



**Testimony before the Mine Safety and Health Administration Hearing on Proposed
Rulemaking Regarding Impairment from Alcohol and Other Drugs**

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Mr. Baughman and MSHA colleagues, my name is Eric Goplerud. I am a research scientist at George Washington Medical Center, and the director of Ensuring Solutions to Alcohol Problems, a research and education project based at the George Washington University Medical Center. We help business leaders, policymakers, and physicians develop solutions to alcohol problems.

First, let me thank this committee for having the foresight and the wisdom to focus on an issue that is one of the most critical problems affecting American employers: the negative impact of alcohol on workplace safety and productivity.

About 9% of working adults suffer from alcohol problems. Their employers and colleagues suffer too. Employees with alcohol problems are likely to miss more days of work, have lower productivity, and have higher medical costs than employees without alcohol problems. In addition, there is clear evidence that alcohol misuse – even outside of working hours – increases the risk of workplace accidents, injuries and fatalities.

In preparation for this hearing, my colleagues and I have conducted a detailed analysis of existing data sources to determine the scope of alcohol problems in mining. We looked at NESARC (the National Epidemiological Survey on Alcohol and Related Conditions) which interviewed more than 42,000 Americans about drinking and health, and the National Survey on Drug Use and Health which interviews more than 70,000 people annually.

Without question, the mining industry faces a significant problem. Compared to other industries, mining has a prevalence of alcohol problems that is more than 60 percent higher than average.

Why is this? Because occupations with a higher proportion of male employees –have higher rates of alcohol problems. Nearly nine out of ten miners are men. Our analysis of the National Epidemiological Survey on Alcohol and Related Conditions finds that miners are 70% more likely to drive drunk than the average employee and significantly more likely to binge drink.

Mines can be dangerous places with heavy machinery, explosives, uncertain footing, and difficult work requiring careful concentration. These things do not go well with alcohol. I've studied alcohol and the workplace for a long time – it doesn't take a Ph.D. to know that drinking and dynamite don't mix.

Based on what I have read about these hearings before today, I know that the industry is interested in federal drug-free workplace guidelines and drug testing. Implementing drug-free workplace policies is worthwhile for any industry. And drug testing – both prior to and during employment – has been shown to reduce the use of illicit drugs. But these steps are not sufficient for the prevention and treatment of alcohol problems.

Alcohol is a legal drug. Alcohol use is embedded in our culture. From big-time sports to family meals, alcohol is used by the majority of adult Americans. Testing for alcohol may help prevent intoxicated workers from operating a backhoe, but it will not help to identify workers with off-duty alcohol problems; it will not prevent the development of alcohol problems; and it will not help to rehabilitate a valuable employee who succumbs to an alcohol problem.

There are three key components to dealing with alcohol problems:

First, we need to do a better job finding workers with alcohol problems. Not to punish them, but to help identify problems before they affect safety. Safety is a function of having a good system. With an effective approach to screening and treating employees with alcohol problems, mines can support safety by providing access to treatment.

To give you some idea of where American employers are with identifying alcohol problems, Ensuring Solutions research shows that most health plans are finding less than ten percent of people with alcohol problems. With other chronic diseases (like heart disease, diabetes, and depression), health plans identify more than 60%.

Second, we need to provide the employee with an alcohol problem a way to get help. The help available shouldn't be any different than the help available for other health concerns. An employee with an alcohol problem should not have to pay a higher deductible or sit on a waiting list for treatment. Again, access to treatment is essential to safety. Without a way to resolve an alcohol problem, most employees will hide their problem and increase the likelihood of an accident.

Third, we need to provide workplace policies that support treatment and recovery from alcohol problems. Every employer should have clear policies regarding alcohol use and how to address problems. Rules, and consequences for breaking them, are an important part of such policies. But unclear or unnecessarily punitive policies may discourage employees from seeking treatment. The goal is to strike a balance between the safety needs of the employer, and the health and well-being of the employee.

The Mining Industry Resource Manual on Alcohol and Drug Abuse already recommends the use of employee assistance programs, which link the workplace with professional resources to help employees with drug or alcohol problems. This is an excellent recommendation. In general, employees helped by an employee assistance program report fewer substance use and mental health problems, fewer symptoms of poor health, better job attendance, and greater job satisfaction. An EAP can also help create a health promotion strategy to teach employees about safe alcohol use, prevent problems before they develop, and identify problems before they become severe.

In addition, an EAP provider could also help establish a program of routine screening and brief intervention. This is a promising approach that involves regular screening of patients and early intervention if alcohol problems are identified. Mines with on-site clinics could easily implement this procedure and there is evidence that doing so would save more than two dollars in health care costs for every dollar invested in treatment.

Thank you very much for your time. I would be happy to entertain any questions.

THE USE AND IMPACT OF ALCOHOL IN THE MINING INDUSTRY:
Findings from the National Epidemiologic Survey on Alcohol and Related Conditions and the
National Survey on Drug Use and Health

RESULTS FROM THE 2001 NESARC	MINING INDUSTRY	OTHER INDUSTRIES
Prevalence of alcohol dependence and abuse*	15.8%	9.8%
Percentage of workers driving under the influence of alcohol**	39.7%	23.4%
Percentage of workers having legal problems or arrested because of drinking***	15.3%	9.0%

* $\chi^2=15.32$, $p<.0001$; ** $\chi^2=15.26$, $p<.0001$; *** $\chi^2=17.45$, $p<.0001$

The above findings are supported by analysis of the 2002 and 2003 NSDUH where we found a significantly greater frequency of binge drinking among miners compared to workers in other industries as measured by the number of occasions in the past 30 days having had five or more drinks (t-value=2.23, $p=0.028$). Increased frequencies were also found in the percentage reporting to have driven under the influence of drugs or alcohol in the past 12 months as well as the percentage reporting to have ever been booked for breaking the law among workers of the mining industries compared to other industries.