

## **Governing Body**

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Committee on Employment and Social Policy

**ESP**

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FIRST ITEM ON THE AGENDA

### **ILO policies and activities concerning vocational rehabilitation**

- 1.** At the 273rd Session (November 1998) of the Governing Body, the Committee on Employment and Social Policy was unable to examine the Office paper on this subject; owing to lack of time.
- 2.** The content of that paper stands on its own merit and does not need to be revised. Members are therefore referred to the paper and are asked to examine once more the salient issues presented. In its introduction, the paper states that the time is ripe to prepare the ground for an expansion of ILO activities into a comprehensive programme. Since its distribution there is even more evidence to support prompt action, as present developments demonstrate increasing global interest in disability and drug-related issues. What were then promising political trends have now rapidly become concrete commitments. This comes as no surprise, as human rights considerations and compelling social and economic arguments for taking action have converged and created a synergy. Some tangible examples of commitments and of how the ILO is taking steps to link to them are given below.

### **Recent ILO involvement at the global, regional and national levels**

- 3.** In the agreement on social policy (Social Charter) of the Treaty of Amsterdam (October 1997), the European Union (EU) endorsed the principles of non-discrimination and of equal opportunities for people with disabilities in the labour market. Germany holds the presidency of the EU as of January 1999, and has declared its goal of achieving the integration into employment and work of people with disabilities by promoting equal social standards for them. The

Government of Finland, which assumes the EU presidency for the second half of 1999, has already indicated that it will follow in the same direction.

4. At its plenary session on 15 December 1998, the European Parliament adopted a resolution on the European Commission's evaluation of the third Community Action Programme to assist disabled people (Helios II). The resolution calls on the Commission to draw up a disability action plan which will reinforce the EU's New European Community Disability Strategy and will give support to national action plans on employment. There is general confidence that disability issues will be kept visibly at the forefront of EU social policy commitments. The ILO's noteworthy experience and cooperation on these issues is actively sought.

5. The landmark decisions of the Special Session of the United Nations General Assembly on Countering the World Drug Problem Together in June 1998 are receiving rapid follow-up. This is most evident in the formulation of national action-oriented strategies for the implementation of the General Assembly's *Declaration on the Guiding Principles of Drug Demand Reduction*. The emphasis on demand reduction has brought heightened interest in community mobilization, in which employers' and workers' organizations and enterprises are seen to have a central role. For this reason the United Nations International Drug Control Programme (UNDCP), in cooperation with the ILO and a group of European enterprises, has decided to meet in Sundsvall, Sweden in May 1999 to mobilize the private sector and promote business-community collaboration in reducing the drug problem.

6. In the United States, the creation in March 1998 of the Presidential Task Force on the Employment of Adults with Disabilities has given renewed impetus to the Americans with Disabilities Act of 1990. The Task Force submitted its first comprehensive report to the President in December 1998. It includes a national public policy review and provides recommendations on action to be taken. Again, the Office is linking to this Task Force for a mutually beneficial exchange at both the policy and practical levels.

### **Technical cooperation and advisory services**

7. ILO assistance is actively sought for technical advice and cooperation. Two ILO pilot projects concerning job creation for war-disabled individuals have been developed for Bosnia and Herzegovina and the Serbian Republic. These challenging projects, to be implemented under difficult circumstances and conditions, are very likely to commence in 1999. In keeping with the spirit of the

Dayton Peace Accord (November 1995), measures will be taken to create unifying standards for shared training and capacity-building opportunities for both entities.

**8.** Several governments in Central and Eastern Europe are working with the ILO to align their national vocational rehabilitation policies with the standards of the European Union so as to meet the criteria for future membership. Steps were taken by the Government of Bulgaria in late 1998 to enlist assistance from the ILO in drafting its national rehabilitation policy.

**9.** A similar interest in collaboration has been demonstrated by five Central Asian countries which attended a seminar in October 1998 sponsored by four UN agencies cooperating on rehabilitation. As a result of this seminar, the Governments of Kyrgyzstan and Uzbekistan have sought ILO help in creating administrative and training infrastructure in order to improve the creation of employment opportunities for persons with disabilities.

**10.** In India, a large-scale five-year project is to be launched in 1999 for the nationwide replication of the workplace prevention and community-based drug rehabilitation pilot programmes established over the past four years by the ILO in collaboration with the Government and the social partners. The focus will be on enterprise-level prevention programmes, networking among enterprises and collaboration with community-based organizations. Other projects which are expected to commence in 1999 are a regional staff training project on workplace prevention and community rehabilitation for the Asia-Pacific region and a project for the southern African region. The first steps have also been taken to respond to requests for assistance from Bulgaria, Kazakhstan, Lithuania, Mauritius, Mexico, Pakistan and Thailand.

### **New areas for future activity**

**11.** In addition to the international and national developments listed above, other areas of activity are being explored. For example, with external financing, new research was initiated by the ILO in January 1999 in view of the heavy burden that mental disorders place on society and the workplace. According to the WHO, depression is the primary cause of disability worldwide. As such, its presence in the workplace has serious consequences not only for the individuals whose lives are affected, but also for enterprise productivity.

**12.** The tragedy caused by Hurricane Mitch in October-November 1998 in several countries of Central America, and the earthquake in Colombia in January 1999, are only recent examples of natural disasters, creating yet more reasons to bolster ILO commitment to disability issues. While such devastating disasters are inevitable, increase the number of persons with disabilities, and disproportionately worsen the living conditions of the existing disabled population, they show the imperative for action in rehabilitation training and employment programmes. The Organization needs to be prepared to alleviate the long-term consequences of such disasters.

**13.** Similarly, responding rapidly to the employment needs of persons with disabilities in countries emerging from armed conflict should be an important area of ILO concern and intervention. Creating opportunities for the training and employment of persons with disabilities can play a critical role in a country's quest for normality.

**14.** Never before have the two subprogrammes been more responsive and in tune with global trends and activities. They are palpable examples of the ILO's contribution in acting on the directives of the World Summit for Social Development. In broadening the range of employment opportunities for persons with disabilities, the Office promotes their social and economic inclusion. Strengthening the programme's agenda will contribute to the achievement of the World Summit's overriding objectives.

Geneva, 16 February 1999.

## **ILO policies and activities concerning vocational rehabilitation**

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### **Introduction**

- 1.** After consultation with the Officers of the Committee on Employment and Social Policy at the 271st Session (March 1998) of the Governing Body, it was decided to include an item on vocational rehabilitation on the Committee's agenda at the present session.
- 2.** The ILO's Vocational Rehabilitation Programme has two subprogrammes on training and employment of workers with disabilities, and workplace alcohol and drug prevention. There are certain similarities between the two: both address conditions that may hamper a worker's ability to find and retain employment, both are frequently characterized by a stigma in the workplace as well as in society, and both present challenges to employers. However, as substance abuse and disability have very different implications for workers and employers, and require different responses in the workplace, the programme approaches vary significantly and need to be addressed separately. Hence, the two subprogramme are addressed separately in two separate sections of this paper.
- 3.** The first section offers a description of the scope and nature of disability, why the ILO deals with it, and how it links with the Organization's standards, mandate and other work. It also illustrates the evolution of the programme: where it came from, where it is today and where it is planned to go. We are convinced that the time is ripe to prepare the ground for an expansion of ILO activities into a comprehensive programme that can give practical solutions to a problem identified by constituents that is at the centre of the ILO's core mandate. The main focus of this paper is hence the ILO's vision of the future, one which the Governing Body may endorse and allow to move ahead.
- 4.** The second section of the paper summarizes the impact and implications of alcohol and other drugs on workers and the workplace, outlines the work that the ILO has done in the field of workplace drug and alcohol prevention and assistance programming, describes current initiatives, and sets forth a strategy

for the future. This strategy will help the ILO implement the *Declaration on the Guiding Principles of Drug Demand Reduction*, unanimously endorsed by the Twentieth Special Session of the United Nations General Assembly, devoted to international cooperation in drug control (June 1998).

5. Section III encapsulates what both programmes aim to achieve in terms of overall commitment and direction.

### **I. Training and employment of workers with disabilities**

#### **1. Issues**

6. How can the nature and scope of the problem best be illustrated? For a moment, imagine some eye-catching newspaper headlines: "Crisis looming: 600 million people affected"; "Pressure mounting to safeguard human rights of 10 per cent of world population"; "Employment at risk: Discrimination may be the cause"; "Benefit costs staggering: Social security systems on their knees". Such titles capture the public attention, and people read on, but they will be surprised to find that all the stories refer to people with disabilities. They may, perhaps with a shudder, consider their own vulnerability, or the vulnerability of their loved ones, as anyone, without exception, can fall victim to disease or accident. When our readers feel personally touched by the human face of the problem, they can sympathize with the problems of persons with disabilities. They may also realize that the need and right to work of the disabled is imperative if they are to preserve their independence.

#### **(a) The ILO's involvement**

7. In addition to the formal justification laid down by international labour standards and the ILO's constitutional mandate (see paragraph 16 below), there are three major reasons why the Organization deals with the issue of training and employment of people with disabilities, and why it needs to increase its attention in this area. These are the large size of this group, the economic implications of their exclusion from the labour market, and the mounting political pressure worldwide for their social and economic inclusion.

#### **(b) Extent of the problem**

8. The World Health Organization estimates that there are 600 million people with mental and physical disabilities: 10 per cent of the world population.

Statistics show a steady increase in these numbers. There are many reasons -- cultural and definitional -- for these increasing numbers:

- the increasing lifespan and numbers of older persons, many of whom have impairments;
- the increasing number of industrial and transportation accidents that cause impairment;
- the emergence of diseases and other causes of impairment that are now defined as disabilities;
- 1.5 billion people lack access to health services;
- 1.3 billion people lack access to safe drinking water;
- each day -- in peace time -- 80 people are maimed or killed by land mines, many more during war;
- the increasing number of disabled children, estimated to grow by 47 per cent in the next 30 years due to malnutrition, disease, conflict, child labour and other causes.

*(c) Cost implications*

**9.** The cost of providing benefits for this large and growing group is enormous, and is becoming unmanageable in many countries. It is infinitely preferable to invest resources in this population so that its members become active contributors to the community instead of passive beneficiaries. Countries can no longer afford *not* to encourage access to work for persons with disabilities:

- in the Netherlands, between 1975 and 1989 expenditure on disability benefits increased fourfold (this trend has now been reversed by a change of policy);
- in the United States, the two largest programmes providing assistance to people with disabilities grew by 59 per cent in the last decade, from 4 million to 6.3 million working-aged people receiving benefits. If just 1 per cent of the 6.3 million working-aged beneficiaries were to return to work, lifetime cash benefits would be reduced by an estimated US\$3 billion.

**10.** However, social benefits are not the only cost factor: in Canada the annual value of time lost (1986) as a result of chronic disabilities of working-aged Canadians was estimated at 13.9 billion Canadian dollars, the value of time lost due to short-term disabilities was 2 billion Canadian dollars.

**11.** There is also a strong correlation between disability and poverty, which entails a high social and economic cost to society as a whole. Poverty leads to increased disability, and disability leads in turn to increased poverty. It is a vicious circle that pushes people with disabilities inexorably into the group of the poorest of the poor.

*(d) The political factor*

**12.** What distinguishes a person with disability is a quirk of fate -- a chromosome, an illness, an accident, a land mine. Disability does not, however, change our basic human rights, access to work included. The struggle for the rights of persons with disabilities has been dubbed "the last civil rights movement of the century".<sup>10</sup> The ILO needs to focus on one of the most fundamental of rights -- the right to work. Work forges more than identity and security -- it forges human dignity. It only follows that the exclusion and marginalization of people with disabilities from the workforce has to be addressed. There is a need to move away from a "welfare" approach towards one that promotes equal opportunity and treatment. We need to concentrate on the abilities of people with disabilities, and not on the disability itself.

**13.** Since the early 1980s, we have been witnessing mounting political pressure to address these issues. Today, international, regional, national, as well as political, economic and development groups are speaking out on the rights of people with disabilities. They demand that governments, and employers' and workers' organizations, respect these rights so that people with disabilities can join the ranks of the productively employed (see box).

**14.** To summarize, there are a number of powerful factors that have rendered the social and economic inclusion of people with disabilities an inescapable issue for the ILO -- one that requires serious attention and action:

- the increasing numbers of people with disabilities;
- the increasing cost of protection;
- increasing recognition of the rights of people with disabilities to equal opportunities and non-discrimination;
- recognition of the strong poverty/disability linkage;
- international mobilization to deal with the consequences of wars and particularly land mines;
- increasing international, regional and national policies and legislation demanding social and economic inclusion of people with disabilities;

- emergence of a strong lobby of disability NGOs worldwide.

**15.** Both the international and national communities are in a position to make important contributions to the comprehensive management of disability issues. So is the ILO. Demand from constituents is on the rise, as lobby groups voice their concern, requesting that governments and their employers' and workers' organizations remove artificial barriers to employment. Equally important, we promote the empowerment and training of persons with disabilities, their recruitment, retention and return to work. We could, however, do more, and do it better.

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### Important events in policy development

#### International

1981	International Year of Disabled Persons
1982	World Programme of Action concerning Disabled Persons
1983	Vocational Rehabilitation and Employment (Disabled Persons) Convention, (No. 159)
1983-1992	UN Decade of Disabled Persons
1993	UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities
1995	UN World Summit for Social Development declares that "disability is a form of social diversity"
1995	Fourth World Conference on Women (Beijing) calls for access to quality education and training for women with disabilities
1995	

#### Development agencies

1997	USAID adopts a disability policy
1998	The World Bank and the Inter-American Development Bank consider adoption of a policy on disability

#### Regional

1997	Treaty of Amsterdam (Art. 6(a) ... "combat discrimination based on ... disability ...")
1998	New European Community Disability Employment Strategy

#### Political and economic groupings

1998	G8 Conference on Growth, Employability and Inclusion and statement by the G7 finance ministers and Central Bank governors. Both support the promotion of core labour standards (including equal opportunities for all).
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#### National

In the 1980s and 1990s a flood of new legislation prohibiting discrimination against people with disabilities was adopted in many countries, including industrialized countries (the Americans with the Disability Act in the United States and Disability Discrimination Act in the United Kingdom), transition countries (labour code reforms) and in developing countries.

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## **2. Definition and mandate**

**16.** The Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) defines a disabled person as "an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment". Thus, the Convention does not precisely define disability. While it is not possible to identify a universal and practically relevant definition, the ILO does not consider that disability in itself leads automatically to a handicap in employment. The social context is very important: people with disabilities who are considered unemployable in some societies are part of the workforce in others. Furthermore, the Convention establishes the principle of equal treatment and opportunity in relation to training and employment for disabled workers and workers generally. The principle of equality of opportunity and treatment in employment is also recognized by the Declaration of Philadelphia. In addition, the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), which is one of the fundamental Conventions, is of direct concern for promoting the human rights of persons with disabilities. This Convention makes provision "to determine that special measures designed to meet the particular requirements of persons who, for reasons such as sex, age and disablement ... are generally recognized to require special protection or assistance, shall not be deemed to be discrimination".<sup>(2)</sup> Thus the rights of persons with disabilities are covered by the Declaration on Fundamental Principles and Rights at Work. Finally, the social and implicitly economic inclusion of men and women with disabilities falls squarely within the ILO's mandate: fundamental workers' rights and the protection of working people, poverty alleviation and the advancement of equality through employment.

## **3. The past: Evolution of the ILO's work on disability issues**

**17.** Much social awareness and change is born out of conflict and tragedy. The ILO's long history of involvement in disability issues was initiated in the wake of the First World War. In 1921 the Governing Body convened an Advisory Commission to study problems related to the employment of disabled ex-soldiers. Subsequently, in 1923 an ILO meeting of experts was held to study "Methods of finding employment for disabled men". The report of that meeting is the first in-depth international comparative study on the employment of persons with disabilities. Concern for war veterans spilled over into concern for the

employment of all injured workers. Two years later, the Workmen's Compensation (Minimum Scale) Recommendation (No. 22), 1925, was adopted by the International Labour Conference and became the first international recognition of the vocational needs of persons with disabilities.

**18.** By the end of the post-Second World War period, ILO Recommendations provided for assistance to all persons with disabilities, whatever the reason for their disability. The Employment (Transition from War to Peace) Recommendation (No. 71), 1944, affirmed that persons with disabilities, whatever the origin of their disability, should be provided with full opportunities for specialized vocational guidance, training, retraining, functional and occupational rehabilitation and employment in useful work.

**19.** The Vocational Rehabilitation (Disabled) Recommendation (No. 99), 1955, provided the basis for national legislation concerning vocational guidance, vocational training and placement of persons with disabilities and detailed guidance for its implementation in practice. Therefore, though originally responsive in its approach to the post-conflict situation, the ILO had started to shift gradually towards comprehensive solutions for people with disabilities.

**20.** During the 1960s and 1970s, activities consisted mainly in attempts to build vocational rehabilitation centres and employment workshops that aimed to protect people with disabilities by sheltering them from regular schools and employment. This strategy reflected the best thinking of the age -- a paternalistic approach and a benign segregation from the mainstream of training and economic activity. Slowly, however, the realization took root that neither the interests of people with disabilities, nor the interests of society were being served by this philosophy. A more proactive approach to disability issues was called for.

**21.** By the 1980s, fundamental social changes were taking place and the ILO was at the vanguard. Inclusion became the goal, and community-based rehabilitation, which moved away from segregated approaches, became the new ideal. Convention No. 159 (1983), which states that "employment opportunities for disabled persons in the open labour market" are to be created, and "equality of opportunity for disabled men and women workers shall be respected," enshrined in a legal instrument what the disability movement has been striving for over the years. Convention No. 159 and its accompanying Vocational Rehabilitation and Employment (Disabled Persons) Recommendation, 1983 (No. 168), became the cornerstones for ILO action in the field of disability and vocational rehabilitation. The Convention has been ratified by 59 member States.

**22.** That the responses changed over time was an evolutionary process. Sensitivity and awareness were generated, and valuable experience accumulated by trial and error. Disabled workers gained confidence and began to speak for themselves, and hence the strategy of building specialized structures and designing special programmes gave way to promoting the inclusion of people with disabilities into everyday, mainstream structures and programmes.

**4. The present: A small programme for a big task<sup>(3)</sup>**

**23.** In the 1990s the ILO has been following the strategy of promoting the inclusion of persons with disabilities into mainstream<sup>(4)</sup> training and employment structures and programmes. The types of action taken reflect the need to prepare and empower disabled people to pursue their employment goals and to sensitize policy-makers, trade unions, enterprises and society at large to facilitate access to work and job opportunities in the open labour market for persons with disabilities.

**24.** Present activities include *policy advice* in the field of disability, particularly on new legislation and the implementation of national laws, and on the application of the provisions of Convention No. 159. Governments and the social partners are encouraged to adopt a multi-sectoral approach to disability issues. In this context the ILO cooperates with other UN agencies.

**25.** *Technical cooperation* activities are playing an increasingly important role in responding to member States' requests for assistance in identifying viable ways to mainstream vocational training and employment opportunities for persons with disabilities. The donor community's renewed interest in supporting the ILO's promotion of disabled workers' rights by providing more funds has made it possible to develop the programme considerably. Of the 17 ongoing technical cooperation projects related to disability issues, many deal with community-based rehabilitation programmes and services. Several projects target vulnerable groups such as unemployed youth, women with disabilities and war victims, and campaign for their right to mainstream education and training and open employment. Finally, many of the projects have prepared and published awareness-raising and information material, as well as training packages for use by different institutions, including the media. (A list of current technical cooperation projects is given in Appendix I.)

**26.** *Research projects* are being carried out thanks to the strong interest demonstrated by member States, in particular the industrialized countries: eight

industrialized countries pooled resources to carry out a major research project on job retention. The project was coordinated by the ILO and the results were presented at a conference in Washington (May 1998) hosted by the United States Social Security Administration and other US government agencies. Partial funding for phase II of this project has already been secured. Other research items include a comparative analysis of national quota and levy systems and national rehabilitation funds and the implementation of labour standards in sheltered workshops for persons with disabilities. Another current activity is the preparation of an ILO *Code of Practice on the Management of Disability-related Issues in the Workplace*, due to be completed by the year 2000. The Code aims to provide guidance to constituents on the effective management of disability issues, which will maximize benefits to individuals, firms and society.

#### The GLADNET Association

**27.** The results of research projects undertaken are issued and widely disseminated through publications and through the *Global Applied Disability Research and Information Network on Employment and Training*, known as GLADNET. This network was launched at a meeting organized by the ILO in Geneva in 1995.

**28.** GLADNET counts among its affiliates some of the world's leading institutions, bringing together institutes and universities, enterprises, government agencies, trade unions and organizations representing persons with disabilities, with the goal of advancing their employment and training.

**29.** In the interest of its long-term sustainability, in 1998 GLADNET became an independent, international not-for-profit organization. It has a Board of Directors with 12 members and operates as a "virtual" organization, maintaining a site on the Internet. It has at present 100 members, many of which, including the ILO, give financial support.

#### **5. Plans for the future**

##### (a) The groundwork

**30.** The previous sections outline the evolution of the ILO's work on the training and employment of people with disabilities. In mapping the course for the future, however, activities need to be seen as a continuum and as part of a concrete strategy:

- During 1997 the ILO has *explored the appropriateness, need and feasibility of an expanded programme*. Can the international community ignore the sheer number of people with disabilities able and willing to work? Could the actual *cost* of those people not working and not contributing to their national economies be ignored for long? Could we tolerate the blatant *discrimination* against people with disabilities in their search for jobs that they could perform? How can the ILO strengthen its response to the growing political pressure and constituent demand for action in protecting the human rights of people with disabilities? Would such an expanded programme be appealing both inside and outside the ILO? Could the ILO forge the right alliances? Could it attract financing from sources outside the regular budget? These questions were asked, and responses came that have enabled the ILO to move ahead. Within this window of opportunity, the ILO needs to seize the number of forces that are converging to create a suitable climate for action.
- In 1998 the ILO is *preparing the ground for the expansion of the programme*. Realizing that it needs to be equipped with a number of tools to lay a firm foundation, work is now under way to prepare them. Additional work on research projects strengthened alliances with NGOs and partner institutions to work together on specific tasks are some of the current priorities. In addition, gaps in the ILO's knowledge base are being filled by addressing areas not previously explored, such as mental health issues and the workplace and workers' rights in sheltered employment. This is also the year in which the Office needs to secure the Governing Body's commitment to support the Action Programme for 2000-01,<sup>(5)</sup> which becomes the logical starting-point for any significant future development in this area.
- In 1999 the ILO aims to *consolidate its efforts*. The tools mentioned above need to be precise, relevant and complementary, so as to create a comprehensive tool kit for future action. The Office needs to hone its expertise and regroup its staff for the challenges ahead, and needs to tap new sources of funding. In 2000 the ILO will be ready to expand into a comprehensive, truly global programme.

(b) A vision

**31.** The ILO has a vision of what the comprehensive Vocational Rehabilitation Programme would ultimately achieve. This means a commitment to social and

economic improvements for persons with disabilities through work opportunities. This vision needs to permeate the ILO's overall core objectives. By being an agent of change, the Programme would:

- foster the creation of *more* work opportunities;
- encourage *higher quality* work opportunities;
- promote *equal opportunity* in securing work.

*(c) The strategy*

**32.** Keeping the aim and vision in mind, the question is what strategy to adopt and how to implement it effectively. The responses to more specific questions have helped map out a strategic plan for the future:

Questions	Elements of a strategic plan
What guiding principles?	A strong conceptual framework
With whom to work?	Building sound alliances with stakeholders
What activities?	An implementation plan

*A strong conceptual framework*

**33.** The following checklist covers the prerequisites for the guiding principles of a strong conceptual framework:

- The principles of *non-discrimination, equal opportunity and equal treatment* require policies and programmes to aim to prepare individuals with disabilities who can and want to work in the open employment market, and to offer the same work opportunities available to non-disabled workers. Persons with disabilities must have educational and vocational employment choices.
- The issues associated with disability can be effectively resolved only if *mainstreaming* takes place: general training and employment services must be adapted to cater to people with disabilities, with a view to their integration, wherever possible, into open training and employment settings. Because of the multifaceted nature of disability, a holistic and

multi-sectoral approach is essential. This means that goals, priorities and strategies must be translated into visible and concrete components in all relevant ministries, in governmental and other institutions. Access to important services such as adequate health insurance and health care, as well as to the built environment, transportation and communications, needs to be part and parcel of any mainstream approach that tackles this issue.

- Changing people's attitudes, overcoming prejudices and discrimination and strengthening institutions so that persons with disabilities are not considered objects of welfare but people with equal rights, is a long-term undertaking. It will not happen overnight, even if unlimited resources were available. A *long-term*, but time-bound commitment and a strong advocacy profile of the programme is required to facilitate the reforms and changes in attitudes needed to deal with the issue.
- Many disabilities may arise as a result of accidents that could have been prevented with a modicum of foresight. Other disabilities may occur as a result of the human toll taken in certain professions over years of exposure to unhealthy conditions of work. The disability may be physical, or perhaps mental, arising from stress or depression. And while it is hard to assess the impact of preventive measures, since accidents in themselves are measures of lack of safety rather than safety itself and can only be counted once they have occurred, a truly comprehensive programme needs to encompass *prevention* as well.
- The situation of people with disabilities, including the opportunities they have, the obstacles they face and the commitment of governments to improving their status is conditioned by traditions, attitudes, prejudices and cultural and historical factors that are peculiar to each country. Therefore, the programme has to be *nationally owned*. This means that country programmes and projects financed by outside donors need to be owned by in-country organizations responsible for their conception and implementation.
- Recurring disillusionment arises from the lack of *sustainability* of programmes that yield results which do not outlast the period of outside financing and support. Although valid efforts for the period of their lifespan, these programmes accomplish little in the long run. The ILO's aim is therefore to incorporate a phasing-out plan into the overall scheme

of programme implementation. Activities must truly result in a transfer of knowledge and skills that will long survive the ILO's initial input.

*Building sound alliances with stakeholders*

**34.** The guiding principles mentioned above involve so many facets that no one institution can make any impact without cooperating with others. Striking strategic partnerships with numerous international, regional and national organizations is therefore necessary to optimize and streamline the ILO's work.

- Numerous opportunities for cooperation in very fundamental, practical ways exist at the *international and inter-agency level*. A number of international agencies (WHO, UNICEF, UNESCO) are working on other aspects of disability issues, and the ILO already cooperates with them. Concerted efforts to boost these relationships should be undertaken. In addition, the ILO is in a good position to influence other agencies (e.g. development banks) to incorporate a disability component into their mainstream operations.
- *Ministries of labour* can be the engines of governments, and can encourage all other government ministries and agencies such as economy, education, health, sports and recreation, and other relevant areas, to work closely together on comprehensive solutions.
- *Employers* can be encouraged to retain disabled workers as well as to recruit people with disabilities. In the age of corporate citizenship employers are willing to prove that their commitment goes beyond what is minimally required. The ILO intends to take advantage of this trend and position its programme with employers in such a way that they can use it as a means to take responsible corporate action.
- The ILO should garner stronger support from *workers' organizations* to place workers with disabilities firmly on their agendas. There may be a need to provide both workers with disabilities and those who can or do represent them with the economic arguments that can be used to encourage retention and recruitment. The programme needs to demonstrate the advantages of doing so, and thus make it easier for unions to take concrete action and put pressure on politicians and other social partners. The perception that other problems are higher priorities needs to be addressed.

- In line with Convention No. 159, the ILO is promoting a stronger voice for *non-governmental international organizations and civil society* so that they can assist all parties in creating a win-win situation. Many of these organizations have the practical ability to navigate through difficult situations, and have accumulated a wealth of knowledge in promoting their causes.
- From an internal ILO perspective, there is a need for greater internal cohesion. Within the Organization itself, disability issues dovetail with the functions of other departments with relevant programmes. A strong component of the programme will be the ongoing process of working with the multidisciplinary teams (MDTs) in the field, our offices, and of course other departments at headquarters. The ILO needs to practise what it preaches, and mainstreaming of the disability issue should start within the Organization itself. This can be done if each of the relevant departments includes people with disabilities in their target groups and actively accommodates their needs in their work programmes.

#### *An implementation plan*

**35.** A multifaceted approach is needed to implement a truly comprehensive plan. Activities and interventions should be planned at global, regional and national levels. The cooperation of specific countries needs to be secured, and a time framework outlined. A media strategy should be determined in order to ensure maximum awareness among constituents and raise general public awareness. The donor community needs to be tapped in order to secure adequate funding for the expanded programme. These approaches are discussed below.

**36.** For the programme to have a global impact, it should be built around three components and levels of intervention. Each component is based on a set of modules: international, regional and national. In linking the different levels, the programme will generate a coherence of strategies. Its strength will lie in this coherence:

- At the *international* level the programme will carry out major research and information modules in order to better understand specific areas of disability, improve policy guidance to member States at different levels of development and support international awareness-raising. "Good practices", promising cost-effective approaches and practical guidelines will be widely disseminated.

- The programme will provide a framework for action in different regions by identifying priority areas, given similar cultural, economic and social circumstances. *Regional activities* will allow better amortization of resources by using a comparable approach to similar problems in a group of countries, and better distributing material, pooling experts and planning joint events that take advantage, for instance, of the same language base.
- *National components* of the programme would consist of activities aimed at strengthening the commitment of governments to solving the problem of integrating people with disabilities in the labour force, and creating alliances for this purpose with the social partners and relevant NGOs. The following are needed in a systematic approach at the national level:
  - undertaking situation analyses to assess the nature and magnitude of the problem, and facilitating the formulation of a national policy and plans of action on the integration of people with disabilities into the labour force, where these do not exist;
  - establishing institutional and coordination mechanisms;
  - fostering broad social mobilization and rallying public opinion to defend the cause of people with disabilities;
  - promoting adequate labour legislation that is in accordance with international labour standards;
  - supporting activities that directly address the needs of people with disabilities and their environment in order to demonstrate that their integration in the labour market is not only feasible, but that it makes eminent sense from both the social and economic perspective;
  - facilitating the progressive build-up of institutional capacity and fostering the mainstreaming of disability issues in national, social and economic policies, programmes and budgets.

#### *The criteria for country selection*

**37.** The number of countries selected is naturally dependent on the financial and human resources that are available. The criteria for selecting various countries need to be identified, however, irrespective of the resources. The ILO will benefit considerably in this respect from work on the Action Programme proposed for 2000-01, since rigorous country selection criteria are planned and it aims to operate in five to six countries. Activities need to be demand-driven and hence responsive to the needs of constituents in a timely and appropriate fashion. When

social partners are engaged and committed to the development of work opportunities for people with disabilities, then the odds of implementing a successful programme are increased.

**38.** Equitable geographic distribution of countries would be necessary to promote action in various regions of the world, tying into concerted regional efforts as well. It would be necessary: to preserve a balance between different levels of economic and social development; to allow for differences between social security systems; and to take into account countries that do not have social security systems. Post-conflict countries, where the need for disability programmes for civilians and disabled war veterans may be pressing and immediate, need to be adequately represented.

*A specified time-frame*

**39.** An initial time-frame was described in paragraph 30 above. The process that it is intended to put in motion is both long term and complex. Many activities may need to be scheduled in a linear fashion; others can be planned simultaneously. The programme will build on existing experience and will benefit from the activities proposed in the Programme and Budget for 2000-01. These can be regarded as a pilot framework for the future. A detailed and scheduled plan of action that adheres to established priorities and financial frameworks can only be developed after the Governing Body has discussed the strategy proposed in this paper.

*A media strategy*

**40.** In order to make a real impact on attitudinal change and to generate sustained interest in the topic of disability, various national and international media interventions are needed in a logical, coherent and innovative campaign. Systematic efforts, with various specific, and above all creative, messages, repeated at appropriate intervals and in tandem with special events, should culminate in increased public awareness. This will ultimately lead to increased support for the programme, both at the international and national levels.

*A fund-raising plan*

**41.** The programme will require a long-term commitment of at least ten years, however, in order to have a measurable impact and to become self-sustaining as it progresses. It therefore needs to be appealing to potential donors and to be

strategically positioned from its inception. The ILO needs to make good use of its own resources and of the external funding already secured in order to attract further resources.

**42.** The Office intends to pursue two complementary strategies for generating funds. One is to promote the entirety of the programme and request money for a pooling of resources. This would facilitate coordination and management by allowing the allocation of the contributions to different activities according to a master plan. The strength of this approach is that it simplifies long-term planning and administrative procedures, and gives the programme flexibility to distribute resources where they are required.

**43.** The other part of the strategy is to have donors clearly earmark their contributions for specific and visible activities of their choice. In other words, segments of the programme could be financed by different donors according to their own needs and interests. Supporting a particular country programme, a specific research activity or a distinct project is often more appealing and easier to finance by multiple donors. This strategy implies a need to be prepared with a portfolio of project ideas for funding. This portfolio would help potential donors in selecting what for them is the most attractive segment that suits their particular funding preferences or, alternatively, could serve as a menu of ideas that may spark a specifically tailored activity that they wish to sponsor.

**44.** Nothing will assist the programme's fund-raising more than the successful implementation of the programme activities over time. The stronger the programme, the more funds it will ultimately generate. The main fund-raising tool in the long run will be the ability to point to the accomplishments achieved.

\* \* \*

## **II. Workplace alcohol and drug prevention**

### **1. Problems and issues**

**45.** Drug and alcohol abuse is prevalent everywhere. It spares no country, and no workplace is immune. There are well over 50 million drug-dependent persons in the world, and between 12 to 15 per cent of adults are reported to drink at levels hazardous to themselves and others.

**46.** In the workplace, substance abuse contributes to accidents, absenteeism, health problems, theft, lowered productivity and job losses. A major United

States car manufacturer reported that the cumulative costs related to drugs and alcohol add US\$500 to the price of every car coming off the assembly line. Other studies show that:

- absenteeism is two to three times higher for drug and alcohol abusers than for other employees;<sup>(6)</sup>
- some 10 per cent of accidents at work involve intoxicated workers;<sup>(7)</sup>
- over 10 per cent of on-the-job fatalities are linked to drugs and alcohol;<sup>(8)</sup>
- employees with drug and alcohol problems claim three times as many sickness benefits and file five times as many compensation claims.<sup>(9)</sup>

**47.** Appendix III presents the full range of workplace problems related to alcohol and drug misuse and their impact on workers and their families, enterprises, the economy and governments.

**48.** Drug use is often regarded as abuse and considered immoral and criminal, creating a stigma which attaches to all users. This overly simplistic approach to a complex social problem invariably triggers punitive responses and has inhibited many initiatives that could have helped prevent a substance abuse problem or assist individuals in addressing the problem.

**49.** Fortunately, developments over the last two decades have slowly shifted the emphasis from punitive measures to those designed to reduce the demand for alcohol and other drugs, including education, prevention, treatment and rehabilitation. Experience has shown that unless the practices and conditions within a community support demand reduction, laws alone will not change a substance abuse culture.

**50.** In the workplace, substance abuse affects many other areas which are of fundamental concern to workers and employers. For workers, substance abuse can result in injury, disciplinary action and job loss. The welfare of workers' families decreases as income is used to purchase alcohol and other drugs. Employers need to consider the safety of their workers and the public, as well as increased costs deriving from absenteeism and accidents resulting in lower productivity. There is also the issue of the public's negative perception of an enterprise that admits to having a substance abuse prevention programme -- or one that ignores a problem that is having serious consequences.

**51.** Governments also need to be mindful of the impact of workplace substance abuse on social welfare systems and on their economies. In today's global

economy, where competitiveness, enterprise performance and productivity are of paramount importance, ignoring workplace substance abuse while absorbing its cost is not a viable option.

## **2. The ILO's response**

**52.** With its tripartite structure, the ILO is in a unique position to have a major impact on workplace substance abuse by linking drug and alcohol prevention to human resource, safety and health, workers' welfare and productivity enhancement programmes. By working together, a powerful framework can be built within which ILO constituents benefit from initiatives to reduce substance abuse in the workplace. This comprises:

- policy and guidelines for governments and employers' and workers' organizations;
- orientation, promotion and training seminars for social partners and representatives of enterprises and unions;
- programme development guidelines and materials;
- links to community-based programmes and services.

**53.** The cornerstone of the ILO's workplace substance abuse subprogramme is the *Code of Practice on the Management of Alcohol- and Drug-related Issues in the Workplace*, which was approved by the Governing Body at its 262nd Session (March-April 1995). The Code, a unique international instrument in the field of demand reduction, serves as a tool in fulfilling the ILO's mandate by providing the policy and conceptual framework for action in the workplace. It is being actively promoted at workplace-focused meetings and conferences.

**54.** Several of the Code's key concepts have been integrated into the *Declaration of the Guiding Principles of Drug Demand Reduction* which was unanimously endorsed in June 1998 by the Twentieth Special Session of the General Assembly of the United Nations. A major thrust of the Declaration is forging partnerships and multi-sectoral collaboration in which employers' and workers' organizations have an essential role, thus providing the ILO with a new impetus for further work.

## **3. Evolution of the ILO's substance abuse subprogramme**

**55.** The ILO's workplace substance abuse subprogramme began in the 1970s when the focus was on assisting individuals with substance abuse problems. The

goal of the programme was to promote counselling, treatment and rehabilitation to facilitate the entry of the individual into the working and social environment.

**56.** While rehabilitation remains a pillar of the programme, the 1980s witnessed the beginning of a shift to prevention and to collaboration between business and community-based prevention and treatment. This paradigm shift supported the long-term economic goals of enterprises and allowed them to be more aggressive in protecting the health and safety of their workers as well as the competitiveness and profitability of their businesses.

**57.** The prevention strategy promoted by the ILO aims at creating awareness at all levels and integrating relevant elements into ongoing programmes for improving the working environment, occupational safety and health, social security and workers' welfare. It places emphasis on local ownership in problem identification, the development of feasible solutions and programme sustainability. This approach helps to sustain programmes in the workplace as a priority concern of management and labour.

**58.** Community-based collaboration has focused on staff training for local NGOs to provide the necessary background and expertise to support the business community. As part of this process, the ILO has contributed to developing policies and programmes that enable workers with substance abuse problems to make the necessary adjustments in working, family and social life in a caring rather than a punitive context.

**59.** Over time, it became clear that the effectiveness of prevention and assistance programmes was enhanced when an appropriate policy framework was in place to establish the necessary parameters and underpinnings for action. The *Code of Practice on the Management of Alcohol- and Drug-related Issues* provided such a framework, along with the *Guiding Principles on Drug and Alcohol Testing in the Workplace* which was adopted by the ILO Interregional Tripartite Meeting of Experts on Drug and Alcohol Testing in the Workplace (Oslo-Hönefoss), Norway, 10-14 May 1993).<sup>(40)</sup>

**60.** The prevention programme has also increased the role and involvement of the ILO's constituents in supporting enterprise-based activities. In recent projects, tripartite advisory boards have been set up bringing together ministries of labour and other concerned government agencies, together with employers' and workers' organizations and NGOs, to provide policy and programming guidance. A series of four international private sector conferences on drugs in the

workplace and the community have been organized to mobilize the private sector and promote partnerships between the corporate world and the community for joint action against drug abuse (Spain, 1993; Brazil, 1995; Malaysia, 1997; Sweden 1999).

**61.** In response to recurring requests, an interregional pilot project has been launched focusing on problems related to drugs and alcohol in the small business community. Financed by the Government of Norway, the project is being executed in collaboration with ENT/MAN in Egypt, India, Malaysia, South Africa and Zimbabwe.

**62.** Another collaborative approach has involved working with a specific industry sector to develop prevention training programmes and materials targeting enterprises and workers in that sector. In the first such effort, a joint ILO/IMO/UNDCP project was developed in which the International Shipping Federation (ISF) and the International Transport Workers' Federation (ITF) have collaborated closely. In collaboration with REHAB/MARIT, a manual for the prevention of substance abuse in the maritime industry was developed. Some 800 copies of the manual were requested during 1997. The success of the maritime project has driven a demand for similar programmes for other sectors.

**63.** Alcohol and other drugs in the workplace have an impact on many ILO programmes and services: occupational safety and health, social security, employers' and workers' activities, standards, conditions of work, welfare, and enterprise development. While drug and alcohol prevention in the workplace is a specialized field, its viability and visibility are greatly enhanced through interdepartmental and multidisciplinary cooperation and integration into sectoral and comprehensive strategies. To assist ILO staff in addressing the issues of workplace substance abuse, a *Manual for multidisciplinary teams and field offices -- A guide to policies, issues and approaches related to drugs and alcohol* was developed and disseminated.

**64.** The current decade has witnessed a growing recognition that workplace programmes are not only valuable for workers and enterprises, but also play an important role in addressing the drug and alcohol problems at the community and national levels. As the ILO's work has gained more attention in UN multi-sectoral and multi-agency activities, increased collaboration and cooperation has occurred within the UN system; activities and projects have been implemented in collaboration with UNDCP, WHO, IMO and ICAO; and close working relationships have been forged with international NGOs working in this field.

#### **4. The strategy for the future**

**65.** The evolution of the substance abuse subprogramme has resulted in a number of key developments which will shape its future. Chief among these is the need for strengthened collaboration within the ILO and with the United Nations system to respond to the multidisciplinary nature of the problem. A focus on sectoral needs, networking and the creation of alliances and partnerships are also critical components. In the coming years, the components of this strategy will be the following.

##### **(a) Awareness creation**

**66.** The central pillar of the programme is awareness creation, with the aim of overcoming the stigma of addiction by replacing myth with fact. For workers, this requires focusing on the problems of deteriorating health, safety risks, the threat to job security, the drain on income and the reduced welfare of their families. For workers' organizations, the strategy will continue to focus on their responsibility and role in promoting policies on substance abuse prevention to support the health, safety and well-being of their members. Employers' organizations and governments will continue to receive guidance in defining their roles in developing an enabling environment supportive of enterprise-level action. Particular attention will be given to identifying and quantifying the cost implications of substance abuse in enterprises.

**67.** The awareness campaign involves the following components:

- *Research* (in collaboration with key partners and others)
  - monitoring ongoing research;
  - conducting surveys on the extent, nature and patterns of workplace substance abuse;
  - developing, testing and implementing a methodology for quantifying costs of substance abuse to workers, enterprises and governments;
  - evaluating prevention and assistance programmes to compile an inventory of good practices.
  
- *Dissemination*
  - conducting seminars, workshops and symposia;
  - including information in programme activities, particularly sectoral meetings;

- preparing and distributing technical papers, monographs and case studies.
- *Media campaign*
  - promoting awareness and mobilizing a wide range of potential partners;
  - introducing articles, features and stories into trade and specialized papers;
  - reducing the sensationalism and stigma surrounding substance abuse by replacing myths with simple facts.

(b) Workplace mobilization

**68.** The mobilization component of the strategy is designed to motivate and assist in the development of workplace prevention programmes. Its continuing development will assure harmony with international labour standards, international Conventions and national policy on drug and substance abuse control. Substance abuse prevention components will also be integrated into mainstream programmes to emphasize its multidisciplinary character. These are:

- *Access to information*

A database on drugs and alcohol in the workplace, being developed for use on the Internet, will be maintained and updated through networking arrangements with key partners. The database will contain information for policy-makers, programme planners, practitioners and researchers concerned with the prevention of drug and alcohol problems in the workplace.

- *Technical cooperation*

Technical cooperation to assist member States and organizations in supporting enterprise-based prevention programmes will continue to be at the heart of the subprogramme, as follows:

- *Technical advisory services* provide state-of-the-art knowledge to support policy formulation and programme development, with special attention being given to sector-specific approaches. Particular attention will be given to involving constituents at the policy-making, planning and operational levels.

- *Training*, a core component of the subprogramme at the national, regional and international levels, is the principal means of assisting constituents in turning their policy and plans into action. Training will also be used to introduce substance abuse prevention elements into ongoing training curricula, particularly management/supervisory training and worker education programmes.
- *Tools for implementation*: resource material will continue to be compiled to provide enterprises with the tools for implementing their programmes, including manuals, handbooks, sample survey instruments, self-assessment questionnaires, prevention material and training modules. These tools will be made available on the Internet and can be customized to the country and culture.
- *Evaluation* will be incorporated into all programmes from their conception. It is critical to identify both successes and failures with the aim of replicating the former and avoiding the latter. Through evaluation, an inventory of good practices will be developed.
- *Networking for sustainability*: networking arrangements at the national, regional and international levels will continue to be promoted to bring enterprises and union representatives together to share information and pool resources. Business-community collaboration can also be promoted by linking network activities to community-wide action.

(c) Fund-raising

**69.** The drug and alcohol subprogramme's range of technical cooperation projects (Appendix IV) demonstrates that funding has been available for programme development in the past. The donor community has consistently shown its support and is likely to do so in the near future.

**70.** It is important that funding not only be maintained, but also expanded so that the components of this strategy can be implemented. Toward this end, steps can be taken to expand the donor community, including concrete steps to reach out to the private sector.

**71.** In pursuing a more proactive fund-raising campaign, promoting intra- and inter-agency collaboration will be crucial, especially reinforcing the existing partnership with UNDCP.

**72.** The workplace substance abuse prevention strategy outlined in this paper supports key components of the ILO's mandate: workers' safety, welfare and health; corporate responsibility; job security; workplace productivity; and social and economic improvement. It balances the concerns and interests of governments, employers and workers for the long-term benefit of all. It promotes a positive and humanitarian approach to an ever-increasing problem in virtually all societies -- the use and abuse of mood- and mind-altering substances.

\* \* \*

### **III. Conclusions**

**73.** The ILO needs to re-emphasize that the vision it embraces for the Disability and Drug and Alcohol subprogrammes fits squarely into its overall plans. These two specific groups have special needs and, as in the case of other groups with special needs, the ILO has to ensure that it is taking the right measures to provide support and assistance. More than any other international entity, the ILO is in a position to influence the world of work so as to provide feasible, sustainable and diversified forms of employment, jobs and livelihoods to these populations. Our responsibility in fostering the creation of more work opportunities, encouraging higher quality work opportunities and promoting equal opportunity in securing work are embedded in the ILO core mandates.

**74.** The strategies for the two subprogrammes, as outlined in paragraphs 30-44 and paragraphs 65-71, represent the ILO's present steps to move closer to actualizing this vision. The Committee may wish to take note of the Programme's activities and plans for the future and recommend that the Governing Body endorse the Programme's further development and expansion of activities.

Geneva, 8 October 1998.

*Point for decision:* Paragraph 74.

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## **Appendix I**

### **Current technical cooperation projects**

**Afghanistan**

*Comprehensive Disabled Afghan's Programme.*

Funded by UNDP.

**Angola**

*Vocational Training and Micro-Enterprise Promotion for Demobilized Soldiers.*

Funded by UNDP, Governments of the Netherlands, Norway and Sweden.

**Regional Asia and the Pacific**

*Integrating People with Disabilities into Mainstream Employment Services*

(China, Malaysia, Thailand and Vietnam).

Funded by ILO RBTC.

**Bosnia-Herzegovina**

*Job Creation for Persons with Disabilities.*

To be funded by Italy.

**Cambodia**

*Cambodian component of the ILO/Japan project Strengthening Labour Administration for Employment Promotion and Human Resource Development in Indochina.*

Funded by Japan.

**Central and Eastern Europe**

*Central and Eastern European Network to Promote the Vocational Integration of Vulnerable Groups.*

Funded by Germany.

**Democratic Republic of the Congo**

*Assistance for preparation of a socio-economic integration programme for vulnerable groups in the Congo.*

Funded by UNDP.

**Iraq**

*Vocational Rehabilitation for Disabled People.*

Funded by UNDP.

**Latin America**

*Mainstream Integration of Persons with Disabilities in Vocational Training Institutions.*

Funded by Spain.

**Morocco**

*Reinforcement of National Community-based Rehabilitation Programme for Persons with Disabilities.*

Funded by UNDP, Kingdom of Morocco, UNICEF and UNFPA.

**Namibia**

*Human Resources Development for Community-based Rehabilitation for Persons with Disabilities.*

Funded by Norway.

**Palestine**

*Programme for the Rehabilitation and Reintegration of Ex-detainees.*

Funded by the European Union, Swiss Development Cooperation and Italy.

*Producing Low-cost Wheelchairs Employing Disabled People.*

Funded by His Highness Sheikh Dr. Sultan Bin Mohammed El-Qassimi, Ruler of Sharjah (United Arab Emirates).

*Establishment of a Vocational Rehabilitation Centre for People with Disabilities.*

Funded by His Highness Sheikh Khatifa Bin Zayed Al-Nahayyan, Crown Prince of Abu Dhabi (United Arab Emirates).

**Syrian Arab Republic**

*Pilot study on Community-based rehabilitation.*

Funded by UNDP.

**United Arab Emirates**

*Promotion of Community-based Rehabilitation Services in Arab Gulf Countries.*

Funded by AGFUND.

**Yemen**

*Vocational rehabilitation for disabled people.*

Funded by UNDP.

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**Appendix II****Recent research**

## **1. International research project on job retention and return to work strategies for workers with disabilities (Phases I and II)**

The goal of this research project<sup>(11)</sup> is to stimulate a more effective interface between equal opportunity strategies, disability benefit systems, disability management practices and rehabilitation and support systems, thereby increasing the number of workers with disabilities who retain or return to employment. Research outcomes will emphasize the gains for governments, social security and insurance agencies, business, labour and disabled workers from joint strategies on job retention/return to work as the standard response to the occurrence of disability. The project will identify best practices and cost-effective approaches, and will prepare guidelines on how to put such strategies into practice.

"Stakeholders" from the eight initial participating countries (Canada, France, Germany, the Netherlands, New Zealand, Sweden, the United Kingdom, the United States) met in Washington in May 1998 to study a key issues paper and to identify priority problems, interesting practices and promising cost-effective strategies for in-depth analysis during the phase II research, currently under way. The final product will be a published report containing the findings of the phase II research as well as recommended policy guidelines.

## **2. International research project on enterprise-level policies and practices contributing to employment non-discrimination**

The aim of this research project<sup>(12)</sup> is to identify and disseminate information on good practices and ways to overcome barriers to equal access for persons with disabilities in the workplace. Existing human resource policies and practices, and the influence of socio-cultural, economic and health policy factors, are being examined. The focus of the project is enterprise practices within different legislative and regulatory frameworks. Countries participating in the two-year project include Australia, Poland, South Africa, the United Kingdom and the United States. The research findings will be used in the formulation of the draft Code of practice.

## **3. National strategies and actions to enhance access to training and employment opportunities for persons with disabilities**

This study is a summary review of the national reports submitted for the preparation of the ILO General Survey on Convention No. 159 and

Recommendation No. 168, which was considered by the Committee on the Application of Standards at the 86th Session of the International Labour Conference (June 1998).

The summary of the national survey reports showed that in the large majority of countries there is a strong link between the provisions of vocational rehabilitation and employment services for persons with disabilities. Increasingly, governments utilize existing services for workers generally and put affirmative action into practice by encouraging employers to train and hire people with disabilities. Such innovative approaches to integrating persons with disabilities into the open labour market can be seen as a success.

Finally, the study points to the fact that, in spite of encouraging progress made in affirmative action and equality legislation, the unemployment rate of persons with disabilities remains unacceptably high. The lowest employment outcomes can be found among people with intellectual and psychiatric disabilities. Furthermore, most reports did not reflect a special concern for the disadvantageous situation of women with disabilities. This aspect requires growing attention from governments, social partners and NGOs of and for people with disabilities.

#### **4. International research project on disability management in the workplace**

This research project<sup>(43)</sup> will contribute to the formulation of a draft ILO Code of Practice on the Management of Disability-related Issues in the Workplace. It examines the state of the art of disability management across a broad range of countries and enterprises, identifying and examining best practices and benchmarking models. Study countries include Australia, Canada, Germany, New Zealand and the United States.

Disability management is an approach based on a value system that recognizes and guards the dignity and rights of workers with disabilities during their return to work. It is workplace-based and is usually developed and implemented in cooperation with injured workers, labour unions and rehabilitation providers.

#### **5. International study on quota/levy systems and national rehabilitation funds**

This study looked at the experience of national rehabilitation funds and related quota/levy systems for the employment of persons with disabilities. The research culminated in an international conference in 1998 in Warsaw, at which representatives of governments, employers' and workers' organizations, disabled persons' organizations and national rehabilitation funds in countries with operating funds and quota systems (Austria, Belgium, France, Germany, Hungary, Japan, the Netherlands and Poland) shared information with representatives from countries considering their introduction (Belarus, Bulgaria, China, Croatia, the Czech Republic, Estonia, Lithuania, the Russian Federation and Ukraine).

## **6. International study on working conditions in sheltered employment**

This study examined working conditions in sheltered employment in some 20 countries with a view to identifying good practices, as well as formulating recommendations concerning disabled workers' rights in sheltered employment. In spite of the promotion of open, competitive employment for persons with disabilities worldwide, the number of sheltered facilities providing protective employment to disabled workers is increasing worldwide. The study also examined the reasons for this trend.

### **Recent publications**

*Employment prospects for disabled people in transition countries*, 1996.

*Assisting disabled persons in finding employment*, Robert Heron and Barbara Murray, 1997. Available in English, Vietnamese and Khmer.

*We can make it. Stories of disabled women in developing countries*, Susan Epstein, 1997. Available in English, Serbian and Spanish.

*Handbook on Accessibility and Tool Adaptions for Disabled Workers in Post-Conflict and Developing Countries*, David Dilli, 1997.

*Employment policies for disabled people in eighteen countries: A review*, Patricia Thornton and Neil Lunt, 1997, available in English and Spanish.

*Education, employment and training policies and programmes for youth with disabilities in four european countries*, Clemens Russells, 1998.

*Employment Quotas, Levies and National Rehabilitation Funds for Persons with Disabilities: Pointers for Policy and Practice.* Patricia Thornton, 1998.

*Les relations de travail en milieu protégé,* Laurent Visier, 1998.

*Capacity-building training package, including 12 modules on integrating persons with disabilities into mainstream vocational training institutions in Latin America, 1998,* available in Spanish.

*General Survey on the Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159) and Recommendation (No. 168), 1983,* International Labour Conference, 86th Session (1998), Geneva. Report III (1B), available in English, French, Spanish, Arabic, Chinese, German and Russian.

*A study of vocational rehabilitation, training and employment programmes for persons disabled by the conflict in Angola,* Elena Medi, 1998.

*Key issues: Job retention and return to work. Strategies for disabled workers* (1998), P. Thornton.

*Country studies: Job retention and return to work. Strategies for disabled workers:*

- United States (1998), P. O'Leary, D. Dean
- United Kingdom (1998), S. Duckworth, P. McGeer, D. Kearns and P. Thornton
- New Zealand (1998), R. Pernice, N. Lunt
- Netherlands (1998), B. Cuelenaere, R. Prins
- Germany (1998), M. Albrecht, H. Braun
- Canada (1998), M. Gunderson, A. Gildiner, A. King
- France (1998), P. Grapin, T. Lambert, N. Fradin, T. Tizroutine, D. Jafflin, C. Halimi,
- M. Coda-Vaillant, I. Mériam.

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### **Appendix III**

## **Types of workplace problems due to alcohol and drug misuse and associated impacts on workers,**

## enterprises, the economy and government

Type of problem	As experienced by			
	Workers and their families	Enterprise	Economy	Government
Workplace accidents	death or injury, pain and suffering, lost earnings	workers' compensation, liability costs, employer's share of medical costs	medical costs for treatment and rehabilitation	government expenditure for workers' health care, disability payments
Absenteeism	lost earnings, poor career advancement	lost productivity and lower profits	lost productivity and quality	foregone taxes due to lower earnings and profits
Turnover	unemployment, lost earnings, poor career advancement, stress, employee share of unemployment insurance	recruitment and training of replacements, loss of business experience and acumen	lost productivity and quality	foregone taxes due to lower earnings and profits, unemployment payments
Medical costs	employee's share of medical insurance	employer's share of medical insurance	health care costs	government expenditure for health care costs
Inappropriate behaviour (e.g. leading to disciplinary procedures)	poor career advancement, lower earnings, stress	management time, costs of disciplinary process, impact on company morale	costs of disciplinary process	foregone taxes due to lower earnings and profits
Loss of worker production	lost earnings	lower profits	lost productivity and quality	foregone taxes on earnings and profits
Theft and other crime	lost earnings	enterprise-paid security	property destruction,	law enforcement

		and crime prevention, lower profits and quality	e.g. due to vandalism (theft per se is a "transfer", not a cost to the economy)	
Co-worker relations and company morale	poor morale and interpersonal relations	lower quality and customer satisfaction	lower productivity and quality	foregone taxes due to lower productivity and profits

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#### **Appendix IV**

### **ILO drug and alcohol projects, 1989-99**

<b>Project</b>	<b>Geographic coverage</b>	<b>Source of funding</b>
Fourth International Private Sector Conference on Drugs in the Workplace and the Community* (1998-99)	Europe	UNDCP/City of Sundsvall, Sweden
Mobilizing Small Businesses to Prevent Substance Abuse (1996-99)	Egypt, India, Malaysia, South Africa, Zimbabwe	Norway
Mobilizing Enterprises and Workers to Prevent Substance Abuse in Central and Eastern Europe (1995-99)	Hungary, Latvia, Romania, Russian Fed., Slovenia, Ukraine	UNDCP
Developing Community Drug Rehabilitation and Workplace Prevention Programmes (1995-99)	India	UNDCP
Model Programmes of Alcohol and Drug Abuse Prevention among Workers and their Families (1992-98)	Egypt, Mexico, Namibia, Poland, Sri Lanka	UNDCP
Development of Measures to Reduce Drug and Alcohol Problems in the Maritime Industry (1992-97)	Global	UNDCP

Regional Training Programme on Addiction Rehabilitation (1994-97)	Asia and the Pacific	UNDCP
Prevention and Reduction of Drug and Alcohol Problems in the Workplace (1994-96)	Jamaica	UNDCP
Orientation and Programme Formulation Workshop on Workplace Initiatives against Drug and Alcohol Abuse in Chile (1994)	Chile	UNDCP
Development of Resource Centres on Drug and Alcohol Problems, Phase III (1993-96)	Zimbabwe	UNDCP
Establishment of resource centres for rehabilitation, workplace initiatives and community action on drugs and alcohol, Phase II (1993-95)	Malawi, Namibia, Tanzania and Zambia	Norway
International Tripartite Meeting on Drug and Alcohol Testing in the Workplace (1993)	International	UNDCP, Norway
Alcohol and Drugs in the Workplace -- Attitudes, Policies and Programmes in the European Community (1991-94)	Belgium, Denmark, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, United Kingdom	EC
International Information Exchange on Drugs in the Workplace (1991)	International	United States
Establishment of resource centres for rehabilitation, workplace initiatives and community action on drugs and alcohol, Phase I (1990-93)	Malawi, Namibia, Tanzania, Zambia	Norway
Orientation and Programme Formulation Workshop on Drug Rehabilitation for the Countries of the Middle East (1989)	Bahrain, Egypt, Jordan, Lebanon, Oman, Yemen, Qatar, Saudi Arabia, Syria, United Arab Emirates	UNDCP/ILO

\* This is the fourth in a series of conferences organized in collaboration with UNDCP and the host organization, the objectives of which are to mobilize the private sector and to promote partnerships between the corporate world and the

community for joint action against drug abuse.

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1. Driedger, Diane: "The last civil rights movement", in *Disabled Peoples' Journal*, St. Martin's Press, New York, 1989.

2. On the link between Conventions Nos. 111 and 159, see *General Survey on the Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159) and Recommendation (No. 168), 1983*, International Labour Conference, 86th Session, 1998, Report III (Part 1B), in particular paras. 244 ff.

3. At present, the disability subprogramme represents only 0.27 per cent of total ILO regular budget allocations for 1998-99.

4. For an explanation of the concept of mainstreaming, see para. 33.

5. GB.273/PFA/7.

6. Webb, G., Redman, S., Henrikus, D., Kelman, G., Gibberd, R. and Sanson-Fisher, R.: "The relationship between high-risk and problem drinking and occurrence of work injuries and related absences", in *Journal of Studies on Alcohol*, 55:434-446 (1994).

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10. <http://www.ilo.org/public/english/60empfor/drug/pub2.htm>.

11. This project is being undertaken in collaboration with the Social Policy Research Unit of the University of York, United Kingdom. It is a joint activity with members of the Global Applied Disability Research and Information Network on Employment and Training (GLADNET).

12. This project is being undertaken in collaboration with the Program on Employment and Disability of the School of Industrial and Labor Relations, Cornell University, United States.

13. This project is being undertaken in collaboration with the National Institute for Disability Management and Research, Canada.

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