Psychosocial Risk at Work and Hazardous Alcohol Consumption Among Chile's Working Adults

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ABSTRACT

OBJECTIVE: Karasek's demand-control model and Siegrist's effort-reward imbalance model have accumulated solid evidence regarding the associations between exposure to psychosocial risk at work (PSRW) and mental health of workers. However, there is scarce such evidence with regard to its associations with alcohol consumption. This study proposed to estimate the associations between exposure to PSRW and hazardous alcohol consumption (HAC) in Chile's working adult population.

METHOD: The study was cross-sectional and a nationally representative survey was applied to 3,010 workers (65% male and 35% female, ages 20 to 65). The analysis included prevalences and logistic regression controlling for covariables.

RESULTS: The adjusted analyses show that male workers exposed to low social support (OR=1.47; 95% CI:1.14-1.89), low reward (OR=1.38; 95% CI:1.07-1.78) and effort-reward imbalance (OR=1.34; 95% CI:1.04-1.73) have a higher chance of presenting with HAC compared to those who are not exposed. Female workers exposed to effort-reward imbalance (OR=2.34; 95% CI:1.10-5.58) have twice the risk of HAC compared with their reference group.

CONCLUSION: This study shows evidence of the associations between HAC and exposure to a set of psychosocial risk factors from the Karasek and Siegrist models. For future research, it is recommended that HAC and PSRW factors be examined in a longitudinal study in order to control for possible confounding effects on these associations.

KEY WORDS: Alcohol consumption; effort-reward imbalance; demand-control-support model; work stress

La traduction du résumé se trouve à la fin de l'article.

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I ncreasing awareness of mental health problems as a public health issue in Latin America and elsewhere has been a gradual process, driven primarily by four essential forces: the alarming worldwide prevalence;¹ the impact of these types of pathologies on disability and preventable death indicators;² recognition of the co-morbidity between these and other health problems;^{1,3} and the high economic burden associated with the availability of services⁴ and the loss of individual and organizational productivity.

In Chile, one of every 10 deaths is directly attributable to alcohol consumption; a 20% reduction in average consumption would prevent 1,380 deaths annually. Alcohol dependency is among the top five diseases causing loss of years of life due to premature death and preventable disability (DALY) for men and women in Chile.⁵

The relationships between alcohol consumption and work have been widely documented, showing the highest associations in certain economic sectors, such as construction,⁶ and in the lowest occupational levels.⁷ The first National Survey on Employment, Work, Health and Quality of Life (ENETS 2009-2010)⁸ in Chile found a hazardous alcohol consumption, (hereinafter HAC, and consisting of consumption 2 to 4 times per week) rate of 22% (32% among males and 11.5% among females). However, the reported prevalence among males and females is not enough to understand differences in consumption. The patterns and effects on health of consumption by gender are quite disparate⁹ and are related to socio-cultural transformations. One of the most important of these is female entry into the labour market and promotion to the highest occupational levels.¹⁰

Work plays a fundamental role in psychological health. However, current modes of work organization characterized by processes of intensification, flexibilization and increased precariousness of working conditions have resulted in increased job insecurity.¹¹ These processes make demands on the worker both emotionally and cognitively, which translate into an increase in the psychic and mental burden of work for people, generating different risks to human health. In today's workplace settings, traditional physical-environment risks coexist with so-called psychosocial risks at work (PSRW).¹²

Among the most-used measures of psychosocial factors at work are Karasek and Theorell's demand-control-support model¹³ and Siegrist's effort-reward imbalance model,¹⁴ which explain stress mechanisms related to psychosocial environment in the workplace. Karasek's model operates with a main hypothesis: high psycholog-

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ical demands at work in addition to scarce latitude in decision-making increase the chance of experiencing significant job strain and become a precursor to physical and mental health problems. Social support in the workplace is a moderator of job strain.

Siegrist's effort-reward imbalance (hereinafter ERI) model¹⁴ proposes that people who are exposed to ERI over the long run increase their susceptibility to illness as a result of continual strain reaction. Effort represents work demands while rewards are provided in terms of esteem, recognition, salary and professional opportunities. The model also includes a personal variable called overcommitment, which describes a motivational pattern of excessive commitment to work and a high need for personal approval.

The available evidence shows associations between exposure to PSRW and increased risk of mental pathology¹⁵ and PSRW and depressive disorders,¹⁶ yet such evidence is scarce and inconsistent in relation to alcohol consumption. Longitudinal studies have shown that low work control and low social support were related to later alcohol abuse among young men,¹⁷ and that low social support and low control at work among women and among men, respectively, were related to alcohol consumption.¹⁸ In addition, effort-reward imbalance was related to subsequent alcohol dependence in men.¹⁹ Bobak et al. found that alcohol consumption and problem drinking were associated with the effort-reward ratio, and that the effects remained but decreased when adjusted for depressive symptoms.²⁰ Other studies have not found clear associations between PSRW and alcohol consumption. The imprecision of the data may be due to study design (cross-sectional) or a small statistical power to estimate the associations, and to the longitudinal design study, due to changes in occupational status of participants.^{21,22}

In Chile, there are no studies that analyze the associations between exposure to these adverse factors in the workplace and alcohol consumption. Therefore, this study proposed to estimate the associations between exposure to PSRW and hazardous alcohol consumption, adjusting for covariables in Chile's working population. We hypothesized that workers exposed to PSRW have a higher chance of HAC, and that there are differences in HAC and PSRW prevalences between male and female workers.

MATERIAL AND METHODS

Study design

We analyzed data of the Work and Health Conditions survey conducted as part of the "Policies and Practices Associated with Mental Health and Work in Chile: A Gender Perspective" (2007-2012) project financed by the Global Health Research Initiative (GHRI) of the International Development Research Centre (IDRC-Canada). The study was carried out by researchers at the Women's Studies Center (Centro de Estudios de la Mujer) in Chile and by researchers at Canadian universities who have a large previous and concurrent work on this subpopulation. The random study sampling was established in four stages: i) selection of municipalities in regions; ii) selection of blocks in municipalities; iii) selection of households in blocks; and iv) selection of individuals within households. All the questionnaires were administered in the households by trained interviewers from April to July 2010. The sample has an over-representation of females in order to obtain an equivalent sample for both genders*.

* This meant that we included more female workers than the real proportion in the labour market.

The study was approved by the ethics committees of the University of Ottawa in Canada and the Universidad Diego Portales in Chile.

The sample includes 3,010 salaried, working males and females aged 20 to 65 years cross-section of all socio-economic levels and live in urban areas in Chile. Because our focus was on an economically active population receiving wages for formal work and therefore possibly exposed to PSRW, the members of the armed forces and the police, domestic workers, self-employed workers, and non-remunerated family members were excluded. All participants signed an informed consent form with express guarantees of ethical safeguards.

The survey included two scales for evaluating exposure to PSRW: Karasek's Job Content Questionnaire (JCQ) in its Canadian version,²³ and the short version in Spanish of Siegrist's²⁴ ERI test. Following the suggestions made in the validation process in Chile,²⁵ the demand-control scale contains 16 items, to which was added an emotional demand scale (4 items). The brief scale of the ERI (effort-reward imbalance) is composed of 10 items. Both scales use a Likert measurement scale with four alternatives (1 corresponds to strongly disagree and 4 to strongly agree). The reliability and validity of these scales have been demonstrated for the Chilean population: both models show a good structural fit (Karasek: RMSEA=0.051 and CFI=0.97; Siegrist: RMSEA=0.054 and CFI=0.98).²⁵

Exposure variables

The instrument used to evaluate psychosocial dimensions at work included the three Karasek model dimensions (psychological demands, decisional latitude and social support) and two Siegrist model dimensions (effort and reward).

Psychological Demand: set of cognitive and psychic demands related to the quantity and/or volume of work, complexity of tasks and other time impositions, level of attention and unexpected interruptions. We added a scale of emotional demands.

Decision Latitude: degree of freedom that people have to decide how to perform their work (autonomous decision-making) and to influence the way in which tasks are completed at work. It also includes autonomy with respect to use and development of qualifications.

Social Support: perception that peers and/or superiors are providing instrumental collaboration (to complete work) and emotional collaboration (to address non-work issues while in the workplace).

Extrinsic Effort: includes the quantity of tasks, the pace at which they are performed and interruptions experienced during work.

Reward: related to social reward (esteem and respect), organizational reward (promotion at work and job security/stability) and economic reward (salary).

These dimensions were dichotomized, using as reference the validation study.²⁵ To construct the job strain dimension, a combination of high psychological demand and low decision latitude was used. To construct the isostrain dimension, a combination of high job strain and low work-related social support was used; the effort-reward imbalance is a ratio that represents the combination of high effort and low reward.

Even though the variables "effort" and "psychological demands" are very close dimensions, these will be treated as independent dimensions, since we are interested in analyzing for each model of psychosocial risk and in determining whether there are differences between them.

* The percentages reported include the expanded data.

Hazardous alcohol consumption was measured using the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization and validated in Chile by Alvarado et al.²⁶ It includes 10 items and 3 dimensions: hazardous consumption, dependency symptoms and harmful consumption. Hazardous consumption was defined by a score of six points or more for the 10 items.²⁶ The reliability of the instrument (Cronbach's alpha) for this sample was 0.80.

In addition to the psychosocial dimensions of work, the following covariables were considered:

- ## Statistical analysis

All analyses were stratified by sex. We analyzed the prevalences and the differences in exposure to PSRW and HAC according to sex by

Chi-square (χ^2). Using bivariate analysis logistic regression (OR, 95% CI), we analyzed the chance of presenting HAC as the set of covariates by sex. Finally, using logistic regression, we conducted a multivariate analysis to estimate the chance of increasing the risk of occurrence of HAC exposure as a result of PSRW, adjusting for potential confounders. The adjusted model included variables that showed significant associations with HAC by sex, because gender showed the major effect size with the outcome variable and we need to include in the adjusted models the gender-specific covariables. All analyses were stratified by sex, performed using weighted data to ensure the representativeness of the study, and with STATA statistical analysis software version 11.0.

As shown in Table 1, the sample was composed of 65% males and 35% females. Thirteen percent of the sample presented with HAC (3% of females and 18% of males) and 9% presented with depressive symptoms in the previous year. The largest proportions of the sample population worked in community services (27%), retail (20%) and construction (12%). Of the sample, 36% belonged to the lowest socio-economic stratum and 31% indicated that their income was insufficient and they faced moderate or great economic hardship. In relation to employment variables, one fifth of the population reported at least one instance of contractual precariousness; 16% had been unemployed during the previous year; 13% worked in unskilled jobs; and one in five worked at night or did shift work.

In relation to the prevalence of exposure to PSRW according to Karasek's demand-control model and Siegrist's effort-reward imbalance model, we found that 35% of the sample reported low decision latitude, 47% faced high psychological demands and 35% experienced low social support. Likewise, 18% were exposed to job strain and 10% to isostrain. In addition, 50% presented an imbalance between effort invested and reward received at work. Females presented with greater exposure to PSRW than males, and the dif-

Table 2. Differences in Prevalence (%) of Exposure to Psychosocial Risk at Work Among Adult Male and Female Chilean Workers (n=3010)

	Males % (N)	Females % (N)	Total % (N)	p*	Missing%
Low decision latitude	34 (532)	38 (573)	35 (1105)	0.04	0.9
High psychological demands	44 (639)	53 (767)	47 (1406)	0.07	1.3
Low social support	35 (525)	35 (518)	35 (1043)	0.75	3.5
Job strain	14 (216)	19 (279)	18 (495)	<0.001	2.1
Isostrain (Job strain + low social support)	9 (135)	12 (172)	10 (307)	0.01	5.4
High effort	27 (398)	30 (436)	28 (834)	0.17	0.2
Low reward	44 (636)	48 (694)	45 (1330)	0.04	5.5
Effort-reward imbalance	49 (691)	51 (727)	50 (1418)	0.32	5.7

p*= global test of Chi-square(χ^2).**Table 3.** Prevalence of Hazardous Alcohol Consumption (HAC) and Associations With Covariables (Odds Ratio Logistic)

	HAC Prevalence (%)		OR HAC	
	Males	Females	Males OR 95% CI	Females OR 95% CI
Socio-economic Variables				
Sex	18.2	3.0	6.38 (4.47-9.10)	0.15 (0.10-0.22)
Age (Years)				
≥50	12.2	0.9	1	1
40-49	11.4	1.3	0.92 (0.63-1.35)	1.50 (0.24-9.15)
30-39	22.3	3.2	2.05 (1.45-2.90)	3.71 (0.76-18.05)
20-29	27.9	6.7	2.77 (1.97-3.89)	8.02 (1.77-36.16)
Partner (without)	23.7	3.8	1.63 (1.28-2.07)	1.39 (0.69-2.79)
Socio-economic level (low)	23.4	3.4	1.67 (1.33-2.11)	1.01 (0.50-2.02)
Economic hardship	18.6	3.9	1.05 (0.82-1.35)	1.41 (0.70-2.87)
Health Indicators				
Stressful life situation (with)	21.1	3.3	1.24 (0.93-1.66)	0.97 (0.40-2.35)
Chronic illness (with)	20.5	3.2	1.19 (0.87-1.61)	1.00 (0.44-2.25)
Depressive symptoms	26.5	2.8	1.58 (1.00-2.49)	1.29 (0.54-3.06)
Job Quality				
Position tenure (>6 months)	16.1	2.3	0.47 (0.35-0.63)	0.25 (0.12-0.51)
Unskilled work	26.5	2.8	1.75 (1.27-2.40)	0.80 (0.29-2.14)
Shift work	17.3	4.7	0.93 (0.71-1.22)	1.50 (0.62-3.58)
Precarious contract (at least one)	21.7	1.5	1.34 (1.03-1.74)	0.37 (0.12-1.17)
Unemployment (previous 12 months)	29.8	6.6	2.21 (1.67-2.92)	2.50 (1.20-5.21)
Dual Roles				
Work family interference	16.4	4.3	0.87 (0.60-1.27)	1.39 (0.67-2.90)
Economic Sector				
Community services	14.5	3.0	1	1
Retail	18.8	1.6	0.92 (0.60-1.39)	1.32 (0.56-3.12)
Construction	22.0	2.0	1.76 (1.19-2.59)	1.91 (0.40-9.11)
Industry	23.0	5.6	1.64 (1.07-2.54)	0.66 (0.10-4.07)
Other services	24.0	2.3	1.08 (0.64-1.81)	0.40 (0.05-3.26)
Transport	13.5	3.9	1.42 (0.87-2.31)	2.17 (0.56-3.12)
Agriculture	19.5	6.3	1.85 (1.11-3.08)	0.76 (0.12-4.74)
Mining	18.8	5.7	1.36 (0.76-2.43)	0.53 (0.07-38.3)

Source: 2011 research data.

OR=Odds Ratio; HAC=Hazardous Alcohol Consumption.

ferences were significant in terms of low decision latitude, job strain, isostrain and low reward (see Table 2).

As shown in Table 3, males who: were younger (OR=2.77); did not have a partner (OR=1.63); belonged to the lowest socio-economic level (OR=1.67); reported depressive symptoms (OR=1.58); worked in unskilled jobs (OR=1.75); had a precarious work contract (OR=1.34); had been unemployed in the previous 12 months (OR=2.21); or worked in construction (OR=1.76), industry (OR=1.64) or agriculture (OR=1.85), had higher HAC than the reference groups. Among female workers, being younger (OR=8.02) and having been unemployed in the previous 12 months (OR=2.50) increased the chance of HAC compared with the reference group. For both males and females, job tenure of more than six months was a protective factor for HAC.

Finally, using multiple logistic regression, we analyzed the associations between exposure to PSRW and HAC results. In order to adjust the analysis, we took into consideration the contribution of mediator factors to associations between covariables and HAC by

gender (Table 3). The crude analyses showed that workers exposed to low social support (OR= 1.42), low reward (OR=1.38) and effort-reward imbalance (OR=1.44) had a chance almost 1.5 times greater of presenting with hazardous alcohol consumption when compared to workers not exposed to PSRW (Table 4). When stratifying by sex, for females the reward and social support variables lost significance and the chance of risk was significantly increased by the effort-reward imbalance variable (OR=2.43). For males, the chance of HAC was increased for social support (OR=1.46) and reward (OR=1.47) (Table 4).

The adjusted analyses show that the associations increased slightly for effort-reward imbalance among females (OR=2.48), and decreased for social support (OR=1.44), low reward (OR=1.34) and effort-reward imbalance among males (OR=1.36) (Table 4).

DISCUSSION

One limitation of this study relates to the proportion of responses (57%). Since we have no information on the reasons for non-

Table 4. Associations Between Exposure to PSRW (Demand-control and Effort-reward Imbalance Models) With Hazardous Alcohol Consumption (HAC) in Male and Female Chilean Working Adults (n=3010)

	Crude OR						Adjusted OR			
	Total		Males		Females		Males		Females	
	OR	95% CI	OR	95% CI	OR	95% CI	OR1	95% CI	OR2	95% CI
Demand-Control Model										
Low decision latitude	1.10	(0.88-1.38)	1.23	(0.97-1.56)	0.76	(0.36-1.59)	1.00	(0.76-1.31)	0.75	(0.35-1.60)
High psychological demands	0.95	(0.76-1.17)	0.99	(0.78-1.24)	1.80	(0.87-3.73)	1.15	(0.89-1.47)	2.02	(0.96-4.23)
Low social support	1.42	(1.14-1.78)	1.46	(1.15-1.85)	1.49	(0.74-3.01)	1.44	(1.12-1.86)	1.46	(0.71-3.00)
Job strain	1.10	(0.82-1.46)	1.29	(0.95-1.77)	0.88	(0.34-2.23)	1.25	(0.89-1.75)	0.85	(0.33-2.21)
Isostrain (Job strain + low social support)	1.23	(0.87-1.73)	1.41	(0.97-2.06)	1.30	(0.47-3.62)	1.34	(0.90-2.01)	1.22	(0.43-3.45)
Effort-Reward Imbalance Model										
High effort	0.99	(0.78-1.26)	1.01	(0.78-1.31)	1.19	(0.58-2.44)	1.06	(0.80-1.40)	1.27	(0.61-2.63)
Low reward	1.38	(1.11-1.72)	1.47	(1.16-1.86)	1.62	(0.77-3.40)	1.34	(1.04-1.73)	1.75	(0.82-3.72)
Effort-reward imbalance	1.44	(1.15-1.80)	1.44	(1.13-1.82)	2.43	(1.09-5.40)	1.36	(1.05-1.75)	2.48	(1.10-5.58)

OR= Crude analyses of exposure to PSRW factors and hazardous alcohol consumption, in males, females and total sample.

OR1: Odds ratio adjusted by age (20-29, 30-39, 40-49, 50 reference group), living without a partner, socio-economic status (low=1, middle and high =0), depression symptoms, job tenure (<6 months =1), unskilled work, at least one instance of contractual precariousness, unemployment, and economic sector (community service as reference) among male workers.

OR2: Odds ratio adjusted by age (20-29, 30-39, 40-49, 50 reference group), job tenure (<6 months =1) and unemployment among female workers.

participation, it is not possible to say whether the group of workers who did not respond to the survey differs from the group who took part, a limitation that could introduce biases. However, the prevalence of hazardous alcohol consumption in the sample is less than that reported in other national studies among workers (22%),⁸ therefore we believe it is possible that the data may be an underestimation, which may result in a loss of power in the analysis association.

While other limitations of this study include its cross-sectional design and the resulting inability to establish causality, its strength is that the data reported here establish the first national diagnosis of the associations between PSRW exposure and HAC, taking into consideration that it is a population-based study with a representative sample. Longitudinal studies are needed to determine relationships of causality, and qualitative analyses should be undertaken to provide more in-depth findings.

The associations between work stress and mental health have been widely analyzed. Previous studies have shown evidence of associations between work stress and alcohol consumption,²⁷ and that there is an increased risk of consumption for certain occupations,⁶ however, there is scarce international evidence regarding associations between exposure to PSRW and HAC. The support provided by IDRC allowed Canadian and Chilean researchers to analyze this specific topic related to HAC and PSRW in the Chilean population.

The results showed that rates of HAC in Chilean working adults were similar to those in working adults worldwide: the HAC prevalence was greater for males (18%) than females (3%), for younger compared to older males (28% among younger males), and in some economic sectors such as industry (23% males and 6% females), agriculture (males 20% and females 6%) and construction for males (22%). Therefore, the chance of HAC was greater among males (OR=6.38) than females and significantly greater among younger compared to older people (OR=2.77 for males, OR=8.02 for females). Consumption was higher for those who were unemployed (OR=2.21 for males, OR=2.50 for females) and for males working in certain sectors of the economy (agriculture OR=1.85; construction OR=1.76; industry OR=1.64), while the community services sectors were protective (OR=0.50).^{1,3,6}

Our study showed significant differences between genders. Females showed a higher prevalence of exposure to PSRW than

males. The data reported in this study coincide with what the literature has indicated regarding the associations between PSRW and HAC, particularly with respect to exposure to low social support for males (OR=1.44),^{17,18} and effort-reward imbalance for males and females (strong associations among females, OR=2.48)^{19,20} after adjusting. The associations remained, even when adjusting for symptoms of depression, protecting against possible confusion of the effects as indicated in the literature.²⁰ Therefore, the contribution of this study consists of evidence concerning the associations between exposure to a set of psychosocial risk factors from the Karasek and Siegrist models and HAC.

In our study, Siegrist model variables are more closely related to HAC than are those of the Karasek model, which can be explained by taking into consideration the biological and psychological plausibility of the two models. In both cases, there is a gap between demand and available coping resources (personal, interpersonal and material), which creates a threat to social recognition (esteem, status) and to personal control (risk of failure of performance) for the Siegrist and the Karasek model, respectively. Both models showed that activation of the autonomic nervous system triggers negative affects (in the case of loss of control) and harmful-to-health behaviours (in the case of lack of recognition). In terms of the biological pathway, lack of recognition has been linked to the recognition system of the brain (amygdala) while lack of control has been linked to the hippocampus.²⁸ Furthermore, lack of recognition has been associated with addictive behaviours or adverse health behaviours, including risky alcohol consumption.²⁸

We state that job stability is a protective factor against alcohol consumption. We based this on the following evidence: people with a lower employment status have a higher risk of alcohol consumption;²⁹ there are associations between being unemployed and alcohol consumption; and finally, we found years of tenure in a position to be a protective factor in relation to hazardous alcohol consumption.

For future studies, it will be important to consider the moderator/mediator role of other variables (consumption expectations/strain reduction, Frone's model, 1999³⁰) to control for the possible confounder effect of the associations between HAC and the factors of PSRW. In addition, the associations between exposures to other risk variables for psychological health in the workplace must be analyzed. For example, unreported data have shown strong associ-

ations between psychological harassment in the workplace and HAC among working women (OR>2.5).

Likewise, analyzing the differences in prevalence, patterns and effects of consumption among males and females is important, as increasing consumption with negative consequences for females has been documented. The evidence indicates that alcohol is no longer a health problem exclusive to males.^{11,19,21}

In conclusion, the alarming data on DALY related to alcohol consumption and the data reported here indicate that we are facing a complex public health problem. Because it is not an obvious assumption that mental health problems are related to work, it is important to identify the relationship between alcohol consumption and work organization. Having identified the relationship, there are two ways to address the problem. First, public health authorities need to perform epidemiological surveillance in order to identify targeted worker populations who are more exposed to this type of workplace hazard, and specifically, in which of these it is possible to observe the relationships between alcohol and this kind of risk. Second, public health authorities must offer specific interventions to prevent alcohol consumption in populations at risk, as well as provide proper treatment for affected populations. Proper treatment refers to a treatment that considers labour as an important etiologic factor. Mental health problems related to work require both, a workplace intervention and a work-oriented therapy, to deal with the etiology of the problem. The lack of recognition of the workplace origins of mental pathologies affects the possibility of implementing corrective and preventive measures in workplaces and may compromise the effectiveness or even the execution of treatment in an adequate and timely way. Given this situation, it is important that public health authorities review current workplace health policies. Today, it is a fact that typical policies tend to focus on a victim-blaming approach (centered on health habits) to reduce alcohol consumption, instead of focusing on a primary prevention approach centered on reducing risk factors, mainly related to occupation. The latter approach is important and more efficient (or effective) from a public health perspective. Finally, these results offer the possibility to prevent this important public health problem, in any country, as they have external validity that could apply to other populations, such as Canadian workers.

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RÉSUMÉ

OBJECTIF : Le modèle « Demande-Latitude » de Karasek et le modèle « Déséquilibre Efforts/Reconnaissance » de Siegrist accumulent des preuves solides sur les associations entre l'exposition aux risques psychosociaux au travail (RPT) et la santé mentale des travailleurs. Cependant, il existe peu de preuves de la sorte en ce qui a trait aux associations entre les RPT et la consommation d'alcool. Nous avons voulu estimer les associations entre l'exposition aux RPT et la consommation dangereuse d'alcool (CDA) dans la population active d'âge adulte du Chili.

MÉTHODE : Une enquête représentative nationale transversale a été menée auprès de 3 010 travailleurs (65 % d'hommes et 35 % de femmes, 20 à 65 ans). L'analyse a inclus le calcul des prévalences et de la régression logistique après ajustement pour tenir compte des effets des covariables.

RÉSULTATS : Les analyses ajustées montrent que les travailleurs masculins exposés à un faible soutien social (RC=1,47; IC de 95 % : 1,14-

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1,89), à une faible reconnaissance ($RC=1,38$; IC de 95 % : 1,07-1,78) et à un déséquilibre efforts/reconnaissance ($RC=1,34$; IC de 95 % : 1,04-1,73) ont une probabilité supérieure de présenter une CDA comparativement aux travailleurs non exposés. Les travailleuses exposées à un déséquilibre efforts/reconnaissance ($RC=2,34$; IC de 95 % : 1,10-5,58) ont un risque deux fois supérieur de présenter une CDA comparativement à leur groupe témoin.

CONCLUSION : Cette étude prouve qu'il existe des associations entre la CDA et l'exposition à un ensemble de facteurs de risque psychosociaux tirés des modèles de Karasek et de Siegrist. Pour pousser la recherche, il est recommandé d'examiner les facteurs de la CDA et des RPT dans une étude longitudinale afin de tenir compte des effets de facteurs de confusion possibles sur ces associations.

MOTS CLÉS : consommation d'alcool; déséquilibre efforts/reconnaissance; modèle demande-latitude-soutien; stress professionnel