# ‘YOUR RIGHTS, THE BEST MEDICINE’: UNION CAMPAIGN TO REDUCE PSYCHOTROPIC DRUGS IN RESIDENTIAL CARE

## Introduction

Drug consumption is a considerable public health problem in Spain, which leads members of the Organisation for Economic Co-operation and Development (OECD) in terms of benzodiazepine consumption and ranks first globally for the consumption of diazepam and lorazepam (United Nations, 2023). Furthermore, far from declining, Spain has seen a rising trend in the consumption of hypnotics and opioid analgesics in recent years (Plan Nacional de Drogas, 2024). A recent study showed that a significant part of the drug consumption among the Spanish working population could be attributable to work-related factors, particularly for women and manual workers (Esteve-Matalí et al., 2023).

The sectoral national federation of social and health services of the Spanish Workers' Commission trade union (FSS-CCOO, Federación de Servicios Sociosanitarios de Comisiones Obreras) is one of the most represented trade unions in the residential care sector at the national level. It developed a campaign among CCOO occupational safety and health (OSH) workers’ representatives at the workplace level to raise awareness of the necessity of reducing psychotropic drug consumption to cope with the working conditions in residential long-term care settings. The campaign was launched in 2018 with the support of public institutions and was motivated by research evidence on drug use in the sector.

This case study was developed using desk research (see relevant references) and interviews with representatives of the sectoral national federation of social and health services of FSS-CCOO.

This case study is part of a broader research project aimed at providing an overview of research on OSH in residential care work.[1]

## Description of the initiative

### Aims

The campaign ‘Your rights, the best medicine’ (‘Tus derechos, la mejor medicina’) aimed to address the significant consumption of pharmaceuticals and psychopharmaceuticals among female workers in nursing homes through union and preventative actions. The initiative was motivated by reports of increasing drug use among this group of workers. The campaign has brought attention to work-related musculoskeletal and psychosocial risks in the sector and to the prevention of psychosocial work-related risks at their source to reduce drug consumption.

[1] The full report — *Residential care workers: a comprehensive overview of occupational safety and health* — is available at https://osha.europa.eu/en/publications/residential-care-workers-comprehensive-overview-occupational-safety-and-health

Data from the Spanish Observatory on Drug and Addictions for 2019 had already revealed that the healthcare and social care sector, along with the domestic work subsector, showed a notably high prevalence of hypnotic sedative use, with rates of 8.7 % and 8.9 % respectively. These figures were only exceeded by the agricultural sector, which had a rate of 10.2 % (Observatorio Español de las Drogas y las Adicciones, 2021.)

The high consumption of medications among these workers is presented as a result of a highly demanding working environment in residential care settings, driven by heavy workloads, understaffing and the increasingly complex care needs of residents, work–family conflict and unpredictable working conditions (Llorens-Serrano et al., 2021). These working conditions result in physical and psychological damage that workers attempt to alleviate through by consuming hypnotics and other medications, usually beginning with painkillers and anti-inflammatories to manage pain and progressing to sedative consumption to combat anxiety and depression (CCOO-Aragón, 2021).

The trade union campaign stresses the need for comprehensive measures, including proper work-related risk assessments and changing resulting unhealthier working conditions at their origin, mainly by reducing psychosocial and musculoskeletal work-related risks, improved health surveillance, and adequate training covering technical and relational aspects of care work.




Source: 'Your rights, the best medicine' campaign's guide for workers' representatives, https://sanidad.ccoo.es/7d9d4ddf643f5eb78017aa947e9c4317000058.pdf

## What has been done and how

The initiative is structured in three phases following trade union goals and leveraging funding opportunities from the National Plan on Drugs (Plan Nacional de Drogas) and the State Foundation for Occupational Risk Prevention, FSP. (Fundación Estatal Para la Prevención de Riesgos Laborales):

- **Evidence and** knowledge: The first action involves reviewing secondary data sources, scientific evidence, and quantitative and qualitative research.
- **Awareness and sensitisation**: The second phase focuses on raising awareness of the issue. The intervention team prepared educational materials aimed at drawing attention to the inappropriate drug use among residential care workers. A guide titled *Your Rights, the Best Medicine* was created and distributed, with a warning message about the consumption of pharmaceuticals and hypnotics, specifically addressing the female nursing home workforce. The goal is to advocate for improved working conditions, recognising that better staff ratios, better scheduling and ergonomic measures are essential for reducing physical and mental workload and drug use in care work (CCOO, 2021).
- **Workers' representatives' co-design of preventive measures and dissemination**: The third phase involves providing information about scientific evidence of work-related psychosocial risks and their prevention at the source, thereby supporting unions' demands for improved working conditions.

## *Evidence on drug consumption patterns*

**One of the main results of the campaign is raising knowledge of drug consumption patterns by residential care workers through research actions conducted by different unions' regional federations (CCOO-Aragón, 2021).**

Survey data gathered among CCOO's members during the COVID-19 pandemic revealed a notable increase in the consumption of tranquillisers, sedatives and hypnotics, together with opioid analgesics among the general working population, particularly among residential care workers that persisted after a year. In particular, the survey highlighted the high rates of new users of tranquillisers, sedatives and hypnotics among geriatric nurses (23.4 %), which added to an already high rate of previous users (13.6 %). The same pattern was observed for opioid analgesics (19.6 % and 18.5 %, respectively) (Llorens-Serrano et al., 2021). Qualitative research by the regional union federation in Aragón, based on focus groups and in-depth interviews, aimed to understand the workers' perspectives, their working conditions and patterns of pharmaceutical and psychopharmaceutical consumption. Its findings revealed that the most frequently consumed medications include anti-inflammatories, analgesics, anxiolytics, hypnotics and antihypertensives, with ibuprofen and paracetamol being particularly common, alongside various sedatives for sleep and anxiety management.

The determining factor for regular use of medication is the persistence of pain and deteriorated physical and mental health. **Risky pharmaceutical consumption patterns among residential care workers show an incremental trend.** They typically begin with minor, accessible medication to address musculoskeletal pain or injuries caused by physical demands of care work, such as muscle relaxants, analgesics and anti-inflammatory drugs. As the underlying conditions persist without being addressed at their source, workers escalate to consuming anxiolytics to manage anxiety symptoms and depression stemming from the psychological burden of the work environment. Workers take medications to manage pain while continuing with the same work tasks, risking chronic problems or irreversible lesions while normalising consumption. Most medications are obtained through prescription from primary care and OSH services (CCOO-Aragón, 2021).

Another critical pattern in drug use is **polyconsumption**. Workers consume various pharmaceutical combinations, often with unintended consequences, where one medication has created side effects that need to be counteracted by additional drugs. Critically, workers often lack professional health surveillance and adequate medical monitoring, resulting in taking non-prescribed pharmaceuticals acquired through 'word-of-mouth' recommendations from colleagues who share medications with one another. Medication dose increases also result in side effects, including sleep issues, fatigue, anxiety, and digestive and cardiovascular disorders. This pattern perpetuates itself through tolerance development: as workers continue treating only symptoms while ignoring root causes, they require increasingly high doses of the same medications. Workers who develop **pharmaceutical dependence** complain of anxiety, psychological discomfort or muscle tension. Once workers become dependent on drug use, they feel they cannot cope with their workload without them (CCOO-Aragón, 2021).

**Box 1: Main drugs and pharmaceuticals used by residential care workers**

The main drugs and pharmaceutics used by residential care workers fall into three major categories:

- **Analgesics (Pain Relief Medications)**

  Minor analgesics such as ibuprofen, Nurofen or Voltaren relieve mild to moderate pain, including headaches and muscle discomfort and have local anti-inflammatory effects. Major analgesics, including opioids like morphine and codeine, act on the central nervous system and are used for severe, intolerable pain. Opioids may cause drowsiness and are typically reserved for intense pain management.

- **Anti-inflammatories**

  Non-steroidal anti-inflammatories like aspirin and ibuprofen treat pain and inflammation in musculoskeletal conditions. Steroidal anti-inflammatory drugs, such as deflazacort and dexamethasone, are synthetic or natural hormones to be used cautiously due to their side effects.

- **Psychotropic medications**

  Psychotropics are used to treat mental health conditions ranging from mild issues like insomnia and anxiety to severe disorders such as psychosis. Anxiolytics, mainly benzodiazepines, calm anxiety and muscle tension by slowing nervous activity, with several commonly prescribed types including diazepam and lorazepam. Hypnotics address sleep difficulties and include benzodiazepine-based and newer non-benzodiazepine drugs like zopiclone and zolpidem, which tend to cause less dependence and promote better sleep quality. Antidepressants, another major psychotropic group, treat depression by increasing neurotransmitter levels such as serotonin and norepinephrine.

Source: CCOO (2021).

## *Awareness and sensitisation*

A key outcome of the campaign involves developing guidelines and plans to direct union representatives' interventions in the workplace (CCOO, 2021). The progression from occasional use to dependent use occurs when workers adopt these medications as a coping mechanism to mitigate pain from physical overexertion at work and the experience of precarious working conditions. **The intervention strategy outlined in the campaign's guide emphasises that pharmaceutical dependency should not be treated solely as an individual issue; instead, the approach should address both its causes and consequences.** The causes are rooted in working and employment conditions, including low salaries, part-time work and variable scheduling, high quantitative and emotional demands, and work–family conflict. They are also related to personal habits and beliefs about the perceived safety or acceptability of drug use for coping with stress or physical pain. The effects are evident in the deterioration of health and dysfunction in task performance.

The preventive level of the intervention plan is based on the idea of anticipation, which requires the causes of the problem to be addressed. Preventative measures directed towards workers focus on raising awareness, and providing information and training. In contrast, preventative measures targeting the work environment involve addressing the working conditions that contribute to drug use among residential care workers, through workplace risk assessments and the subsequent organisational preventive measures.

- **Organisational preventive approaches** address specific risk factors in work organisation and working conditions associated with drug consumption. This includes the need to conduct more comprehensive risk assessments, including ergonomic and psychosocial evaluations in the workplace, and to implement subsequent organisational preventive measures. In this regard, the FSS-CCOO union has long appealed for the need to develop work-related psychosocial

risk prevention in residential care work as a path to changing the unhealthy design, organisation and management of work,[2] as for work-related musculoskeletal risks.[3]

- **Individual preventive measures** include awareness and activities that convey objective information through talks or materials, helping to dispel misconceptions about the effects of inappropriate pharmaceutical and drug use. Training addresses both the causes – such as personal risk factors and contextual elements like working conditions – and the effects, namely damage to health. This offers workers a new perspective highlighting that inappropriate usage and habits are not merely personal choices but are influenced by social and organisational factors. When workers grasp the root causes of the issue, they are more likely to collaborate in assessing and tackling risks they identify themselves. This approach also equips workers with protective factors, promoting healthier habits and alternative problem-solving methods that do not involve substance use.

## *Union workers' representatives' co-design of preventive measures and their dissemination*

At the time of writing this case study (May 2026), the co-design phase remains ongoing. A cornerstone of its activity is delivering workshops across different territories to empower CCOO's safety representatives in residential care establishments. These workshops are aimed at encouraging action at the workplace level, grounded on scientifically informed and socially contextualised knowledge, with the goal of ensuring workers' involvement in the design of organisational preventative interventions to manage psychosocial risks and drug consumption. These sessions aim to further implement the statutory rights drawn up under Article 15 of the Occupational Health and Safety Act, which mandates employers to implement the preventative measures that address risks at their source: avoiding risks, evaluating the risks that cannot be avoided, combating the risks at source and prioritising collective protective measures over individual ones. Articles 14, 18, 33, 34 and 36 mandate proactive trade union action relating to the right to information, consultation and negotiation.

The development of these workshops follows a structured plan. After establishing a conceptual framework that shows mental health issues and drug use are linked to work-related psychosocial risk exposure rather than personal traits or characteristics, the workshops focus on organisational factors like poor work design, organisation and management. Participants engage in collaborative task groups to design organisational interventions aimed at mitigating prevalent work-related psychosocial risks in residential long-term care: high quantitative demands, work–family conflict, low recognition and low control (low influence and skill discretion), alongside high emotional demands. The workshops culminate in concrete organisational proposals for work-related psychosocial risk reduction at both the company and establishment levels.

These workshops advocate for the structural changes necessary to prevent mental health issues, including drug consumption, which are currently addressed in residential care settings through a purely individualistic lens, if they are addressed at all. Current approaches are often characterised by medicalisation or sporadic psychological consultations, through procedural 'tick-box' compliance with specific statutory requirements, by focusing on rehabilitation without implementing preventative measures, or by focusing solely on rehabilitative measures rather than prevention.

Unions' proposed measures to address psychosocial risks for geriatric nursing assistants include a range of measures to increase staffing levels, as well as the reorganisation of task planning and work scheduling, some of which are summarised below.[4]

[2] More information is available at: https://istas.net/informacion-y-sensibilizacion-para-la-prevencion-de-riesgos-psicosociales-en-las-residencias-para, https://istas.net/sites/default/files/2018-10/Folleto%20Residencias4.pdf and https://porexperiencia.com/condiciones-laborales/como-prevenir-en-origen-los-riesgos-psicosociales-en-el-puesto-de-gerocultora/

[3] More information is available at: https://istas.net/sites/default/files/2018-10/Folleto%20Residencias4.pdf

[4] For detailed results of this co-creative process, a leaflet will be disseminated based on results of the project: *Primary prevention of psychosocial occupational risks and mental health disorders with a gender perspective in residential facilities*. https://1mayo.ccoo.es/Proyectos/PROYECTOS_FEPRL/AS2024-0015

**Adequate staffing levels**

- Increase funding levels to private providers to match those of the public sector, with strict public procurement criteria prioritising compliance with labour and social standards.
- Establish shift-based minimum staffing ratios, based on staff involved in direct care per shift, excluding non-care staff and those on leave (such as on sick leave or holidays).
- Establish specific ratios for high-dependency residents, adjusting the number of care assistants per shift to reflect the clinical needs and dependency levels of service users.
- Dynamic dependency review: Maintain up-to-date dependency records at both the facility and administrative levels. This requires a system for the automatic re-evaluation of resident dependency and the corresponding adjustment of staffing requirements.
- Compliance monitoring: Implement daily oversight of physical presence per shift (via digital time tracking or site inspections). This includes statutory financial penalties (fines) for providers per vacancy or absence when minimum ratios are not met.

**Work planning and scheduling**

- Implement realistic schedule planning by adjusting task durations according to the actual needs of residents and the availability of necessary equipment.
- Task prioritisation: Identify minimum times for essential tasks (e.g. nutrition, medication, transfers) while allowing for a more flexible work plan and reallocation of tasks.
- Administrative streamlining: Reduce the administrative burden by eliminating redundant records or ensuring these tasks are explicitly accounted for within the calculated workload and time allocation.
- Participatory planning: Facilitate the involvement of care assistants in periodic task planning. This includes establishing rotating floor representatives – care assistants chosen to regularly provide feedback to ensure that workload planning meets capacity.
- Job rotation: Schedule rotations between high-intensity and lower-intensity wards to balance physical and mental strain.
- Introduce a fixed annual schedule in consultation with staff. Establish a protocol for changes to the schedule to minimise managerial discretion, allowing for swaps and setting 24-hour notice periods for changes to the schedule. Grant workers the right to decide how to be compensated for overtime, and ensure there is respect for digital disconnection during rest periods.

## Success factors and challenges

The initiative has not yet concluded, and so it is not possible to assess its impact. The campaign highlights the link between the failure to mitigate work-related psychosocial and musculoskeletal risks in residential care and the emerging patterns of medication use. The relationships between work-related psychosocial and musculoskeletal risks and the use of psychotropic drugs remain insufficiently explored in research conducted within EU countries.

Despite legal mandates to prioritise risk prevention at its source, efforts to reduce work-related risks through changes in work organisation practices remain infrequent in Spain. This gap is also evident in the residential care sector, where public investment is increasingly channelled through private providers. These private companies often resort to labour cost-reduction strategies constrained by low levels of public funding. Such pressures undermine the development of OSH risk-prevention strategies and reduce the influence of workers' representatives in advocating for improvements to work organisation.

To address these challenges, a new fourth phase of the union campaign is being developed, to encourage collective bargaining negotiators to include concrete prevention proposals in national and regional sector-level collective agreements. Currently, success factors lean more towards shifting the focus beyond individual factors in addressing problematic drug consumption in residential care establishments. This shift is based on the collaboration between researchers and workers' representatives, fostering an evidence-based intervention that provides a stronger basis for trade unions' stance in relation to employers and public administrations.

## Transferability

The campaign could be replicated by union organisations in other countries with the support of public administrations. In Spain, the campaign expanded to other female-dominated service occupations that have similar patterns of drug consumption linked to working conditions, such as hotel maids. The high rate of use of tranquilisers and opioids (37.7 % and 33 %) among cleaners was found to be associated with high job strain and job insecurity (Utzet et al., 2024). Another study on home care assistants estimated that 40 % used tranquillisers or sedatives, nearly 80 % used anti-inflammatory or non-opioid painkillers, and about 25 % use opioids, with work-related factors being the primary reason for consumption (Fernández-Cano et al., 2023).




Note: in English, “The working conditions of hotel housekeepers are a risk factor for the consumption of medications, anti-inflammatories, analgesics, antidepressants, anxiolytics”.

Source: CCOO-Services Madrid.

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