

Department of Labor • Mine Safety and Health Administration • Joseph A. Holmes Safety Association

BULLETIN

SPECIAL ISSUE

COAL metal

**SUBSTANCE ABUSE
IN THE WORKPLACE**



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The Department of Labor, Mine Safety and Health Administration and Joseph A. Holmes Safety Association Bulletin contains safety articles on a variety of subjects: fatal accident abstracts, studies, posters, and other health and safety-related topics. This information is provided free of charge and is designed to assist in presentations to groups of mine and plant workers during on-the-job safety meetings. For more information, visit the MSHA home page at www.msha.gov.

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Dear Joseph A. Holmes Members,

We devote this special edition of the Joseph A. Holmes Safety Association (JAHSA) Bulletin to the crisis of drug and alcohol use and abuse in our communities. It is a serious problem facing our country, and left unchecked this epidemic will continue to grow — potentially increasing accidents and fatalities and decreasing productivity. For this reason, JAHSA developed this special issue to raise the awareness level and provide some information which we hope will assist our membership in dealing with this problem.

Writing this special issue was a challenge because of the complexity and sensitivity of the subject. We note that solutions are many and diverse, requiring all of us to work together to solve drug and alcohol-related problems in our workplaces and communities.

This special issue contains useful information that our members can share with their co-workers, including an article about the Department of Labor's Working Partners program, which advocates for a drug-free workplace. There also are articles about the nature of addiction and employee assistance programs. In addition, we have enclosed two tear-out posters that can be posted in the workplace.

Together, we can work on reducing or eliminating drug and alcohol abuse and their tragic effects on our workplace, our families and our communities.

Editor



**DON'T LET YOUR JOB
GO UP IN SMOKE.**

DRUGS AND ALCOHOL HAVE NO PLACE IN THE MINES.

Drug or Alcohol Impairment Puts Worker Safety at Risk

Taken from a speech Deputy Assistant Secretary David G. Dye gave at the 32nd Annual Mining Symposium of the West Virginia Coal Association in which he expresses concern about use of alcohol and drugs in mining.

One of the behavioral aspects to injuries and fatalities involves substance use and abuse in the mining workplace. Toxicology reports from several fatal accidents last year revealed the presence of drugs or alcohol in the accident victims. This should be of grave concern to us all. Mining is a complicated and sometimes hazardous occupation, and a clear focus on the work at hand is a crucial component of workplace safety.

Using drugs or alcohol can impair a miner's judgment significantly at a time when he or she needs to be alert and aware. Even prescription medications can affect a worker's perceptions and reaction time. Everyone who works in a mine should understand that drug or alcohol-impaired co-workers not only endanger themselves, but their colleagues as well.

Drug or alcohol impairment in the mining workplace puts the safety of all workers at risk.

One wrong move can lead to disaster or turn a routine problem into a disaster.





“Reaching for Help”

by Mike Hancher

Mike Hancher is a mine safety and health specialist for MSHA in Arlington, VA. For 25 years, he managed underground coal mines.

About 20 years ago, I had the privilege to manage a very large underground coal mine in Pennsylvania. I had many different experiences in that position, but one especially comes to mind.

On a cold January night, I received a rather unusual call from the mine.

When his phone rings at 2:30 a.m. in the morning, a mine superintendent fears the worst. My heart started pounding when I answered it, but this call was different than any I had ever received before.

A miner (let's call him Ralph), had returned to the mine after his shift and wanted to talk privately with me. “Can't it wait until morning,” I mumbled, still half asleep. “No, it's important,” he said. “I walked five miles to get here and I

really need to talk to you now.” I detected real urgency in his voice. Reluctantly, I crawled out of bed and drove 25 miles in the snow to meet him.

I must admit that I was a bit apprehensive as I entered the parking lot gate. What did this guy need to talk about that was so pressing? What was so important that it couldn't wait until normal business hours? My questions were answered when I opened the door to the mine office and took one look at Ralph. He had been drinking at a local tavern all evening and was quite intoxicated. He reminded me a bit of Otis, Mayberry's infamous town drunk.

Trying to make sense of the moment, I asked myself, “Why would anyone walk five miles on a night of sub-zero temperatures just to talk?” As it turned

out, Ralph didn't just want to talk shop. The day before, he had attended an eight-hour refresher training course and wanted to discuss one of the topics but not first aid, roof control, ventilation or fire fighting. This was personal and deadly serious. “Please help me!” he cried out.



Ralph was referring to a short discussion he had heard regarding the mine's Employee Assistance Program. Mine management had decided to inject this discussion in our annual refresher training to make employees aware of the help that was at their disposal. Ralph admitted that he was an alcoholic, knew it was unsafe to be in this condition at work and wanted to do something about it.

After a few hours of coffee and conversation, I gave Ralph a ride home. He eventually sought professional help and entered a rehabilitation program. Job changes and miles have separated us, but I still often wonder what happened to Ralph. Was he able to attain an alcohol-free lifestyle?

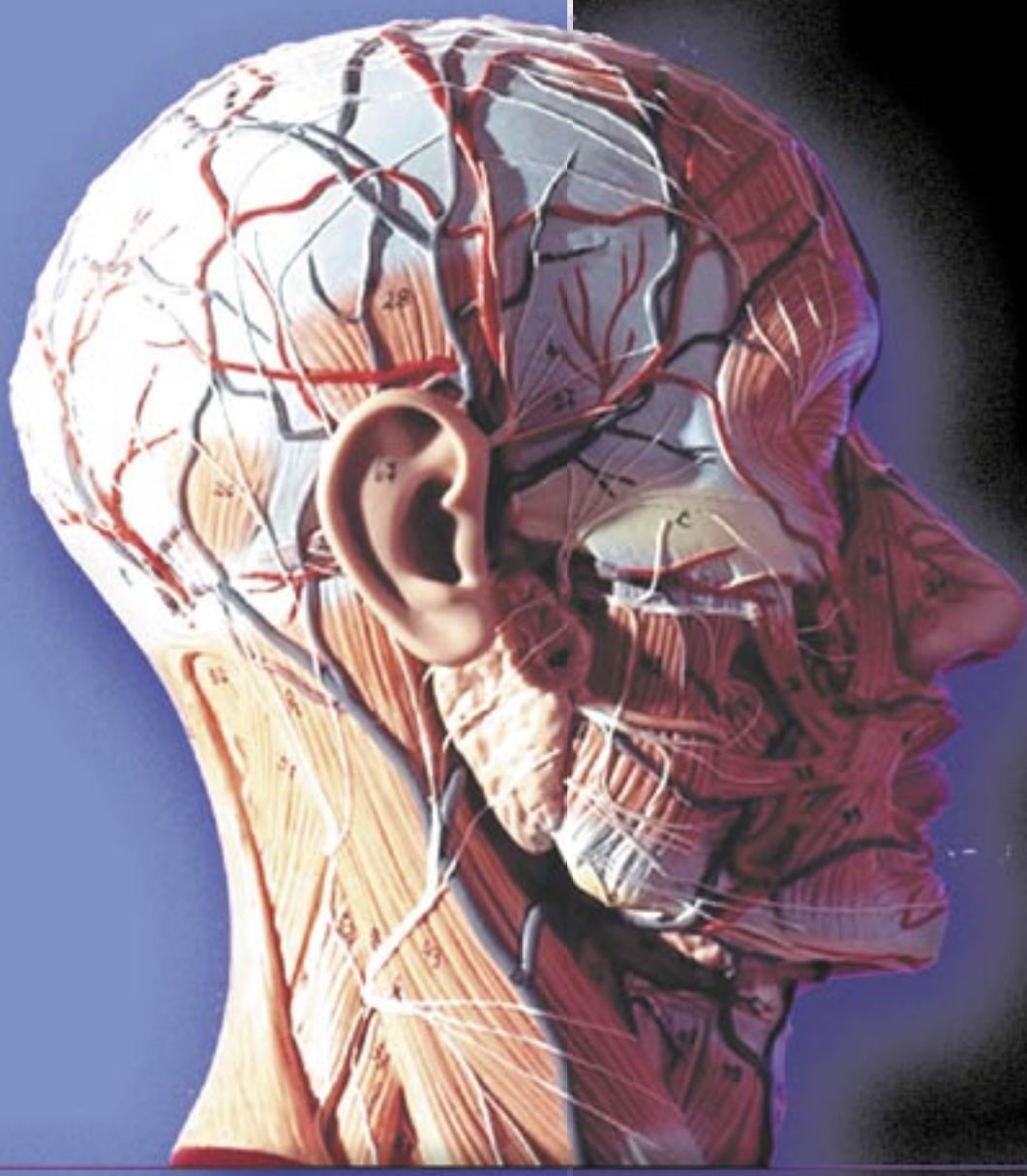
There may be other miners working today that are struggling with drugs or alcohol just like Ralph did. They might not be willing to walk five miles in the snow just to talk, but want help just the same. My hope is that they seek the assistance that is available to them to become clean and sober. Miners' families and co-workers deserve nothing less. ■



Workers in the construction and mining industries reported the highest rates of substance and alcohol use and abuse while workers in professional services and government had the lowest rates, a pattern partially explained by the higher concentration of males in the mining and construction industries.

Generally, rates of substance use and dependence or abuse were higher among workers in occupations dominated by males, including precision production, craft and repair jobs, and those who are operators, fabricators and laborers.





Understanding Addiction

Substance abuse prevention and intervention programs, often called drug-free workplace programs, can play a critical role in preventing alcohol and drug use in our nation's mines. Such programs are most effective when mine supervisors, managers and other employees understand the nature of addiction and its impact on people's lives, both at home and at work.

What is Addiction?

Addiction is a chronic, progressive, relapsing disorder. It is characterized by compulsive use of one or more substances that results in physical, psychological or social harm to an individual. And despite the harmful effects of the substance, individuals with addiction are compelled to continue using it.

It is important to recognize that a person can become addicted to a wide variety of substances — both legal and illegal. In fact, addiction to alcohol (i.e., alcoholism) is the most widespread substance abuse problem. Addiction can happen immediately or gradually, grow stronger over time and happen again and again. It is a disease that is both physical and psychological — and it can destroy a person's life.



A Brain Disease

At one time, addiction was considered to be a weakness of character or a moral overindulgence.

However, science has determined that addiction is actually a disease. That is, while addiction begins with a voluntary act of using a drug, continued use often becomes involuntary, ultimately to the point where the behavior is driven by a compulsive craving. And because this is often caused by dramatic changes in brain function stemming from prolonged exposure to the drug, addiction is considered a brain disease. Once addicted, it is almost impossible for most people to stop the spiraling cycle without treatment.

Not everyone who consumes alcohol or experiments with illegal drugs becomes addicted. In fact, alcohol can be enjoyed by many people without serious negative consequences. People choose to drink alcohol or use illegal drugs for a variety of reasons, including out of curiosity or through peer pressure. If the use of alcohol or drugs continues irresponsibly, experimentation can become problematic. Unfortunately, it is not possible to tell early on whose use may lead to addiction.

A Psychological and Physical Disorder

When a person is addicted, his or her body feels a *psychological* sense of need for a drug, either for its positive effects or to avoid the negative effects associated with not using the drug. But a person also can become *physically* addicted to alcohol or other drugs, meaning he or she needs more and more of the substance to achieve the same effects that the alcohol or drug once had. Moreover, as the substance works its way out of the body, a person can feel the physical effects of withdrawal, such as hangover, headaches, nausea, chills and vomiting.

Once an addiction has developed, an addict may manage to stop using alcohol or other drugs for significant periods of time, but the disease typically does not disappear. Sooner or later — and often very rapidly — attempts to return to “normal” drug or alcohol use usually result in a return to “out of control” use. Additionally, addiction worsens over time at varying paces. For some people, particularly those using certain drugs such as crack or methamphetamine, the

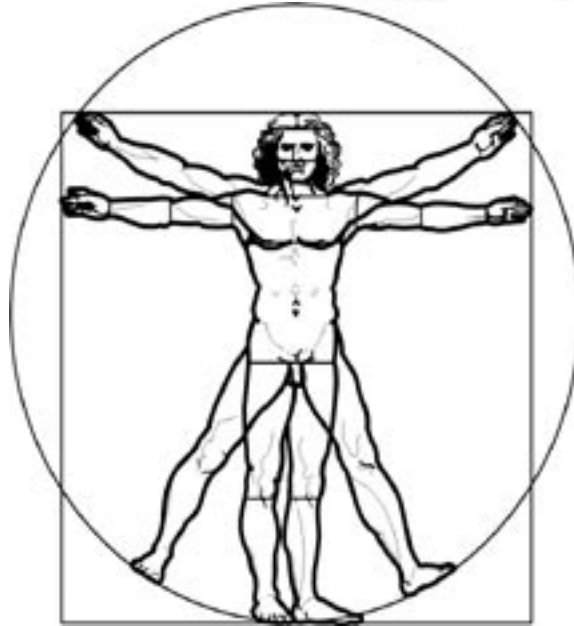
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decline into addiction is rapid — sometimes in a matter of weeks or months. With other drugs, such as alcohol, the decline can be very gradual, sometimes over many years. Also, many health problems go hand in hand with addiction. For example, the risks of contracting Hepatitis C and HIV rise with use of alcohol and drugs. Addiction also can lead to death through damage to the body's major organs.

One of the most disturbing and confusing aspects of addiction is that it involves denial. The addicted person often rejects the notion that his or her use is out of control or that it is causing problems at home or on the job. Some individuals will actually risk all they have for their addiction. While not everyone has to “hit bottom,” many addicted individuals will sacrifice relationships and jobs to continue their use of a drug. Substance abuse treatment professionals, however, know how to break through this denial and help people overcome their addiction and achieve recovery.

Unfortunately, friends, co-workers and loved ones sometimes enable a person's addiction, intentionally or unintentionally. Providing alibis, making excuses, or doing an impaired co-worker's work to hide a problem are examples of enabling behaviors. The same goes for rationalizing why a person's continued use of a drug is understandable or avoiding contact with a person to escape confrontation, hoping the problem just “goes away.”



But confrontation and threats seldom help, either. Blaming or getting angry at someone for not trying hard enough to control themselves does little to change an addict's behavior and, in fact, may aggravate the situation by providing ways to justify or rationalize it. For example, some addicts might respond to confrontation by saying things such as “I wouldn't drink so much if everyone wasn't always on my case,” or “I wouldn't have to drink if my spouse wasn't constantly pestering me.” Similarly, throwing out a person's drugs or cutting off his or her supply is rarely effective. And, unless you follow through on the promise, an empty threat to “turn someone in” if he or she does not stop using will have little or no effect.

Recognizing the Signs of Addiction

As mentioned above, there is no way to determine whether a person will become addicted to a substance. There is, however, evidence that suggests certain behaviors or histories can increase the likelihood of addiction. For instance, people with a history of drug abuse in their family are more susceptible to developing problems with addiction. Children of alcoholics or drug addicts are three times more likely to have problems. And if both parents are addicts or alcoholics, the risk increases fivefold. This is due to heredity as well as learned behavior.

Some people use alcohol or drugs as part of a self-destructive lifestyle. Others start to use drugs to seek relief from depression or crises in their lives. And although some fortunate individuals never develop serious problems, and use diminishes or ceases once such trigger events change, others lose control before they even realize it.

But even if someone never becomes addicted, substance abuse — that is drinking or taking drugs under circumstances that significantly increase the

hazard potential - can be problematic. Examples of such abuse include using alcohol or drugs in spite of a drug-free workplace policy; taking prescription drugs without a prescription; taking drugs in a way that is not prescribed; or using over-the-counter drugs to the point of impairment.

Depending on the particular drug, use and/or abuse can result in a variety of behaviors and symptoms. However, there are some common signs – emotional, physical, behavioral and performance-related – of addiction that are especially important to recognize in the workplace. *Emotional* and *physical* signs may include aggression, anxiety, burnout, denial, depression, paranoia, chills, the smell of alcohol, sweating and weight loss. *Behavioral* symptoms are excessive talking, impaired coordination, inability to sit still, irritability, lack of energy, limited attention span, poor motivation, slow reaction time and slowed or slurred speech. And in the workplace, employers and co-workers may notice continual missed appointments, excessive and unexplained absences, repeated mistakes and needless risk taking. (See related sidebar on page 16, “Common Signs of Addiction.”) While these are some common symptoms of abuse, it is important to note that they are not unique to addiction. Some may be symptoms of other illnesses or conditions.

If an addiction is contributing to an employee’s deteriorating performance, ignoring the situation won’t help. It may be the employee who has an alcohol or drug problem, or it may be a family member. But no matter who has the problem, it will likely get worse and have costly — and possibly disastrous — consequences for everyone unless action is taken. The positive news is that addiction is treatable. People can overcome it and lead successful, productive lives. For many, a supportive workplace environment is a factor in encouraging them to seek help, achieve recovery and maintain sobriety.



Getting to Know Employee Assistance Programs

As employers increasingly recognize the negative impact of workplace alcohol and drug abuse and other personal problems, many offer Employee Assistance Programs (EAPs) as a standard employee benefit. Nationwide, EAPs are helping workers in a variety of professions, including the mining industry – and it’s easy to see why.

An EAP is a short-term, confidential service that helps employees resolve personal problems—such as alcohol and drug abuse—that can interfere with job performance. EAPs provide workers, and often their family members, with assessment, short-term counseling and referrals to treatment or other community resources. They may also provide training, education and consultation on a variety of topics.

EAPs grew out of Occupational Alcoholism programs in the 1940s. These programs were workplace-based efforts formed as a result of Alcoholics Anonymous (AA), a voluntary self-help group for people with alcohol problems. AA successfully helped people understand that

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recovery from alcoholism was possible. As a result, many workplaces realized that it was better – and more cost effective – to provide an alcoholic employee with assistance than it was to fire him and hire a new employee.

Today's EAP has evolved into a much broader program that provides a variety of services to help workers and businesses alike address problems that may contribute to substandard levels of work. While substance abuse remains a primary focus, today's EAP also helps

employees with other issues, such as depression in the workplace, marital and family problems, parenting, conflict management, elder care and childcare. They offer a variety of resources and can direct employees to assistance that best fits their needs. The EAP also addresses life skills and workplace issues. For example, they often conduct stress management and wellness workshops; work with supervisors to help improve employee performance; and provide organizational development strategies.

Employees can access an EAP on their own, by self referral, or by supervisory referrals, which come at the suggestion of the employee's manager. A supervisory referral occurs when a manager thinks a worker might need some help. For instance, if an employee is having an attendance problem, the manager might encourage the employee to contact the company's EAP.

All information discussed in the EAP is confidential – counselors cannot share information about a visit without written permission from the employee. However, if an employee is referred to an EAP by a supervisor, the EAP may request permission to inform that supervisor that the

employee followed up on the referral.

As an employee benefit, EAPs are generally paid for by the employer. However, because each employer's needs vary, there are different EAP formats available to businesses. Some are housed internally, where full-time employees of the

organization staff the EAP. Common in mid- to large-sized organizations, internal EAPs usually have offices and programs right on the premises. On the other hand, many smaller organizations offer external EAPs that are provided by an outside vendor. In this case, shared EAP services are



common. For example, in the mining industry, a group of smaller mines could cost-effectively pool their resources to purchase services from one EAP vendor. Then, those services could be shared and offered to employees at several mining workplaces.

Whatever the arrangement, employees must remember that the EAP is not a disciplinary program, but an assistive resource designed to help in times of need. And although a supervisor may suspect that an employee's performance is poor because of underlying personal problems, it ultimately is up to the employee to decide whether to seek help through the EAP. EAPs can help employees decide what to do if they have a problem with alcohol or other drugs, and they play an integral role in the drug-free workplace movement.

If there is not an EAP, operators can still provide information about community resources, treatment programs and help lines for people with alcohol or drug problems. Examples of such resources include telephone helplines, self-help groups, community mental health centers, private therapists or counselors and addiction treatment providers.



The Drug-Free Mining Workplace: Creating Safer Mines and Stronger Communities

By Elena Carr

Elena Carr is drug policy coordinator and director of the Working Partners for an Alcohol-and Drug-Free Workplace program in DOL's Office of the Assistant Secretary for Policy.

Alcohol and drug abuse is one of the nation's biggest health problems, troubling individuals, families and communities across the U.S. While many stereotypes exist about alcoholics and drug users, in reality alcohol and drug abuse knows no boundaries, and people with alcohol and drug problems come from all walks of life. In fact, most of us know someone, perhaps a family member, friend or co-worker, who has been affected by alcohol or drug abuse in some way.

The good news is that alcohol and drug abuse can be prevented and successfully treated. Countless people in recovery from alcoholism and drug addiction lead successful, productive lives and contribute positively to their workplaces and communities. But, to really beat alcohol and drug abuse, all parts of a community must do their part to support prevention and treatment, including industry. And no where is this more important than in areas where industry and community are so closely linked, as is the case with mining.

In fact, many of the communities where the abuse of alcohol and other drugs is a problem—and in fact has increased in recent years—are the same communities where mining is the main industry. Logic suggests that if it's a problem in mining communities, it's a problem in mines. Research supports this reasoning. Results of the 2000 National Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration show that mining, along with construction, tops the list of industries with the highest rates of alcohol and drug abuse. One explanation for this may be that these industries employ mainly males. Overall, rates of alcohol and drug abuse are higher among males than females.

Some of the potential risks and hazards of these workers' behavior are obvious, particularly those related to safety. Alcohol and drug use can seriously impair judgment and coordination, which can lead to accidents, injuries and even death. And a person does not need to be an alcoholic or drug addict to create safety hazards. For example, someone who still has alcohol in their bloodstream from drinking before they were on the clock or who is taking prescription drugs that caution against operating heavy machinery may not be in any condition to work safely in a mine.

But the problems created by workplace alcohol and drug abuse go beyond safety. Workplace alcohol and drug abuse can weaken a mine's ability to operate profitably and productively. It is also associated with lower levels of employee morale—not only that of miners struggling with alcohol or drug problems, but also those who work alongside them.

Fortunately mine operators and miners can work together to help protect their mines from the hazards stemming from the use of alcohol or other drugs by creating substance abuse prevention and intervention programs—commonly called drug-free workplace programs. Drug-free workplace programs help improve safety in the nation's mines and foster healthier mining communities.

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Steps to a Drug-Free Mining Workplace

Drug-free workplace programs generally include all or some of the five steps described below. Although programs can be effective without all five, it is recommended that all be explored when developing a drug-free workplace program. Mine operators and miners should work together to explore each one and design a balanced, fair program that meets the needs and challenges of their workplaces.

Written Policy

A mine's drug-free workplace policy is the foundation for its drug-free workplace program. Each mine's policy should be tailored to the mine's specific needs; however, because all effective policies have certain things in common, some mines might consider pooling resources to create consistent policies across the industry. Policies should address why it is being put in place, describe specifically what behaviors (e.g., reporting for work impaired by use of alcohol or other drugs) and which substances are not allowed in mines; and what happens when a miner violates the policy. Also, it is essential that the policy be shared and understood by all and consistently and fairly applied.

Supervisor Training

Supervisor training teaches supervisors, managers and foremen about their role in managing the

drug-free workplace policy, which is to recognize performance problems that may be a result of alcohol or drug abuse and to document and confront employees having such performance problems. This training also teaches supervisors how to recognize and deal with employees who have performance problems that may stem from substance abuse. However, it is important to note that supervisors, managers and foremen must not be expected to diagnose problems or provide counseling. Rather they need to know how to hold employees responsible for performance problems while also offering a referral to help when they think that such problems may be caused by personal problems—such as alcohol or drug abuse.

Employee Education

Employee education provides employees with the information they need to follow and benefit from the drug-free workplace program. Effective programs provide information about the



company's policy, as well as general information about addiction (its effect on work, health and personal life) and help available for people with alcohol and drug problems. All employees should participate, and information should be delivered on a regular basis and through a variety of methods.

Employee Assistance

Employee Assistance Programs (EAPs) can help

supervisors, managers and foremen determine when a referral is needed and provide their workers the help they need. EAPs offer free, confidential services to help workers deal with a range of personal problems, including alcohol and drug abuse. They offer short-term counseling, referral and follow-up services. In addition, many offer other related services, such as supervisor training and employee education. EAPs are an excellent benefit to employees and their families and clearly show employers' respect for their staff.

Drug Testing

When some people hear the term “drug-free workplace,” they automatically think “drug testing.” But actually, drug testing is only one part of a comprehensive drug-free workplace program. Drug testing may discourage and provide solid evidence for intervention and/or disciplinary action, but it may not be appropriate for all mines. If it is conducted, policies must clearly spell out who will be tested, when tests will take place, which drugs will be tested for, how tests will be conducted and the consequences of a positive test.

Mine operators who drug test must also be familiar with any state and federal laws (such as the Department of Transportation's drug- and alcohol-testing regulations for employees in safety-sensitive positions) or collective bargaining agreements that may impact when, where and how testing is performed. It is strongly recommended that mine operators seek legal counsel before starting a testing program.

Resources to Assist

Mine operators and miners have access to resources to help them work together to prevent workplace alcohol and drug abuse through the U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace program (Working Partners).

The Working Partners Web site, www.dol.gov/workingpartners, is a central source of information about workplace alcohol and drug abuse issues and strategies for addressing them. It provides step-by-step guidance on how to develop

drug-free workplace policies and programs. For example, mines needing to develop a drug-free workplace policy from scratch can use the site's Drug-Free Workplace Advisor Program Builder. This online system reviews the different parts of a written drug-free workplace policy, asking users to answer certain questions along the way, and then produces a policy statement based on their answers. Mines can then add their name and logos and change the statement as needed.

Another site feature, the Substance Abuse Information Database, is an online collection of hundreds of documents related to workplace alcohol and drug abuse, including sample policies, surveys, reports, training and educational materials, and legal and regulatory information.

The site also has information about related state laws, community-based organizations that may assist businesses in becoming drug free and helplines for employees who have alcohol or drug problems. Presentations, fact sheets and articles that can be used for supervisor training and employee education purposes also are available.



Construction and mining have the highest percentage of problem drinkers, with nearly one in seven workers in these fields having a serious alcohol problem.

An estimated 14.8 million Americans of all ages are current illicit drug users.

Heavy drinking occurs most frequently among young adults between the ages of 18 and 25 (13.3 percent), peaking at age 21 (17.4 percent).

Heavy drinking correlates strongly with illicit drug use. Of 12.4 million heavy drinkers, 30.5 percent also are current illicit drug users.

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Common Signs of Addiction

Emotional and Physical

- Aggression
- Anxiety
- Burnout
- Denial
- Depression and paranoia
- Chills
- The smell of alcohol
- Sweating
- Weight loss

Behavioral

- Excessive talking
- Impaired coordination
- Inability to sit still
- Irritability
- Lack of energy
- Limited attention span
- Poor motivation
- Slow reaction time
- Slowed or slurred speech

Performance-related

- Inconsistent work quality
- Poor concentration
- Lowered productivity
- Increased absenteeism
- Unexplained disappearances from the job site
- Carelessness and mistakes
- Errors in judgment
- Needless risk taking
- Disregard for safety
- Extended lunch periods and early departures



Note: While these are some common symptoms of addiction, it is important to note that these signs are not unique to drug and alcohol use. Some of them may be symptoms of other illnesses or conditions.

One Mine's Experience with Drug Testing in the Workplace

U.S. Borax, Inc.
Occupational Health Department
Rebecca Adkins RN,
Occupational Health Administrator

PACIFIC COAST BORAX COMPANY was organized in 1890 and the '20 MULE TEAMS' hauled more than 15 million pounds of borax out of Death Valley without one single man killed, animal lost or a wagon breakdown. In 1925, a large deposit of borates was found at Boron, California and in 1927 production began at the location which mined underground until 1957 when the open pit technique was adopted. The '20 Mule Team' symbol was registered as the trademark of the Pacific Coast Borax Company.

Today the Borax mine in Boron, California measures 1 ½ miles long by ¾ miles wide by 750 feet deep. Utilizing equipment and trucks as big as or bigger than many homes, it mines 3 million tons of borates a year. The workforce is comprised of about 600 hourly union workers and 170 salaried personnel.

The typical employee working at Borax is a 47-48 year old male, whose father, uncles, cousins and even grandfathers all work or have worked at this facility. Most employees live in the local town of Boron and much of their lives focus around the mine. A great deal of family pride is deeply ingrained in the culture of this workforce. Most



employees are related in some way to a large number of their fellow employees. The turnover rate is very low and most of the employees have worked at this job for more than 15-20 years. In fact, the most senior "mule" has worked at Borax for more than 55 years.

Borax is serious about safety and takes pride in its safe work practices. Although rare, significant injuries have occurred that resulted in a fatality. There have been periods when safety was a struggle, and records show that there were fatalities in 1975, 1979 and 1982. After the 1982 fatality, there was a 9 - year period without a fatality. It was thought that we had control of the safety issues and perhaps fatality incidents were a thing of the past.

The 1990s would change all that. Beginning in 1991, Borax began having an average of one fatality every other year and over the next 7 years would experience a total of 5 fatality incidents. This change in the safety performance signified that there were serious problems with devastating effects on the workforce and community.

Management suspected that drug and alcohol use was a significant contributing factor in the company's safety problems. It was not known at that time just how significant the drug abuse problem was.

As part of an all out effort to stop these types of incidents, management decided to implement a "Drug and Alcohol - Free Workplace Policy" that mandated testing as a condition of employment. The plan included a rehabilitation program for any employee with a substance abuse problem. At the same time, management contracted with an Employee Assistance Program to provide employees and their families a constructive opportunity to deal with their problems.

Management believed that:

- Workers who abuse drugs reduce safety in the workplace.

(See next page)

- Random testing serves as a deterrent to employee drug use.
- Drug testing, if conducted properly, is accurate.
- Attendance of employees, workplace safety and the quality of products and services are all affected by drug use.
- The company has the right to test both job applicants before they are hired as well as current employees, randomly and who are suspected of drug use.
- Employee production is lower when drug tests are not implemented.
- There is a higher chance of liability resulting from drug related work accidents.
- Drug testing can actually benefit employees who abuse substances because they could be sent to a rehabilitation program.
- Drug use could have a negative effect on the image of their company.
- Healthcare problems of substance abusers have a direct effect on the health care costs and coverage as well as on the company's health care costs.

Drug and alcohol testing became mandatory for employment and required that all employees pass a drug and alcohol test under the following instances: pre-employment, random (not more than 2 tests/yr), reasonable cause (a supervisor can make the decision to have an employee tested, based upon signs and symptoms observed), post-accident, return-to-duty and follow-up.

Guided by national standards of practice, a third - party collector system was established to ensure that the program was fairly and competently administered. The program was designed and systems put into place that ensured consistency. Collaboration with the union leaders was a priority from the start. It was agreed by the union and management that a last chance agreement would be offered to any employee who tested positive. This would allow an employee to undergo rehabilitation treatment and not lose his job.

The rehab program consists of:

- Any employee who tests positive is offered a last chance agreement that requires the employee to enroll in a rehabilitation program.
- During the duration of the rehabilitation program there is a combined internal (random drug testing and monitoring of progress with counseling) and external (contracted counseling service that meets with employee on a regularly scheduled basis for counseling and therapy) effort that are designed to help the employee succeed.
- If the employee successfully completes the program (3-5 years in duration) they will get a certification of completion and are returned to the regular employee population for random drug testing (which is limited to no more than 2 times in 12 months).

Since the implementation of the drug-free workplace program, we have learned that drugs and alcohol were being used in the workplace. Employees admitted to being so intoxicated at work that they had to sleep their entire shift while their co-workers covered for them. Bottles of liquor were brought in and consumed at work to celebrate holidays, birthdays, sports events, etc. Marijuana and methamphetamine were becoming widely used in the community as well as by Borax employees at work.

Initiation of a drug - testing program was met with great resistance, especially from a few of the hourly workforce. They argued that drug testing in the workplace is an unfair and discriminatory practice. They said it invades their personal privacy and freedom. Those responsible for implementing the program were met with skepticism, anxiety and outright hostility at times. However, the majority of employees wanted the drug and alcohol problem taken under control for safety sake, but were not confident that the program would be fair, balanced and trustworthy. Numerous meetings with union board members, arbitrations and legal challenges occurred early in the program, challenging the fairness of the

process.

A few employees attempted to alter or divert the process in one way or another. Some individuals went to great lengths to avoid testing, leaving the site when they learned they were to be tested, claiming they didn't know they were called for a test, or that there was some family emergency, wearing "Depends" undergarment under their pants and sitting for hours claiming that they cannot provide a urine specimen while 'going' in their pants. Some even tried to adulterate the test so that it wouldn't detect that they use drugs. If you are wondering if masking agents are used and popular? An internet search for "how to pass a drug test" resulted in 648 hits. When requested on the "ask jeeves" site there were 809,500 hits and E-Bay had 102 items for sale that claimed to alter a drug and alcohol test. There are a variety of agents such as detoxification products, synthetic urine kits, and even one that is an easy-to-conceal, easy-to-use urinating device.

In spite of all the challenges, the program has prevailed and we have learned ways to deal with each special circumstance that arises. Drug testing is seldom challenged now and most employees accept it as an element of the way we work.

At Borax, we believe that the drug testing program is an effective weapon against substance abuse and gives us the ability to respond quickly when problems with alcohol or other drug abuse arise. It is an effective strategy that identifies those needing help, reduces accidents, improves attendance and increases productivity. There is a greater awareness about alcohol and other drug abuse, as well as other health issues, that the employees are taking home and sharing with their families in the community. Over the past few years, Borax has strived to educate its employees on the benefits of health and wellness that can be achieved when drugs and alcohol are not used. The result is that fewer employees are testing positive for the use of drugs and alcohol, the safety record has improved and employees are supporting the program.





Substance Abuse in Mining – A Critical Leadership Challenge for Today’s Mine Foremen

*by Frank A. Linkous, Chief, Division of Mines
Virginia Department of Mines, Minerals and Energy*

The most important function of management within any organizational process is the leadership of its people. Our best efforts and resources go into planning and organizing for a mining operation, but ultimately the leaders who control the process determine the operation’s success or failure. In mining, the foreman represents that critical leadership at the point of control where performance in safety, production, quality, and cost are determined.

Today’s section foremen, plant foremen, or other frontline mining supervisors are faced with many and varied challenges to their effective leadership. Certainly the responsibility and accountability placed upon mine foremen by law are daunting at best and are at the forefront of every workday.

In addition, the expectations for leading operational performance in a highly competitive and cyclical minerals industry are ever present. If that were not enough within the complex, interdependent process of mining, the foreman must effectively lead and develop the people who do the mining and produce the desired results. I believe that leading and developing people is the most important, and the most challenging, responsibility for any mine supervisor. This does not come about because a leader holds a certification from an agency, and the skills needed are not attained through Part 46 or 48 Training Plans. Yet, ultimately, the success of any mine depends on the frontline supervisor’s effectiveness in achieving management control within the mining process.

Over the last several years, we have started to recognize the emergence of yet another challenge to the leadership control in our mining operations. This challenge was upon us for some time before any of us working in or around this industry were willing to accept its unwanted presence. Substance abuse in our mining process is now being recognized for the threat it represents to our safety and continued viability as an industry. It has taken recent direct links to causes of fatal and other serious accidents to awaken us to the dangers of substance abuse in mining operations.

It should come as no surprise that the mining industry faces this challenge at this time. We need only read our daily newspaper obituary columns to recognize the untimely deaths due to drug overdose; the published court records related to possession and distribution of narcotics; charges in traffic court for DUI and DUID; as well as the prosecution of assorted other crimes associated with substance abuse taking place in our

communities around us. If the problem is in our communities, you can bet it is in our mines! All too often we choose not to accept or effectively address that which we would rather not believe. It is difficult to accept that our coworkers, our neighbors, our own family members have become addicts and are in a struggle for survival with substance abuse.

To effectively control the problem of substance abuse in mining will require a committed effort from everyone involved. The mine operator, his agents, miners, and regulatory agencies all have a role to play and all will need the help of available, outside professional resources to bring assistance to the battle. The campaign begins with some fundamental changes in how we view substance abuse, which will dictate how we address the problem. First, we must see this problem for what it is --- a broad reaching problem within our communities and social structure that cannot be ignored or relegated to the “skid row” drug addict. Substance abuse infects all social and economic classes. It can take control over the lives of any of society’s best and brightest. It can enter any home and any workplace silently and take control of lives.

Much of the substance abuse problem in evidence in Southwestern Virginia, Eastern Kentucky, and Southern West Virginia involves alcohol intoxication and the abuse of prescription pain and mood altering pills. While illegal drugs, such as cocaine, “crank” (crystal meth), and marijuana remain a concern, substance abuse involving prescription drugs such as Percocet, Loratab, Oxycodone (also known as Oxycontin), and Xanax increasingly challenges the safety of our mining environment. Many miners who are substance abusers are “hung over” from

a weekend of drinking or abusing pain pills prescribed for back pain. Abuse of the popular opiate “pain killers” can begin from legitimate prescriptions and progress to the point of severe and crippling addiction that will absolutely control a miner’s life. Substance abuse, regardless of the drug of choice, will always impair the user’s ability to perform safely and effectively within the complicated and interdependent mining process. Substance abusers left alone with their problem will never get better or successfully function within the mining process very long.

Working safely should be a condition of employment within any mining operation. Miners impaired by the effects of substance abuse cannot be tolerated without the likelihood of serious loss occurring. Mine management should adopt and clearly communicate a “Zero Tolerance” substance abuse policy, which makes illicit use of drugs and abuse of alcohol while at work absolutely unacceptable. Miners should be regularly informed of the hazards and consequences of substance abuse. Mine foremen and other supervisors need to be trained in how to recognize substance abuse and its impact on workplace performance. With understanding of the problem and its potential threat to any mining operation, and provided with the procedures and resources to control the problem, leadership can then bring the controls to bear upon the mining process.

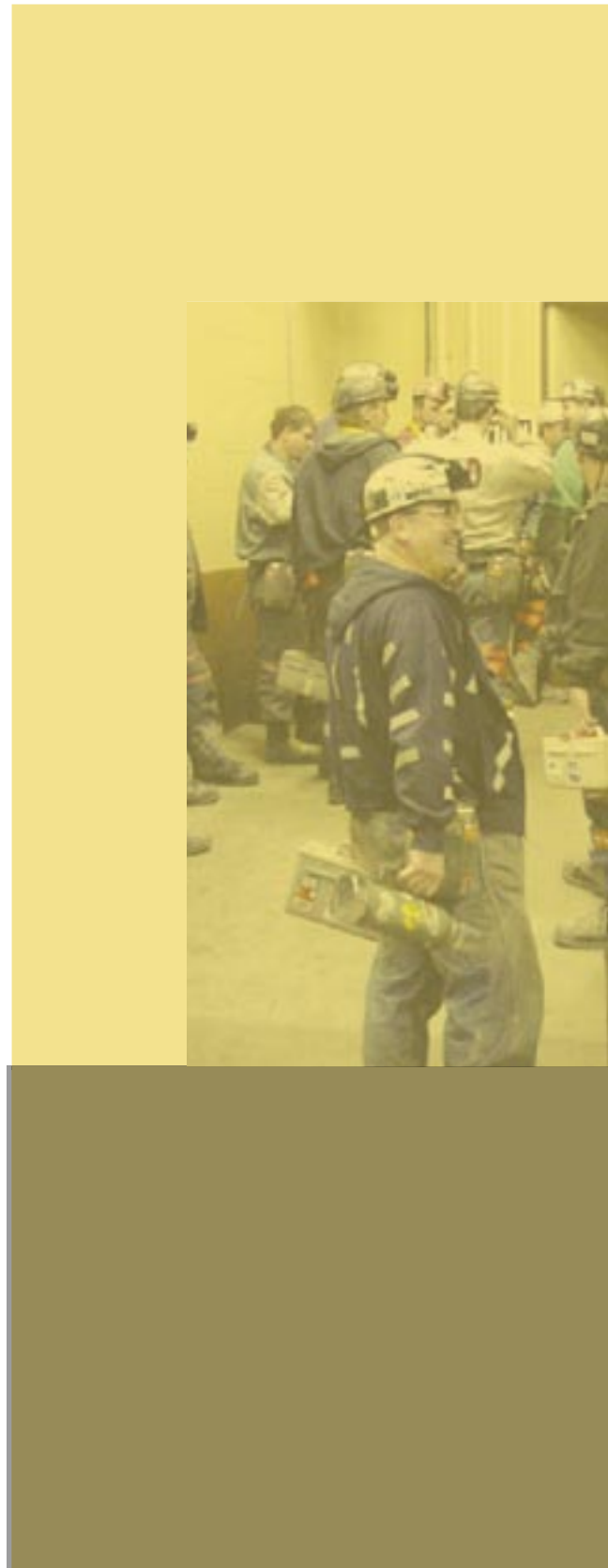
As with so many other responsibilities of mine leadership, the foreman is key to the success of any effective substance abuse control program. The foreman who is prepared and equipped will be the most likely to first recognize a miner who

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is struggling with substance abuse. The foreman will best know and be familiar with the miners he leads. He will be the leader best able to recognize normal behavior in a miner's performance and those changes that occur which should raise concerns. The foreman should develop a close, interpersonal relationship over time with the miners he leads, enabling the opportunity and "right" to approach a miner who demonstrates a potential substance abuse problem. The foreman has a unique opportunity to confront and bring a miner who is a substance abuser to the sources of help needed for the process of rehabilitation. Mine operators need to fully support the role of their foremen.

Nationally, thousands of lives are lost annually to substance abuse, tens of thousands adversely impacted, and our nation incurs a terrible cost and loss from this human tragedy. Government cannot fix this problem and none of us should be so callous as to see this as someone else's problem. Identifying a substance abuser and discharging that person from your operation is a "quick fix" to the problem that may become necessary. In the final analysis, the gains to be made in controlling and eliminating substance abuse will be achieved one individual at a time. We need all miners in the industry today and those who are struggling with substance abuse, who can be rehabilitated, are worth the effort and risk we can take to provide assistance. The mining industry has overcome major health and safety and other challenges that have faced its leadership. This current challenge gets to the very foundation of our belief that in the mining industry, perhaps more than any other industry, "we are our brother's keeper." Let's not accept lightly our responsibility as mine foremen to meet this challenge directly should we face it at our

mines. Let's be an advocate for the cause of "Zero Tolerance for Substance Abuse" whenever and wherever the opportunity presents itself in our communities, our industry, and our nation.





The Road to Treatment and Recovery

Although some people do stop using substances on their own, most people addicted to alcohol or other drugs simply cannot, no matter how strong their resolve. But addiction is treatable, and a number of science-based treatment approaches can lead to successful long-term recovery from addiction. Regardless of the approach, there are several core components to most treatment regimens. These include assessment, education, support groups and drug abuse monitoring programs.

Most treatment programs make *abstinence* their number one goal, since research shows that most addicts cannot return to a “normal” level of substance use. But several triggers and lifestyle patterns can make not using alcohol or other drugs a difficult goal to attain. Building a drug-free life means learning new ways to handle free time, socializing with drug-free friends and adjusting to day-to-day living without the crisis-upon-crisis lifestyle associated with drug use. In addition, many addictions co-occur with other chronic

medical problems that must also be addressed in order to achieve and maintain sobriety.

There is no “one-size-fits-all” treatment program. Rather, addiction treatment should be tailored to the specific needs of an individual and thus varies by setting, duration and intensity. Settings may range from residential/inpatient care in a medical or general psychiatric setting to outpatient treatment in non-residential settings. Outpatient treatment costs less than inpatient treatment and may be more suitable for people who are employed or have extensive social supports. Regardless of the setting, detoxification and group counseling play a central role in addiction treatment.

Self-help or support groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), have consistently been proven to aid addiction recovery, and many treatment programs incorporate the 12-step philosophy used in such groups. Through them, individuals learn about addiction, including strategies for identifying psychological or physical triggers

(See next page)

and confrontation, a technique that can help with denial and acceptance of the addiction. For some individuals, recovery may be achieved solely through participation in such groups, without undergoing treatment.

Whether a treatment approach includes group support, marital or family counseling, or other strategies, the guiding principle is that learning to manage relationships helps stop addictive behavior. To stay sober and lower the likelihood of relapse, individuals in recovery need to know how to effectively communicate, assert themselves and resist peer pressure.

Recovery is for Life

Relapse into drug-dependent behavior can occur during or following treatment. Rather than being an isolated event, relapse is a part of a process through which an individual becomes unable to cope with life in sobriety. The process is marked by predictable and identifiable warning signs that begin before the return to use of alcohol or drugs. For instance, someone may begin to seek out situations involving people who use alcohol or other drugs.

To help minimize the chance of relapse, a recovering addict needs to have social skills and a strong support network. The same support systems necessary to propel an individual into treatment, such as friends and family members, are also crucial when facing actual or potential relapse. Drug testing is also a viable monitoring system. If individuals know that their drug-using behavior will be monitored by an objective measure, and that any drug use will have serious consequences, they might be better able to withstand the pressures of potential relapse.

People struggling with an addiction must realize that their life will never be the way it was before their addiction. But this does not mean that an individual in recovery from addiction cannot live a healthy and fulfilling life. Rather, they must understand that recovery is a long-term process that always will need to be maintained.

Addiction is a chronic, yet manageable disease. As such, individuals in treatment for or recovery from addiction should be treated like people with other life-threatening illnesses or disabilities. By its very definition, an individual “in recovery” is on a life-altering path fraught with social stigma and isolation as well as the possibility of relapse and failure. Fortunately, the availability of treatment can make all the difference, and, given the chance, people in recovery from addiction can lead successful, productive lives, contributing positively to their workplaces and communities. ■



Alcoholism is estimated to cause 500 million lost workdays annually.

Individuals who are current illicit drug users are also more likely (12.9 percent) than those who are not (5 percent) to have skipped one or more work days in the past month.

Results from a US Postal Service study revealed that employees who tested positive in a pre-employment drug test are 66 percent more likely to be absent and 77 percent more likely to be discharged within three years than those who tested negative.

A Federal government survey revealed that the construction industry has some of the highest rates of alcohol and drug abuse. Among full-time construction workers between the ages of 18 and 49:

- More than 12 percent report illicit drug use during the past 30 days.
- Almost 21 percent report illicit drug use during the past year.
- Approximately 13 percent admit to heavy alcohol use.

**IF YOU CAN'T FOCUS,
YOU CAN'T FOCUS ON SAFETY.**



DRUGS AND ALCOHOL HAVE NO PLACE IN THE MINES.



U.S. Department of Labor, Working Partners for an Alcohol- and Drug-Free Workplace

www.dol.gov/workingpartners

Provides information on how to establish drug-free workplace programs that protect worker safety and health.

Office of National Drug Control Policy

www.whitehousedrugpolicy.gov

Establishes policies, priorities and objectives for the nation's drug control program, focusing on education and prevention initiatives such as drug-free workplace programs. It's Web site offers a variety of fact sheets, statistics and other services.

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, Division of Workplace Programs

www.drugfreeworkplace.gov

Phone: 1-800-WORKPLACE

Provides access to a range of information about workplace substance abuse prevention and drug-testing processes, procedures and technologies. It also offers a toll-free Workplace Helpline with trained specialists.

National Clearinghouse for Alcohol and Drug Information

www.health.org; 1-800-729-6686

A one-stop resource center run by SAMHSA, its Web site and toll-free helpline offer the opportunity to order a wide range of relevant publications, posters and videocassettes.

Drug Enforcement Agency, Demand Reduction Program

www.usdoj.gov/dea/programs/demand.htm

Provides information about the dangers of drugs and the effects of drug abuse on the nation through outreach to and collaboration with community leaders, parents, teachers, counselors, employers and employees in order to help them implement effective prevention programs.

Ensuring Solutions to Alcohol Programs

www.ensuringsolutions.org

Offers information and resources for employers about how alcohol affects the workplace and how they can trim health care cost and boost productivity by increasing employees' accents to alcohol treatment.

Substance Abuse Treatment Locator

www.findtreatment.samhsa.gov

Phone: 1-800-662-HELP

Substance Abuse and Mental Health Services Administration (SAMHSA) Web site and toll-free phone line that help individuals locate drug and alcohol abuse treatment programs in their communities.

Al-Anon/Alateen

Phone: (888) 4AL-ANON

www.al-anon.alateen.org

Provides information on the effects of alcohol abuse and refers friends and families of alcohol abusers to nearby support groups. Al-Anon's purpose is to help families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend. Alateen is the organization's program for young people whose lives have been affected by someone else's drinking.

Alcoholics Anonymous (AA)

Phone: (212) 870-3400

www.aa.org

Offers a way to stop drinking to individuals who feel they have a problem with alcohol. AA groups are located in most cities and rural communities throughout the country. Look up "Alcoholics Anonymous" in a local telephone directory for a contact in your area.

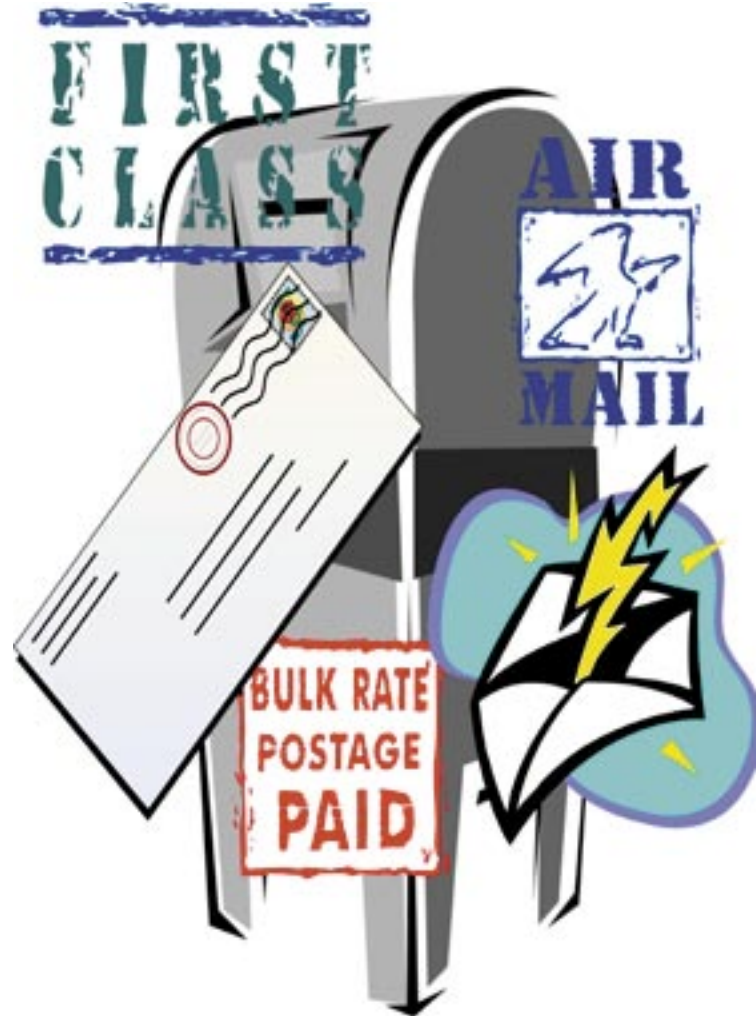
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Reminder: The District Council Safety Competition for 2005 is underway—please remember that if you are participating this year, you need to mail your quarterly report to:

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Educational Policy and Development
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