

Developments in preventive systems across the European Union

It is clearly not possible to give a full picture of all the changes in preventive systems across the entire European Union in a few short pages. They differ materially from one country to the next, and the causes of what can be seen to be happening are many and complex.

If I had to sum up the situation in a few words, it would be that preventive systems have gone through a cycle of patchy and incomplete reforms. The first substantive changes and innovations raised expectations to a high level. Substantive progress has been made in many countries. The opportunity offered by the directives to reform under-performing preventive systems has met with a varying response in different countries. But the job has been left half-finished, leaving worrying signs of stunted development and shortcomings. The danger in this is that it may give rise to indifference and acceptance of the inevitable.

Unimpressive results

Why stunted development and shortcomings? It is a judgement based on an analysis of two things. Most important is the disturbingly poor performance of preventive systems. But also, we now have the distance needed to identify the failings of the strategies pursued.

How can we judge the changes that have occurred in preventive systems? The question goes to a complex set of arrangements, how each works, how they all work in concert and how far they can really address needs that are themselves changing. It is clear that simply "adding up the numbers" derived from a set of quantitative indicators will only give a small part of the answer. Two kinds of indicator are used to performance-check preventive systems: indicators of outcomes, which give an approximate measure of the extent of work-related health damage, and indicators of resources - essentially, prevention provision.

Each type of indicator has its own specific limitations that must be analysed before any conclusions can be drawn. Occupational diseases are a telling case in point. With an all-EU range of nearly one to fifty in the number of recognized new cases per 100 000 covered workers, the data on occupational diseases give a very distorted picture of the real health impact of working conditions (Eurogip, 2002). Counter-intuitive as it would be to deduce from this that the

countries which recognize fewest diseases are probably those that put the least focus on work-related illnesses, the flagrant failure of Community attempts to harmonize recognition of occupational diseases allows of no other conclusion (Vogel, 2001).

However, the failings of conventional performance indicators must not be allowed to conceal the fact that working conditions have declined generally, and this is a contributory factor to social inequalities in health.

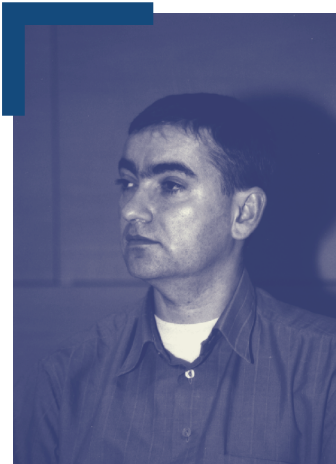
Available indicators of resources are few and far between. This is a key weakness of the changes in train at both Community and national level. Not many countries have made systematic attempts to performance-check the provision set up to safeguard workers' health. There is an almost total lack of this at Community level, but the odd source at national level.

- In Italy, the coordinating committee of regions and autonomous provinces recently published a survey of preventive provision in over 8 000 firms with at least six employees (Coordinamento..., 2003). It is the biggest such survey conducted in the European Union in recent years. The findings paint a mixed picture. There has been some progress made in setting up some forms of prevention provision, and employee representation is found in a growing number of firms. But many firms are just going through the motions and sticking to the letter of the law, and failing to properly programme preventive activities. The general finding is that prevention is still very much a "side-car" activity, fairly marginal to the company's management and work organization choices. Many employers are content just to set up a preventive service without creating a real prevention system.

- In Spain, surveys of working conditions also provide evidence that preventive provision is often a matter of lip service, and that prevention activities only rarely form an integrated and rounded whole¹. These surveys also reveal the gender impact of failure to apply the rules - women workers tend to have less access than men to all preventive provision. The national findings are borne out by different surveys done in the Autonomous Communities (INSL, 2000).

- For a number of years now, the Dutch Ministry of Social Affairs has been publishing an "Arbobalans"

¹ IV Encuesta Nacional de Condiciones de Trabajo: http://www.mtas.es/insh/estadistics/enct_4.htm.



report on different aspects of preventive provision and some performance indicators for occupational health (MSZ, 2002). Material progress has been made on some indicators (especially the number of workers covered by preventive services), but other findings give far more cause for concern. Prevention is mainly geared to cutting sickness absences. It disregards long-term health issues, and opts for immediate individual or technical solutions rather than changes to work organization.

These are just three examples. Other, often less systematic, data to be found in most other member States (DRT, 2003 ; HSE, 1999 ; Marklund, 2001) bear out the assessment that application of the Framework Directive and the measures transposing it into national law is often a tick-box exercise. The employer's safety obligation, which should address all aspects of working conditions that affect health, is generally flouted. In some countries, flouting this obligation is made easier by legal obstacles like the "reasonably practicable" clause kept by the United Kingdom which considerably weakens the scope of the safety obligation (James and Walters, 1999). Coverage of workers by health and safety representatives as well as preventive services is patchy. In some countries, very large numbers of workers are completely excluded from provision.

It is safe to say that the substantive aims of the Framework Directive have not nearly been delivered. The TUTB will publish a report later this year giving a more detailed analysis of this assessment.

Preventive services were dealt with in a *TUTB Newsletter* special report in 2003 (Vogel, 2003). What seems clear is that 50% of workers in the EU have no access to preventive services. Most existing services are not fully multidisciplinary. The activities of many do not reflect the hierarchy of preventive measures laid down in the Framework Directive and some have little to do with prevention (in particular, the sickness absence control which is a central focus in the Netherlands). The capabilities and aptitudes required are not always defined in detail in some countries, while in many countries, health surveillance is not necessarily done by occupational health doctors. Women workers seem to be less well-covered than men by good quality preventive services.

The Commission report on the application of the Framework Directive

The Commission finally published its report on the application of the Framework Directive and five individual directives on 5 February 2004*. A more detailed analysis will be posted on the TUTB website shortly. Meanwhile, a brief general assessment can be given.

- The report's main plus point is that it attempts to assess how the directives are being applied in the workplace rather than just giving a general description of the transposing legislation. The report's description of the situation is acceptable, barring some reservations and differences of opinion on particular aspects.
- While it is right to focus most of the report on practical application, it would be wrong to assume that compliance of transposing legislation no longer needs to be checked and monitored.
- The analysis comes up with no real practical prospects for Community action. The report re-enacts the failings of the Communication on the strategy for 2002-2006, even though the analysis highlights a string of shortcomings. It ought to be backed up by proposals for action, therefore. The report gives the impression of a Commission on the defensive, looking for ways to justify the existence of occupational safety and health directives against continuing deregulatory pressure from employers and governments.
- Worker participation is one issue on which trade unionism and the Commission most part company. We agree with the assessment that the present levels of participation are far from satisfactory in terms of the Framework Directive's objectives and prevention needs. But the Commission's description is cursory and its analysis superficial. The major point of difference is that we believe that organized forms of worker representation in health and safety are a precondition for active and effective participation. The existence of specific bodies is certainly never sufficient by itself. Other factors - like information, training, ability of trade unions to support the daily activities of workers' representatives, etc. - also play into it. The Commission is against organized bodies and participation. The following passage gives a flavour of its viewpoint : *"In Member States with a clearly defined culture in co-management, a negative trend has been observed concerning the institutionalised representation of interests. The more clearly defined employment relationships and the higher the number of institutions and committees dealing with occupational safety and health, the less likely workers themselves actively participate in the definition of the prevention policy in the enterprise"*. It is a stance that is contradicted by shopfloor evidence. The situation in firms that have no institutional form of representation for workers in health and safety is markedly worse than in firms that do.
- The report deals only patchily with two points that we see as fundamental to an assessment of the situation. One is the growth of contingent employment. The other is about framing coherent national prevention policies based on an overall strategy. This is among the key lessons to be learned from the transposition of the Framework Directive. The precondition for effective application of the Directive is for the public authorities to frame an overall policy on occupational health and allocate the resources with which to implement it.

*The full version can be found at :

<http://europa.eu.int/eur-lex/fr/com/cnc/2004/com2004-0062en01.pdf>.

Employee representation in health and safety is central to any workplace health policy. But in most European countries, a large number of workers have no such representation. The TUTB is currently surveying this issue, and the initial findings are that not much progress has been made, and in some countries like the United Kingdom and Denmark, things are actually even worse than before.

Structured representation for workers is the precondition for any worker participation in health and safety. Obviously, just having such a representation body is not necessarily enough to ensure effective participation, but experience in all the European Union countries shows that where such representation is lacking, the forms of direct participation sometimes propounded by employers are just a smokescreen. In some EU countries, regulations have been brought in to organize this kind of "direct participation" in firms with no mechanisms for representation. The United Kingdom and Belgium are cases in point. These regulations have delivered no benefits. Their sole purpose is to avoid possible irregularity proceedings.

Italian and Spanish data point up the very strong connection between worker representation and the establishment of a prevention system in the workplace (INSHT, 2001 ; Coordinamento, 2003). In Spain, a survey of firms with the highest work accident rates shows that 76.2% of firms that had undertaken no preventive activities did not have prevention reps, whereas 76% of those that had undertaken all the preventive activities covered by the survey did have. In Italy, the survey done by the regional coordinating committee highlights the same direct link between worker representation and the quality of company prevention policy.

What is harder to say is how employers are living up to their safety obligations. How far are they setting up planned prevention aimed first at eliminating risks ? How good is their risk assessment and what does it mean in terms of a coherent action plan ? Are the long-term risks to health going ignored ? The general impression is that for most employers, prevention is still a sideshow, often a tick-box exercise with no bearing on business policy options. In a significant minority of cases, even paper compliance with obligations may not be guaranteed. Employers tend to have one of two attitudes towards worker participation, both equally bad for prevention. One is to see worker participation as a consensus-shaping tool, a way of drawing workers' representatives into the business management system, co-opting them for "mini-resource person" jobs, even as part of a disciplinary control system. The other is simply to go through the motions. In Italy, for example, Ministerial circulars and pressure from the health and safety inspectorate were needed to bring home to employers their duty to consult workers' representatives in the risk assessment process.

In most countries, public involvement in the working of the prevention system has not been attuned to the new needs created by the partial reforms made and changing patterns of work. This is one main reason why the reforms made do not hang together.

States have tended to downplay enforcement and penalties. Health and safety inspection system resources have not been increased or have been cut at a time when the complexity of inspection duties and fragmentation of work mean that resources should be increased. In some countries, the justice system has played a slightly increased role through the criminal and civil courts. But the criminal law remains a weak tool with which to address the scale of damage to health. Employers escape liability virtually scot-free, even for fatal accidents or exposure to chemical substances that cause fatal illnesses. Right across the European Union, harsher punishment tends to be meted out to migrant workers without the right paperwork, like residence permits or entry visas, than to employers who have not taken preventive measures and caused workers to die in accidents or as a result of work-related illnesses.

In most cases, there is very little linkage between occupational health and other public policies, like environmental protection and public health. Italy's public prevention services have built up a wealth of experience over a quarter of a century in joining up occupational health and public health. For several years now, that empirical knowledge has been put at risk by the uncontrolled development of an unregulated market in private prevention and consultancy services and the undermining of the national health service.

Other functions like research, collectivization of experiences, information and support to workers' representatives tend to be disregarded by the public authorities.

On a more general note, questions arise as to whether the legislative reforms that have taken place are backed by real national strategies for occupational health. Debates designed to frame such strategies that have taken place in some EU member States (Walters, ed., 2002) have not led on to a coherent prevention system. Nowhere have the public authorities had the courage to stand firm against employers' demands for self-regulation, and the policies pursued have often been spun on the false premise that occupational health is no longer a vexed issue.

Recognition that a conflict of interests exists, however, is key to putting in place an effective occupational health policy. Were the profit motive to be inherently consistent with a high level of health and safety, the public authorities would not need to be much involved. A string of recent studies have shown that unhealthy working conditions are not inconsistent with high productivity and profit levels. In the

United States and France alike, flexibility, new quality management systems and multitasking have been found to be implicated in higher work accident rates (Askenazy, 2000 ; Hamon-Cholet, 2002 ; Askenazy & Caroli, 2003). Where musculoskeletal disorders and stress are concerned, there is a clear link between damage to health and work intensification.

An occupational health policy does not actively increase business profits, competitiveness or productivity. Its purpose is to place limits on employers' dominion - the power that they have to set working conditions. It is effective only if it takes on board workers' demands that life and health should come before private economic interests.

Changing patterns of work are not being addressed

Reforms have broadly disregarded the ways in which employment is changing. The growth of contingent employment, the fragmentation of production activities, not least through subcontracting in various guises, and flexibility policies, have led to a situation where the application of labour law is under serious pressure from commercial discipline. This has put one of the elements that drives occupational health law on the line - a body of laws to some extent created to stop employment relations being regulated purely by commercial dictates.

Temporary agency employment exemplifies this. The Directive of 25 June 1991 says that temporary agency workers should as a general rule have the same occupational health rights as other workers. But this paper equality is impossible to achieve, since the Directive fails to lay down specific mechanisms to make the principle workable in practice.

There are no aggregate data on the application of the statutory health and safety provisions for temporary agency workers. The European Commission has never really turned its mind to the problem. But the available evidence from different countries all points the same way. Most of the provisions are going broadly ignored. A Spanish trade union study done in 2001 (Estébanez Tello, 2001), for example, reports a trade union service set up in Madrid in 1998 to handle the problems of temporary agency staff. In not one single case of the 4 000-plus agency staff seen by this service had the user firm complied with its legal duty before setting them to work, to check that the temporary employee had been given a medical check-up and the information and training required for the job they were being employed to do.

The big gap commonly found between law and practice in occupational health becomes a yawning chasm where temporary employment is concerned. Checks done by Belgium's health and safety inspectorate between February and May 2000 found

that 20 of the 23 temporary employment agencies inspected - 87% - did not have half the medical examination records demanded. Ten of the 23 agencies were unable to produce half the employment records requested, and even those that did exist were mostly sketchy at best. The study written by a health and safety inspector concluded that in these records, "Detailed job descriptions are often lacking. The results of the risk assessment are only very rarely included, which suggests that no risk assessment has been done" (Doumont, 2001).

Such a situation has parlous results for health. Here, I shall deal only with work accidents.

In France, the 1998 DARES working conditions survey pointed to a significantly higher work accident rate among temporary agency workers than permanent employees. The all-worker accident rate stands at 8.5%, but 13.3% for temporary agency staff. Only apprentices have higher rates (15.7%).

All obtainable work accident data for Spain points to a close connection between contingent employment and high accident rates. Most data does not distinguish between short-term employment on fixed contracts and temporary agency work. A systematic study of work accident statistics for the period 1988 to 1995 reveals a steady trend : in the eight years under review, the accident incidence rate per thousand workers was 2.47 times higher for temporary than permanent workers. The fatal accident incidence rate was 1.8 times higher (Boix *et al.*, 1997). Research has shown that temporary agency staff have significantly higher accident rates than other types of temporary worker, but the National Institute of Occupational Safety and Health does not keep specific statistics for temporary agency staff. A study done in 2003 on statistics for the period 1996-2002 (UGT, 2003) found that the situation is getting worse - the work accident frequency rate is rising much more sharply among temporary and short-term workers than permanent workers. Between 1996 and 2002, the temporary worker rate rose from 101 to 121 per thousand workers, compared to from 42 to 45 per thousand for permanent workers.

In Belgium, too, temporary agency employees have a significant excess work accident rate. Figures for 2002 report a work accident frequency rate for manual workers of 61.7 compared to 124.56 for temporary agency manual workers. For white-collar staff, the rate is 7.25, but 15.03 among clerical staff sent out by temporary agencies. Approximately the same one-to-two ratio is found in the real severity and overall severity rates.

There are no systematic occupational health data for temporary agency workers outside of the reported accident statistics. This omission itself says much about the failings of public prevention policies. But there is a body of research which supports the view

that the sector's high excess work accident rate is only the tip of the iceberg and that the broad mass of temporary agency workers are exposed to harmful working conditions which are damaging to their health.

Subcontracting also brings in commercial pressures that work against collective control of work. The AZF disaster which occurred in Toulouse on 21 September 2001 is an object lesson in how this works. As in many other chemicals plants, management made extensive use of subcontracting, escalating competition between subcontractors and removing all responsibility for work organization with subcontractor firms from its own authority structure. This is far from being a one-off case. The explosion that occurred on 14 August 2003 in the REPSOL refinery at Puertollano (Spain) had the same hallmarks of a disaster associated with use of subcontract workers pushed to extremes.

Legally-speaking, there is no real technical reason why employers' legal liability should not be extended to all work situations over which a firm exercises a measure of control, just as it would be possible to extend the forms of employee representation to worksite representation for all employees of different firms working on the site.

The real problem is a political one of government deregulation policies that allow significantly greater scope for getting around safety obligations. Changing that means changing the balance of power. Trade unions have a key role to play in delivering that aim.

Work intensification

Not all work-related health problems can be put down to the growth of casualized and contingent employment. In some instances, there is a direct and obvious link, such as when temporary workers are used to do particularly dangerous work, or when casual staff lack the necessary training, etc. In other cases, the linkages between casualization and wors-

ening working conditions can only be explained away as insecurity seeping into all working conditions, including those of workers with more protection on paper.

This seepage occurs in a range of ways, many of which interact :

- The job content of permanent workers has changed. Their control of the entire production cycle has been weakened, especially when parts of it have been contracted out.
- The informal handing-on of knowledge within workforces is much less the norm.
- Competitive work practices destroy some of the relations of cooperation. Ken Loach's film *Navigators* about a work accident on the privatized railways in Great Britain is a prime example of this.
- Fear of unemployment and insecurity create very strong pressures, making it harder to work out collective strategies to protect health. A Swedish survey showed how youth unemployment acted to worsen the health and working conditions of an entire generation, including those still in work (Novo, 2001).

Spreading casualization goes a long way to explaining how, over the past twenty-five years, employers have managed to respond to declining profit margins by forcing employees to step up the pace of work without meeting massive head-on resistance.

Work intensification cannot be divorced from the introduction of new forms of work organization which have seriously undermined the effectiveness of workers' strategies for resistance.

One good illustration of creeping work intensification is offered by the data from French surveys of working conditions (Cartron and Gollac, 2003). Between 1984 and 1998, the share of workers who reported being subject to constraints of different types rose from 4% to 27%. The combination of industrial and commercial constraints is affecting a growing number of workers in industry and the service sector alike.

Is your pace of work imposed on you by... (you may give more than one answer)	1984	1991	1998
The automatic movement of a product or a part ?	3 %	4 %	6 %
The automatic pace of a machine ?	4 %	6 %	7 %
Other technical constraints (event-driven constraint) ?	7 %	11 %	16 %
Immediate dependence on the work of one or more colleagues ?	11 %	23 %	27 %
Output targets or deadlines to be met within an hour ?	5 %	16 %	23 %
Output targets or deadlines to be met within a day ?	19 %	38 %	43 %
External demand (customers, public) requiring an immediate response ?	28 %	46 %	54 %
External demand (customers, public) not requiring an immediate response ?	39 %	57 %	65 %
Permanent (or at least daily) checks or monitoring by superiors ?	17 %	23 %	29 %

Source : Working Conditions Surveys, 1984, 1991 and 1998 (Insee/Dares). Taken from Cartron and Gollac, 2003.

Specific data which would benefit from being systematized seems to suggest that women's working conditions have worsened more sharply than men's (Vogel, 2003-b).

Perversely, in 2004 market rules will be the main playing field

The interaction between employment rules on occupational health and marketplace rules continues to dog the functioning of preventive systems. Neither the situation regarding work equipment nor that on chemical substances and preparations is good enough. Prevention principles mean that the selection of the material factors with which work is done play a key role.

A proper selection can only be made if a number of key boxes are ticked :

- health and safety requirements must be integrated before goods are placed on the market. That means that inherently unsafe equipment and products must be eliminated from the market ;
- that can only be done through the exercise of effective public controls ;
- it is essential that workers' experience be taken into account so as to improve the design of equipment and products. This involves making the resources available to arrange the feedback of information ;
- there must be detailed information based on a thorough risk assessment on which to base the firm's choices.

Trade unionism has for years put much effort into issues around work equipment and personal protective equipment. But still trade union participation in standardization activities remains vanishingly small. Market controls are patchy and wanting. Much CE-marked equipment fails to satisfy all the essential health and safety requirements. I shall not dwell further on this issue, which was the subject of a TUTB seminar in June 2002 (Tozzi, 2003).

The situation as regards chemicals is more disturbing still. The system as it stands is incomplete and not working properly. It is a three-legged stool :

- Rules on the classification, packaging and labelling of dangerous substances and preparations.
- Rules on restrictions on the marketing and use of certain dangerous substances and preparations.
- Rules on the evaluation of existing and new substances, and drawing up European lists of products.

These rules have been worked out over time from 1967. The main driving force was the chemicals industry's aim to rid itself of barriers to the establishment of a single market for chemicals in the European Union. These commercial considerations outweighed health and environmental protection.

Also, the dozens of Directives passed to amend the basic Directives ended up creating a daunting and complex body of rules - but one riddled with major holes. It fails to address a string of long-term immunological and endocrinological effects on neural development and reproduction, for instance.

The system put in place gives a big advantage to chemicals manufacturers, who have to produce an initial risk assessment on the basis of which they must classify their product and follow a certain number of rules related to the stated risks.

Notification of this initial assessment and its findings is sent to the public authorities, and goes into a Community information system. If no objections are received within a 45-day waiting period, the substance can be put on the market. In practice, public authorities rarely object to a product being placed on the market.

This means that, in many ways, the safety of chemicals is entirely up to the firms that make them. In theory, the drawbacks of this system could be offset by ex-post controls done by the public authorities, who should themselves check chemical substances to see whether they comply with the Community legislation. But there is a huge backlog of such official risk assessments compared to the quantity of substances coming onto the market, which leaves manufacturer assessment as the only benchmark for most substances. The initial risk assessment offers no guarantees of independence. It is done by firms who evidently want to sell what they produce, and results in what may not always be an appropriate classification. An evaluation of surveys done in a range of sectors, published by the European Commission in 1998, reported misclassification in 25% of cases and mislabelling in 40% of cases. Also, manufacturers are putting new substances on the market and not declaring them as dangerous even though they are rightly suspected of being so.

The future regulation of the chemicals market is the focus of fierce ongoing controversy at Community level². The Commission's proposals for reform of the existing system are coming up against systematic lobbying from chemical industry employers, channelled through some governments. While failing to address all the issues³, the Commission proposals do at least highlight the importance of information feedback. They tighten up the chemicals industry's obligations, and aim to put an end to the downplaying of the problems created by chemicals that are persistent and bioaccumulative pollutants, as well as by endocrine disruptors.

The systematic disinformation campaign run by the chemicals industry has already had some success in getting different heads of state and government (President Chirac, Chancellor Schroeder and Prime Minister Blair) on board. The Commission proposal

² The course of this debate can be tracked on the website of the TUTB (<http://tutb.etuc.org/uk/dossiers/dossier.asp>) and the European Environmental Bureau (<http://www.eeb.org>).

³ The shortcomings of the Commission's proposed reforms include not lifting the veil of secrecy over key aspects of chemicals industry production, and the failings of policies to have dangerous products replaced by products which are not, or are less, dangerous.

put out in October 2003 falls well short of the initial reform proposals. 2004 will be a turning point. The debates playing out are far and away the most important for workers' health and safety since the 1989 Framework Directive. The problem is that they are all about the Community's commercial policy, and the social aspect of the proposals under discussion is not getting the priority it should do.

It is vital for trade unions to speak with a consistent voice in this debate which affects all workers, not just those in the chemicals industry. Experience shows that the Directives on the use of chemical substances and the prevention of work-related cancers are not being properly applied, largely because of failings in the market rules. Today, the death rate from exposure to dangerous chemicals outstrips that of work accident-related deaths in industrial countries. Health problems are particularly rife in user industries like the building, textiles and metalworking sectors, not to mention service industries like cleaning and health.

For that reason, the fundamental principles of proactive union activity in this area should be :

- Standing up for trade union independence in face of strong pressure from chemicals industry employers through hugely overplayed scaremongering about jobs. In point of fact, any improvement in working conditions has always come with predictions of the direst economic disasters. The experience of asbestos shows the appalling price paid by workers when governments gave in to this kind of blackmail.
- Standing up for solidarity between all categories of workers. The reason is that the worst health damage from exposure to dangerous chemicals is not necessarily found in the basic chemicals industry, but is often suffered by workers in user firms in such things as the textile, building and cleaning industries. More specifically, there is evidence to suggest that women workers are concentrated in sectors and activities where the long-term effects of dangerous substances are less studied and less well-policed.
- Forging alliances with environmental lobbies, feminist groups and public health institutions to ensure that the interests of health and the environment come before the all-out drive for profits.

Conclusion : working together within an independent trade union strategy

Social inequities have widened in all European Community countries over the past twenty years. Resource owners are getting a bigger share of the wealth creation cake than wage earners. Health inequalities have widened, too (Costa, 1998 ; INSERM, 2000). Declining working conditions are a part of this, due in particular to escalating competition created by the globalization of capital. The enlargement of the EU is a major challenge for trade unions. It

widens their sphere of activity, forces them to seek out more effective forms of solidarity, and frame a common strategy for preserving workers' health.

EU enlargement will not automatically bring progress or regression. The European Union provides a general regulatory framework for occupational health. Overall, it is a framework which - though in need of amendment and development in different areas - does offer a means of improving existing preventive systems. But it is not an automatic recipe for an effective prevention strategy, as can be seen both at EU level and in individual member States. Not only that, but it actually contributes to undermine working conditions in other areas. The focus on privatization of public services, employment policies that encourage casualized and contingent working, free movement of capital in an area where there is little by way of a level social playing field are just some of these factors. Arguably, there is a growing gap between the avowed aims of workplace health policies and the outputs of other policies that also shape working conditions. A preventive strategy is about setting priorities, allocating resources to create the means for prompting, supporting, controlling and evaluating the policies adopted. It means looking at preventive systems with a critical eye to see whether they are up to the challenges of changes in work. And the big issue is how they work in practice. The existing rules and knowledge about prevention would enable much health damage to be prevented. The ability of trade unions to marshal rank-and-file energies around workplace health issues is arguably the defining factor in giving a new impetus to public policies in this area. This is because "top-down" reforms tied up with the need to carry the Community directives over into law have largely run out of steam. In this struggle, cooperation between trade unions in the old and new States of the European Union, and in the applicant countries, will be of make-or-break importance. ■

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