for crisis intervention and related material and immaterial cost.

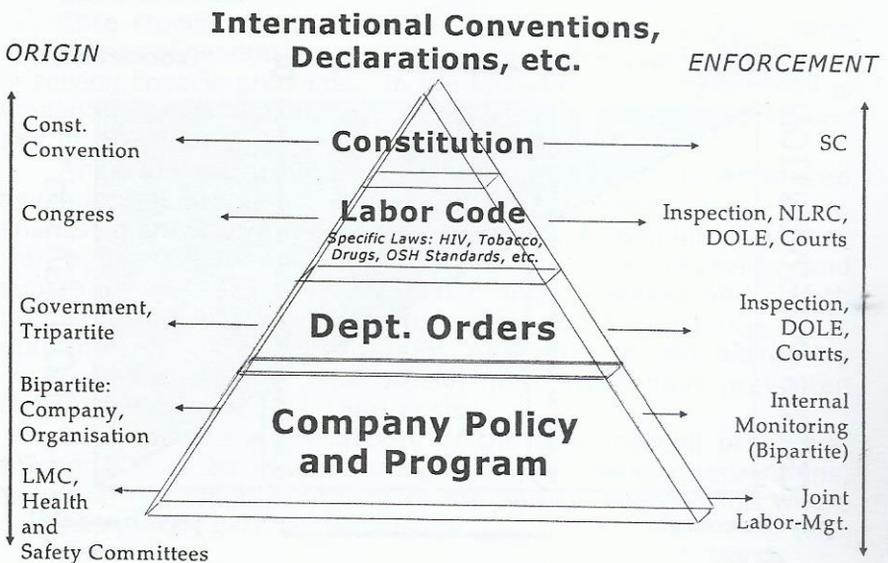
Point B reflects an even better scenario where a high degree of cooperation among the stakeholders goes hand in hand with a large degree of preventive arrangements and comparatively low crisis interventions. At the same time, the stakeholders enjoy a more congenial, less stressful and potentially productive work environment.

Of course, a reverse development may occur from point B to point A due to flagging cooperation and a trend towards denial and avoidance.

Organizational Model for Managing Psychosocial Problems at Work

In the broadest sense, the management of psychosocial problems amounts to the creation of Decent Work defined as human activity carried out in conditions of freedom, equity,

Figure 2 Hierarchy of Guidelines for Decent Work



security and human dignity¹¹. Detailed guidelines are given in a large body of international conventions, national legislation, codes of practice and the like. Figure 2 gives an overview of the hierarchy of guidelines from the broader provisions of the constitution down to the detailed directions of the firm-level program. At the same time, the figure identifies the origin of these guidelines and highlights the modalities of enforcement.

Annex 2 provides an overview of existing laws and directives that govern company policies and programs on psychosocial issues. The contents of these company policies and programs are broadly described below.

Company Policy and Program on Psychosocial Problems at Work

The policy is designed to set the guiding principles for the management of psychosocial problems at work in the context of a company's Corporate Social Responsibility. It should be clearly defined and enforced in close consultations with unions, employers' organisations or LMCs. The company policy should be communicated and explained to the staff and be readily available as reference in the context of mission statements, staff regulations, or codes of conduct.

The policy sets the broad framework for a detailed operational company program, with guidance and procedures; rights and responsibilities of management and labor, testing and financing of health upgrading and the prevention of psychosocial problems at work.

Annex 3 proposes a format for a company policy and program; it may serve as illustration, but each company or organisation will have to find a format attuned to its specific culture and requirements.

CONCLUSIONS

The Philippines has developed, over the past years, a remarkably complex body of specific legislation and guidelines related to psychosocial problems at the workplace. This refers in particular to tobacco and substance abuse, anti-sexual harassment, the prevention of HIV/AIDS and workplace violence.

¹¹ Decent Work is reflected in the "core" ILO standards promoted through the ILO's Solemn Declaration on Fundamental Workers' Rights of 1998. The "core" standards are embodied in Conventions on Freedom of Association and Collective Bargaining (Nos. 87 and 98), Non-discrimination and equality in employment (Nos. 100 and 111), the Abolition of Forced Labor (Nos. 29 and 105) and the Elimination of Child Labor (Nos 138 and 182).

Mechanisms have been put in place to promote the wider practical application of the policies and guidelines. For example, the Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment serves as a lead agency for advocacy, training, research and technical advisory services on psychosocial problems at work, carried out in cooperation with employers' and workers' groups.

Research, case studies and company-level experiences have widened the knowledge and information base and generated a body of "best practices" and "lessons learned", especially regarding applications in the formal sector. There is however only anecdotal evidence about the situation in the informal sector, where the vast majority of the labor force is located and exposed to high psychosocial risks, especially tobacco and substance abuse as well as workplace violence. Based on further research, specific programs should be designed and implemented to address the specific needs and conditions of the informal sector.

Aware of the advantages of prevention over crisis interventions some progressive companies and organisations are moving in the direction of management of psychosocial problems at work through comprehensive policies and programs. A format is proposed in Annex 3, that provides guidance for developing and refining company policies and programs on psychosocial problems at the workplace.

Recently, ILO in cooperation with DOLE/OSHC and U.P. SOLAIR has launched the SOLVE program in the Philippines. The response of the participants from the private and public sector as well as academe has been very positive towards the ILO approach. They recommended however to adapt the methodology to the Philippine setting based on further testing and evaluation, and to make wider use of local case studies related to the specific conditions in the Philippine formal and informal sectors.

To facilitate the promotion and wider application of psychosocial initiatives at the workplaces in the formal and informal sectors, SOLVE and other suitable training programs should be institutionalized and replicated, based on the positive experience of OSHC and U.P. SOLAIR. Other institutions suitable for the propagation of policies and programs on psychosocial issues at the workplace would include in particular employers' organisations, trade unions, research and training educations. To prepare the youth adequately for the world of work, appropriate modules should be included in the curricula of senior high school and college levels.

ANNEXES

Annex 1 Properties and Effects of Alcohol and Dangerous Substances

INITIAL PSYCHOLOGICAL EFFECTS	RISKS	NEGATIVE PSYCHOLOGICAL EFFECTS	EFFECTS ON JOB PERFORMANCE	EFFECTS ON CO-WORKERS
ALCOHOL (Also known as: <i>Alak, Booze, Toma</i>)				
<ul style="list-style-type: none"> - Relaxation - Sociability - Cheap source of euphoria/ excitement - Often used by substance abusers to enhance the effects of other drugs - Most frequently abused substance among young adults 	<ul style="list-style-type: none"> - Depressant that decreases the responses of the central nervous system. - Excessive drinking can cause liver damage and psychotic behavior. - Causes malnutrition ~ interferes with the absorption of vitamins and minerals ~ produces transient hypoglycemia 	<p>Larger amounts can lead to forgetfulness, confusion, lack of concentration, nervousness.</p>	<ul style="list-style-type: none"> - Drunkenness or having a "hangover" can affect judgment of space and distance and may result in accidents. - Affects motor control 	<p>Intoxication or a "hangover" can result in fatal or debilitating accidents for the worker and his co-worker.</p>
TRANQUILIZERS/BENZODIAZEPINES (Minor tranquilizers such as Valium, Tranxene and Ativan)				
<ul style="list-style-type: none"> - Induce sleep - Relief of tension and anxiety - Valium causes mild sedation in low doses and a feeling of well-being at high doses - Slurred speech, dizziness, disorientation, staggering walk & poor judgment. 	<ul style="list-style-type: none"> - Increase of dosage & eventual addiction - Drugs stay in the body for a long time - Physical addiction can occur after 2-3 weeks of use 	<p>Long-term use of Valium causes moodiness, apathy, a lack of interest in things and events around, sleepiness</p>	<ul style="list-style-type: none"> - Affects concentration on work and coping with pressure - Affects motor control - Accidents 	<p>Drug use limit workflow and result in errors, reduced productivity; affects productivity of co-workers.</p>
COCAINE (Also known as <i>Coke, Dust, Snow, Flake, Blow, Girl</i>)				
<ul style="list-style-type: none"> - Euphoria or feeling of well-being - Relaxation - Feeling of "being in control" 	<ul style="list-style-type: none"> - Cocaine "high" lasts only about 5 to 20 minutes. - Increase of dosage to get "high" - Increases blood pressure & heartbeat rate, dangerous if you have a heart condition and can cause death. 	<ul style="list-style-type: none"> - Cocaine use may cause severe "mood swings" and irritability. - One overdose can cause death. 	<ul style="list-style-type: none"> - Affects concentration on work - Affects motor control - Accidents 	<p>Affects productivity of co-workers</p>

INITIAL PSYCHOLOGICAL EFFECTS	RISKS	NEGATIVE PSYCHOLOGICAL EFFECTS	EFFECTS ON JOB PERFORMANCE	EFFECTS ON CO-WORKERS
SHABU (Also known as Methamphetamine Hydrochloride, Ice, Bato, Shabs)				
<ul style="list-style-type: none"> - Temporary mood elevation - Exhilaration (high) - Increased mental alertness - Diminishes appetite 	<ul style="list-style-type: none"> - Extremely addictive - sometimes with just one use - Causes convulsions, heart irregularities, high blood pressure, depression, restlessness, tremors, and severe fatigue - Overdose can cause coma and death. - Discontinuation can cause deep depression. - Regular use damaging to the body, constricting blood vessels, increasing body temperature, heart rate and blood pressure 	<ul style="list-style-type: none"> - Sense of exhilaration and increased energy, followed by anxiety & irritability - Increase of wakefulness, disrupts sleeping pattern - Hallucinations - Causes a very jittery high, along with anxiety, insomnia, sometimes & paranoia 	<ul style="list-style-type: none"> - Early feeling of being "energized"; gives way to paranoia and hostility, clouding of judgment. - accidents 	<ul style="list-style-type: none"> - Erratic shabu-induced behavior affects morale & reliability of the individual & thus impedes workflow. - Frequent absenteeism and violent outburst
HALLUCINOGENS (Some types of hallucinogens: Ecstasy (designer drug), LSD (Acid, Red/Green Dragon), PCP (Angel Dust, Loveboat))				
<ul style="list-style-type: none"> - Feeling of fun - Stimulation or depression 	<ul style="list-style-type: none"> - LSD or PCP can cause multiple and dramatic behavioral changes. - Large doses may cause convulsions, ruptured blood vessels in the brain & irreversible brain damage. 	<ul style="list-style-type: none"> - Hallucinations i.e., changes in perception of time, smell, touch, etc. 	<ul style="list-style-type: none"> - Unpleasant & potentially dangerous "flashbacks," long after the drug was used effect attention & concentration as well as confidence to work - accidents 	<ul style="list-style-type: none"> - Erratic behavior would affect work productivity as well as other workers productivity
MARIJUANA (Also known as Pot, Grass, Damo, Jutes, Joint, Weed, Mary Jane)				
<ul style="list-style-type: none"> - Relaxation - Euphoria 	<ul style="list-style-type: none"> - During pregnancy, marijuana may cause birth defects. - May cause a fast heart rate and pulse. - Risk of going to stronger drugs 	<ul style="list-style-type: none"> - Causes impaired short-term memory, a shortened attention span and delayed reflexes, disoriented behavior, relaxed inhibitions. 	<ul style="list-style-type: none"> -same as above- 	<ul style="list-style-type: none"> -same as above-
INHALANTS (Some substances abused include rugby, acetone, gasoline and toluene vapors, glue, marking pens)				
<ul style="list-style-type: none"> - Cheap "high" - "Quick buzz" - Fun 	<ul style="list-style-type: none"> - Excessive secretions from the nose and watery eyes - Brain damage and damage to lung cells 	<ul style="list-style-type: none"> - Loss of muscle control - Slurred speech - Drowsiness or loss of consciousness 	<ul style="list-style-type: none"> -same as above- 	<ul style="list-style-type: none"> -same as above-

Annex 2 Laws and Policies on Psychosocial Issues
(Drugs, HIV/AIDS, Tobacco, Anti-Sexual Harassment)

Drugs

TITLES	OBJECTIVES	COMPONENTS (others are outputs)
RA 9165 Comprehensive Dangerous Drugs Act of 2002 – Article 47 to 50 and related articles	Drug-Free Workplace	Art. 47-50 and others <ul style="list-style-type: none"> • Tripartite drug-free preventive program at workplace • Voluntary submission to treatment and rehabilitation
Implementing Rules and Regulation (IRR) of RA 9165	To implement the provisions of RA 9165	For Secretary of DOLE to issue a DO creating a Task Force consisting of tripartite and other agencies to formulate policies and strategies for a National Action Agenda on drug prevention at workplace <ul style="list-style-type: none"> • to come up with Guidelines for a National Drug-Free Workplace Program • mandatory for all enterprises with 10 or more workers to formulate and implement a drug abuse prevention program • workplace policies at establishment level to be prepared jointly by management and labor • to be part of CBAs • Preventive education and information • random drug testing program • referral for voluntary treatment and rehabilitation
DO 37-03 Tripartite Task Force	Task force will formulate policies and strategies for the purpose of developing a National Action Agenda on drug abuse prevention in the workplace	Drafting of <ul style="list-style-type: none"> • guidelines for a drug-free workplace • National Action agenda • Monitoring of policies and programs
DO 53-03 "Guidelines for the Implementation of a Drug-Free Workplace Policies and Programs for the Private Sector"	To define the guidelines for a Drug-Free Workplace	<ol style="list-style-type: none"> 1. Preventive <ul style="list-style-type: none"> • Information • Education • Drug Testing (random) 2. Treatment and rehabilitation 3. Policy Issues: leave, sanctions, etc.

HIV/AIDS

TITLES	OBJECTIVES	COMPONENTS (only in workplaces)
RA 8504 "Philippine AIDS Prevention and Control Act of 1998"	An act promulgating policies and prescribing measures for the prevention and control of HIV/AIDS/ in the Philippines, instituting a nationwide HIV/AIDS information and educational program, establishing a comprehensive HIV/AIDS monitoring system, strengthening the Philippine National AIDS Council.	<ul style="list-style-type: none"> • Preventive education of workers in all workplaces • Discrimination in any form from pre-employment to post-employment is prohibited. • No mandatory testing of HIV allowed • Penalty for discriminatory acts and policies imprisonment 6 mos. To 4 yrs., and fine not more than P 10,000
AO 236 series of 1996 - IAC for STD/HIV/ AIDS Prevention at the Workplace	To draft policies and programs on STD/HIV/AIDS at the workplace	<ul style="list-style-type: none"> • IAC drafted workplace policy and held national planning workshops on STD/HIV/AIDS at the workplace
Comprehensive Workplace Policy on STD/HIV/AIDS	To guide employers and workers in the formulation of workplace policy on STD/HIV/AIDS	<ul style="list-style-type: none"> • Prevention and control of the spread of STD/HIV/AIDS • Protection of workers rights and dignity of persons living with HIV and aids • Recognition of individual responsibility • Provision of benefits in high-risk occupational settings and employment of universal precautions. • Establishment of a secretariat within DOLE
DO Task Force on HIV/AIDS	For an inter-agency to formulate a comprehensive workplace policy on STD/HIV/AIDS prevention at the Workplace	<ul style="list-style-type: none"> • To serve as an advisory body in the formulation of a strategic plan for the prevention of STD/HIV/AIDS at the workplace • To monitor the implementation of workplace education and observance of non-discriminatory practices based on actual or perceived HIV status of workers in all workplaces • To act as consultative and advisory body to the Department of Labor on policies and programs on the prevention of STD/HIV/AIDS in the workplace

TOBACCO

TITLES	OBJECTIVES	COMPONENTS
RA 9211 Tobacco Regulation Act of 2003	An act regulating the packaging, use, sale distribution and advertisements of tobacco products.	<ul style="list-style-type: none"> • balanced policy whereby use, sale and advertisements of tobacco products shall be regulated in order to promote a healthful environment and protect the citizens from the hazards of tobacco smoke and ensure that the interest of tobacco farmers, growers, workers and stakeholders are not adversely compromised. • Violation of Sections 5 & 6 • on the first offense, a fine of not less than P500.00 but not more than P 1,000.00 shall be imposed. • On the second offense, a fine of not less than P1,000.00 but not more than P500.00 shall be imposed • On the third offense, in addition to a fine of not less than P 5,000.00 but not more than P10,000.00, the business permits and licenses to operate shall be cancelled or revoked. • Information program – continuous information program on the harmful effects of smoking • The IAC Tobacco shall promulgate such rules and regulations necessary for effective implementation of this Act

ANTI-SEXUAL HARASSMENT

TITLES	OBJECTIVES	COMPONENTS
RA No. 7877 "Anti-Sexual Harassment Act of 1995"	All forms of sexual harassment in the employment, education or training environment are hereby declared unlawful	<ul style="list-style-type: none"> ▪ Declaration of policy ▪ Education ▪ Committee on decorum and investigation
Admin. Order No. 250 IRR of RA no 7877 in the DOLE	Govern the prevention of sexual harassment, procedure for the resolution, settlement and/or disposition of sexual harassment cases, as well as prescribing the proper decorum in the workplace for officials and employees of the Department of Labor and Employment	<ul style="list-style-type: none"> ▪ Coverage – DOLE officials and employees ▪ Applicants who are liable ▪ Committee on decorum and investigation ▪ Procedure ▪ Preventive suspension ▪ Hearing ▪ Penalties ▪ Support services to victims ▪ Guidelines on proper decorum

Annex 3 Sample Format for Company Policy and Program on Psychosocial Problems at Work

Sample Format for Company Policy and Program on Psychosocial Problems at Work

COMPANY POLICY

Policy statement

The company recognizes that its concern for psychosocial matters is an integral part of its commitment to Occupational Safety and Health, fair working conditions and a safe and healthy environment. Consistent with the above, it will:

- conduct its activities in a transparent, honest and open manner and comply with relevant laws, regulations, codes of practice and directives;
- place primary emphasis on preventive measures to ensure that healthy workers remain healthy
- develop and implement a comprehensive package of measures and interventions to eliminate or minimize the risks of psychosocial problems
- establish an effective communications policy, to facilitate effective consultations of workers, participation in decision-making, expression of grievances and feed-back, and an early warning system for potential risks and problems.

Areas of Emphasis

The policy relates, in particular, to psychosocial problems related to stress, tobacco, substance abuse, HIV/AIDS and violence at the workplace.

Coverage

The policy shall apply to all employees, (irrespective of employment relations) job applicants, clients and visitors.

Decent Work

All elements of the present policy and the related program will be formulated in the context of Decent Work as reflected in the "core" ILO standards promoted through the ILO's Solemn Declaration on Fundamental Workers' Rights of 1998. The "core" standards are embodied in Conventions on Freedom of Association and Collective Bargaining (Nos. 87 and 98), Non-discrimination and equality in employment (Nos. 100 and 111), the Abolition of Forced Labor (Nos. 29 and 105) and the Elimination of Child Labor (Nos 138 and 182).

- labor-management cooperation
- workers' involvement at different levels and in different areas is meant to enhance labor-management communication for the benefit of the company and the staff
- continuous work organization will be designed for the benefit of workers and the company through such measures as job enrichment, job enhancement and ergonomic improvement
- team work will be encouraged by mobilizing the talent of all workers to achieve synergy and cohesion in attaining the goals set by different groups of workers and the company as a whole.

Ethics

The company is committed to maintain the highest ethical standards in the conduct of its business and the attitudes of its employees at all levels and to this effect, it:

- ensures compliance with highest standards of fairness, non-discrimination of any kind and equal opportunity for all
- ensures confidentiality on all matters and
- extends its social responsibility to all areas of emerging health and safety problems and extends appropriate assistance, support and guidance through services from within and outside the company

Compliance and Disciplinary Action

The company attaches great importance to full compliance of all concerned to the provisions of these policies and programs. Infractions will be sanctioned in accordance with procedures formulated and implemented through labor-management cooperation.

Monitoring, Evaluation Review

The policy and the related programs will be monitored on a continuing basis, evaluated from time to time and reviewed as appropriate in close cooperation with management and labor.

COMPANY PROGRAM

The company program operationalises the company policy through advocacy, information dissemination and capacity building. More specifically it describes in some detail the procedures and activities related to integrated psychosocial programs on:

- "Zero" tolerance on violence;
- prohibition of alcohol and drugs;
- prevention of HIV/AIDS;
- tobacco-free workplaces and
- stress management.

Advocacy and Awareness Raising

Posters, information material and counseling are meant to raise the level of awareness for risks and implications, as well as methods of preventing psychosocial problems.

Training Program

The company shall provide training programs for managers, supervisors, HR practitioners medical/paramedical staff and employee representatives:

- to develop skills in detecting and handling psychosocial problems at work
- to effectively participate in joint labor-management initiatives, arrangement and committees for the formulation, implementation, evaluation and review of policies and programs.

The SOLVE program is designed to provide comprehensive training on psychosocial issues at work for managers, practitioners, workers' representatives.

Medical Examination, Treatment and Rehabilitation

Clear procedures need to be formulated and implemented on the nature, frequency and financing on company-based medical examination, referrals, hospitalization, rehabilitation and after-care arrangements.

Testing: Pre-employment, Voluntary, Mandatory and Random

As a rule any testing has to be voluntary, except in cases of imminent danger for the individual concerned and/or others. Guidance must be available and followed regarding the specialist and/or laboratories authorized for taking tests. Strict procedures must be followed and confidentiality maintained with regard to all stages of testing as well as regarding the processing of and follow-up to test results.

Counseling

Employees should have access to appropriate facilities, internal or external to the company, that offer affordable counseling services on psychosocial problems at work.

Enforcement and compliance

Enforcement and compliance will be facilitated by effective communication of policies and programs among the staff at all levels, suppliers, clients etc. Moreover, management and labor will cooperate to:

- promote trust in the objectives and impartial application of the policy and program by designating trustworthy people in positions of ombudsman, advisers, personnel officers, counselors, ethics committee;
- establish informal complaints procedure for oral complaints, for advice from counselor/ombudsman, mediation/conciliation or voluntary arbitration;
- establish formal complaints procedure for written complaints, investigation, involvement of union/works council, legal advice/litigation/ settlement and
- maintain utmost confidentiality, protect complainant against retaliation, avoid prejudging the outcome of cases (for example, by transferring victim to other posts)

REFERENCES

- Chappel and di Martino, "Violence at Work", Geneva, 1998.
- Ellis, Andy, "Workplace Bullying", Oxford, 1997.
ellis@cix.compulink.co.uk www.stress.org.uk/bullying.htm
- Estrella-Gust, Dulce P., "Psychosocial Factors and Problems at the Workplace", 1988.
- Estrella-Gust, Dulce P., "Mental Health at the Workplace" in Asian-Pacific Newsletter on Occupational Health and Safety, Vol. 10, no 2, July 2003
- Gust, Gert " Equality at Work", draft for publication by ILO, 2004
- Gust, Gert "Youth Employment:Philippines", 2004,draft for publication by ILO
- ILO Conventions on Freedom of Association and Collective Bargaining (Nos. 87 and 98), Non-discrimination and Equality in Employment (Nos. 100 and 111), the Abolition of Forced Labor (Nos. 29 and 105) and the Elimination of Child Labor (Nos 138 and 182).
- ILO, "Action Programme for Decent Work: Philippines," Manila, 2002.
- ILO/IPEC: Studies and research on child labor in the Philippines, Illo, Jeanne Frances I" Gender discrimination and Labor Standards": Philippine Country Report, ADB-ILO, June 2002
- ILO Solemn Declaration on Fundamental Principles and Rights at Work, Geneva, 1998.
- OSHC: "First National Youth Congress on Safety and Health - Proceedings", Manila 2003.
- OSHC/SOLVE Policy Course on 18 July 2003.
- OSHC/UP SOLAIR Policy Course on SOLVE.
- OSHC website: www.oshc.dole.gov.ph
- Samala, Christine: "A Survey of Psychosocial Problems at Work and the Implications of SOLVE's Integrated Approach", October 2003. (unpublished)

SOLVE website: www.ilo.org/safework/solve

Sto. Tomas, Patricia " Keynote Speech at 8th National Conference on Globalisation and Occupational Safety and Health" A Call for Inclusion, Not Exclusion", 2001.

UNRISD - USAIDS, "Waking Up to Risk", Corporate Responses to HIV/AIDS in the Workplace (Jem Bendell), Geneva, 2003.

Ursua, Evalyn G. "Addressing Sexual Harassment in the Workplace: The Philippine Experience", working paper, Manila, 2001

World Health Organisation (WHO) Constitution, 1946.

WHO World Health Report 1999 Data Base.

WHO World Health Report, 2001.