Statistical evidence of accidents prevention and costs reduction, through alcohol and drug testing at work

- an observational study

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The effect of alcohol and drug testing at the workplace on individual's occupational accident risk



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Prior knowledge derived from literature review

Alcohol and drugs abuse causes risks of accidents





Prior knowledge derived from literature review

Thus, in order to prevent accidents, tests for alcohol and drugs are performed



Prior knowledge derived from literature review

Programmes for testing alcohol and drugs (A&D) at the workplace, at random and by surprise, are believed to have a positive impact on safety and to reduce individual's accident risk

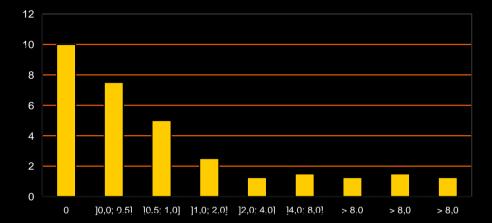
Despite this perception, there is limited scientific evidence and poor statistical support of this assumption

Another issue which has not been properly answered yet - in the rare publications reporting frequency of testing, it still remains to be confirmed the existence of a specific frequency that could be more preventive

Derived research hypotheses

This study aimed at testing whether there is such a causeeffect relationship between A&D testing and post-accident reduction, and how to quantify it To fill in these gaps, this study raised two hypotheses for

research:



H1 (preventive effect):

The frequency of alcohol and drug testing is negatively associated with the incidence rate of accidents occurred after the tests

H2 (optimal frequency):

There is an optimal frequency of tests and postaccidents that represents the most efficient frequency, beyond which, increasing the number of annual tests will result in marginal variation of accidents

The study design tested whether there is a cause-effect relationship between A&D testing and post-accident reduction, by contrasting the odds of occupational accident risk between workers with different test rates prior to accidents (both exclusively work-related)

A&D tests were applied in the workplace at random and by surprise, for $5\frac{1}{2}$ years, after which, it was found whom had accidents and whom had not after n tests ($n \ge 0$)

It covered a wide range of data:

- 29 916 records concerning accidents, A&D tests or the absence of either one or another
- 30 biographical and occupational variables for each of (N = 3 801) ever-present employees of a railway transportation company in Portugal, for a period of $5\frac{1}{2}$ years

Homogeneous groups of employees, performing similar tasks and exposed to the same pattern of occupational risks, were studied

Within each occupational group, the experimental stimulus of being (or not) tested for A&D constituted a relevant difference

The portion untested before any accident, which emerged by chance, became the control group within each occupational risks group

[dentro de "Homogeneous groups"]

Group 1 (N1 = 3801):

Work onboard trains



Group 2 (N2 = 318):

Work near or around trains



Group 3 (N3 = 1583):

Work away from trains – "white collars"



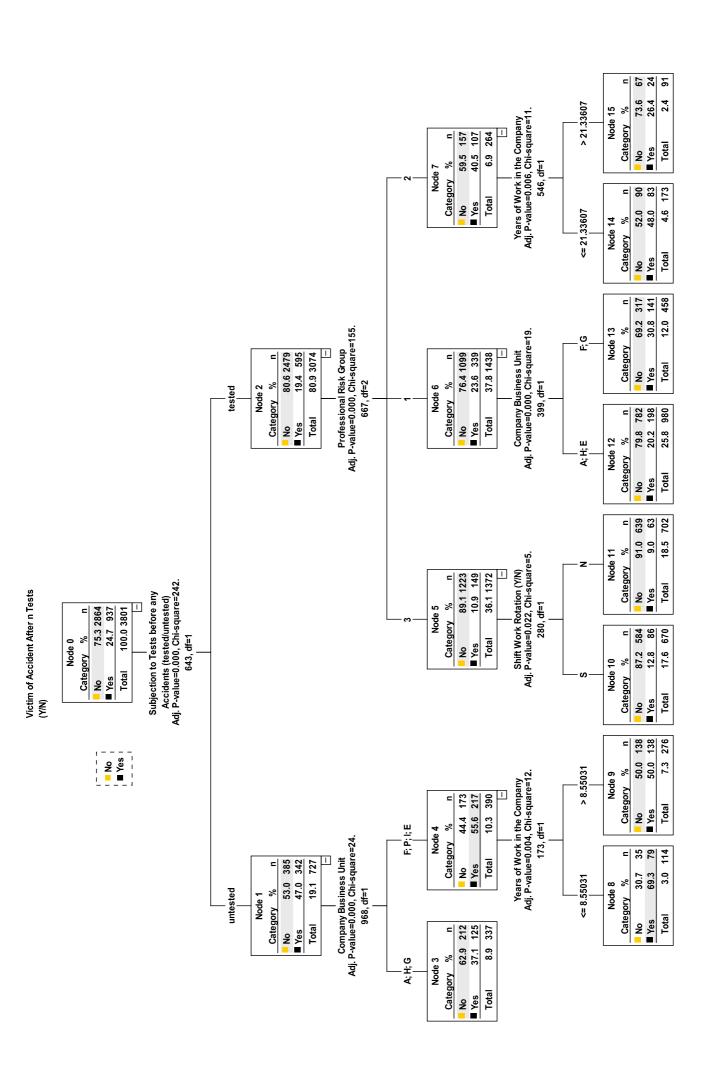
The methodology applied data-mining techniques (CHAID - Chi-square Automatic Interaction Detector) together with classical statistics hypothesis testing:

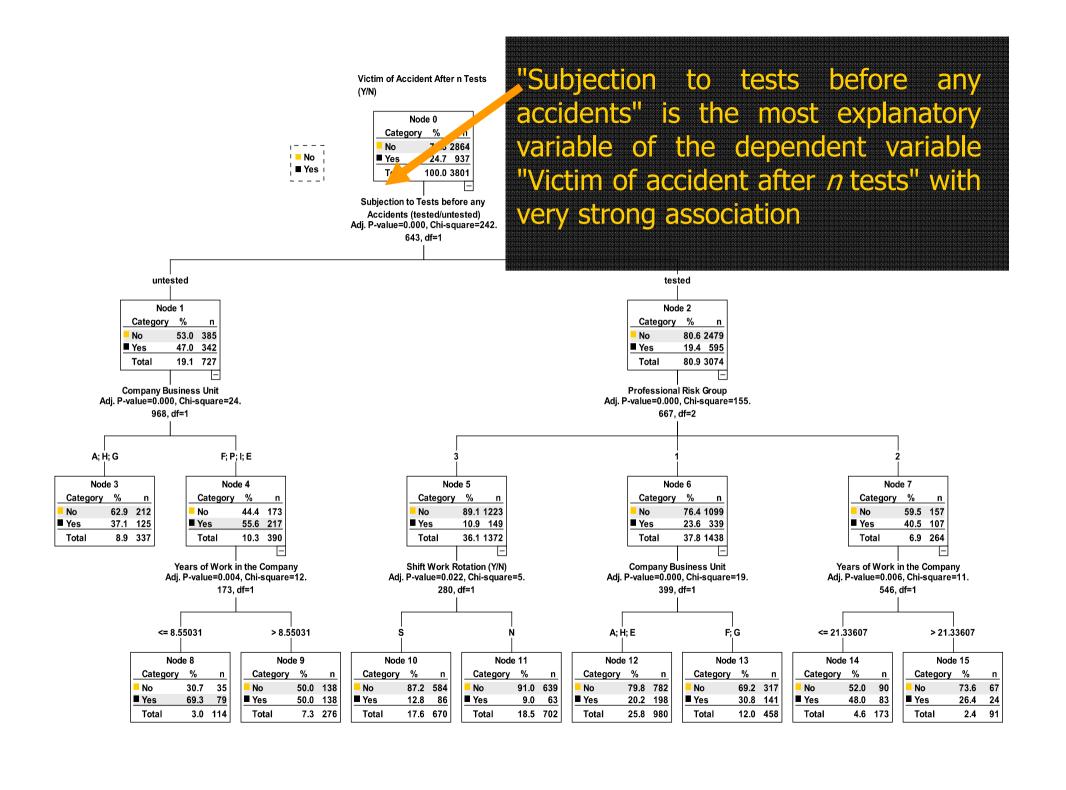
- tests of hypotheses (mean comparisons and analysis of variance)
- Mann-Whitney
- Kolmogorov-Smirnov
- Cramer V
- Odds ratio

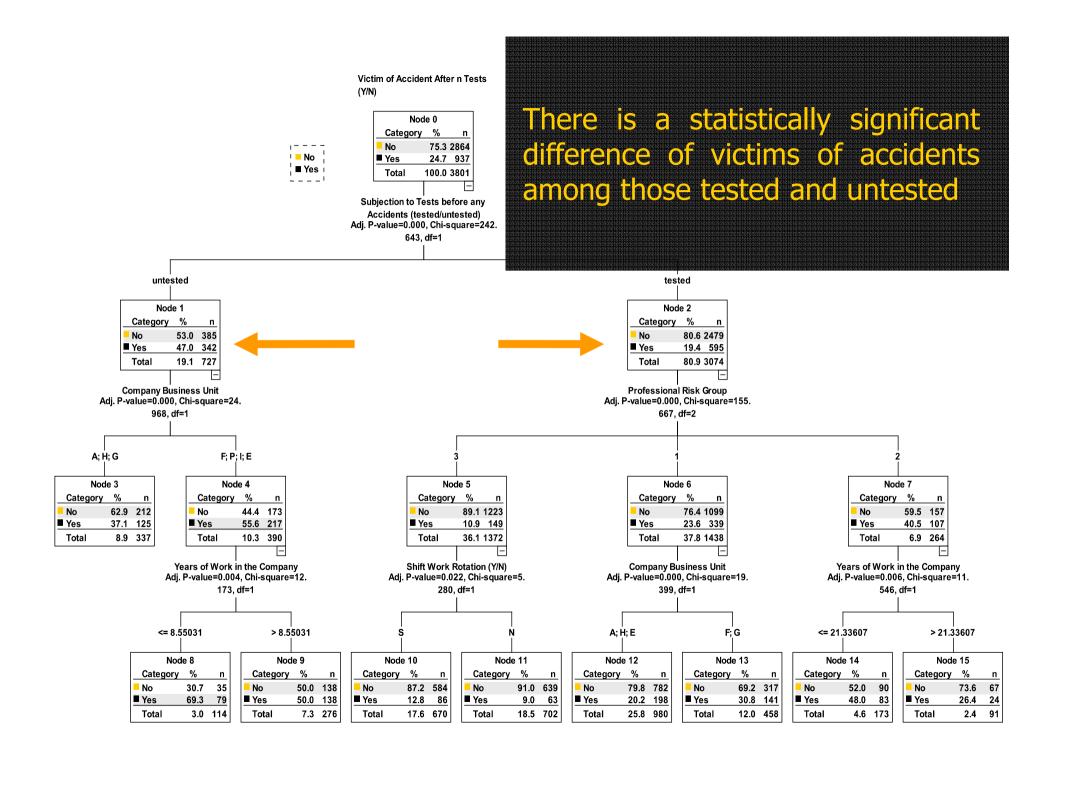
all of which with a significance level of 1%

The CHAID classification trees compared associations between "Victim of accident after *n* tests" and 30 potential explanatory variables, including:

- Age
- Sex
- Academic qualifications
- Marital status
- Underage dependents
- Place of residence
- Tenure
- Medical fitness for work
- Company Business Unit
- Occupational risk group
- Shift work rotation
- Subjection to tests before any accidents
- Annual test frequency before any accidents





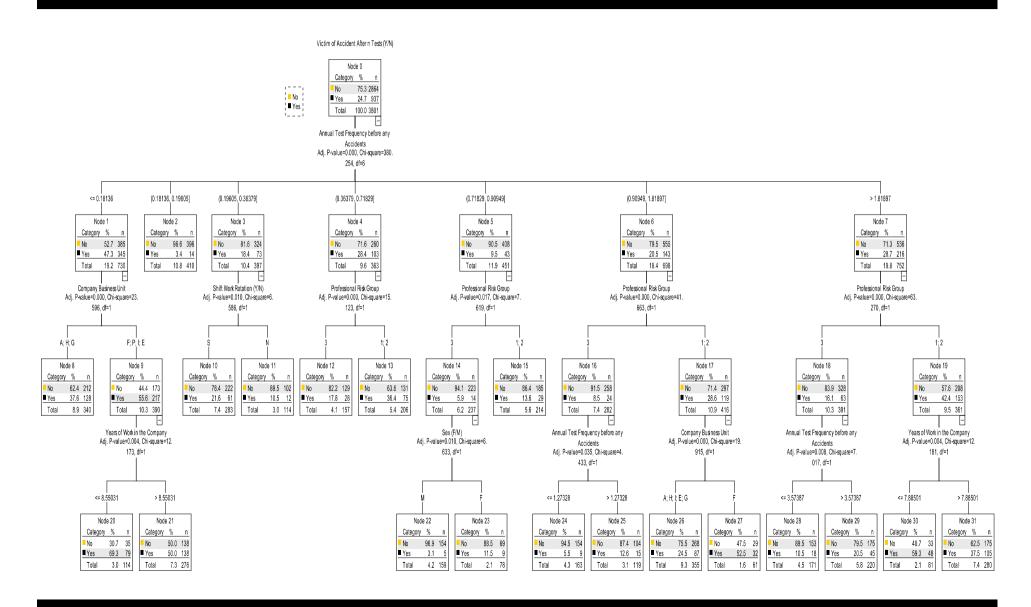


Once the expected negative association between accident occurrence and prior tests was confirmed, this study focused on the annual test frequency and accident rates

When the initial input variable "Subjection to tests" was replaced with the time insensitive variable "Annual test frequency", the same CHAID algorithm showed that this last variable was the first one next to the top of the tree

Again, the testing issue, either expressed only as "tested" and "untested", or expressed in annual frequency, was systematically the most explanatory

[dentro de "showed" no slide anterior]



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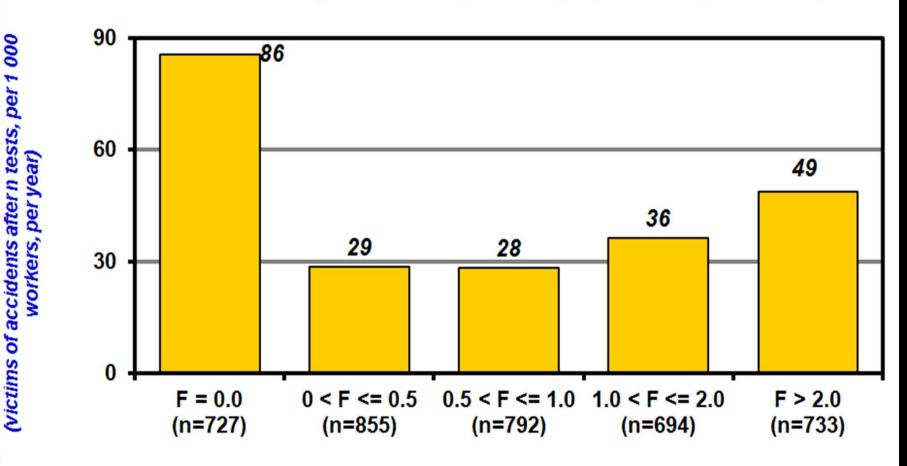
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How far an organisation should go in terms of testing effort?

The interest was to find out the optimal frequency, above which there is no benefit in increasing testing, *i.e.*, the frequency of tests at which the accident rates are minimised

[dentro de "optimal" no slide anterior]

Incidence of accident victims variation by subjection to tests before any accidents, in sub-population (N = 3801)



of accident victims after *n* tests

Incidence

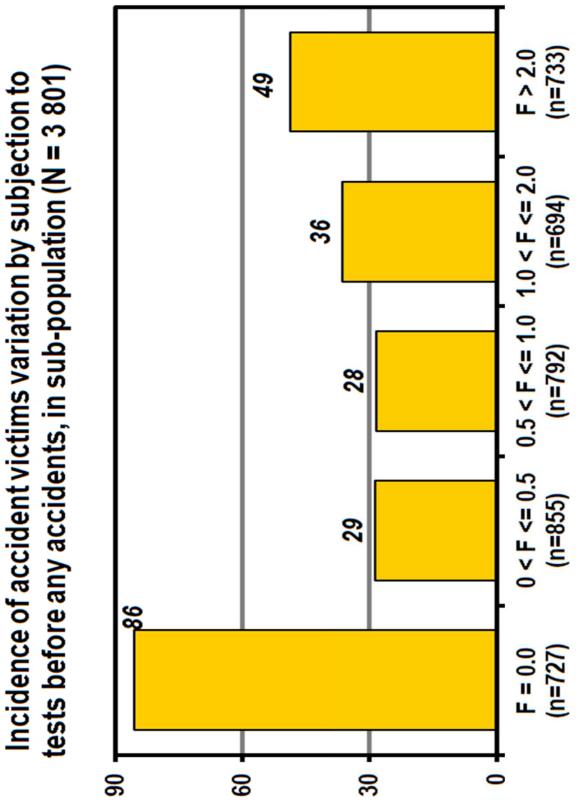
Annual test frequency before any accidents (tests per worker, per year, before any accidents)

[dentro da coluna maior (86) no slide anterior]

For generality of employees:

groups tested for A&D, reported lower accident rates, after any number of tests, than the untested group

Incidence of accident victims variation by subjection to



MOLKErs, per year) (victims of accidents aftern tests, per 1 000 Incidence of accident victims after n tests

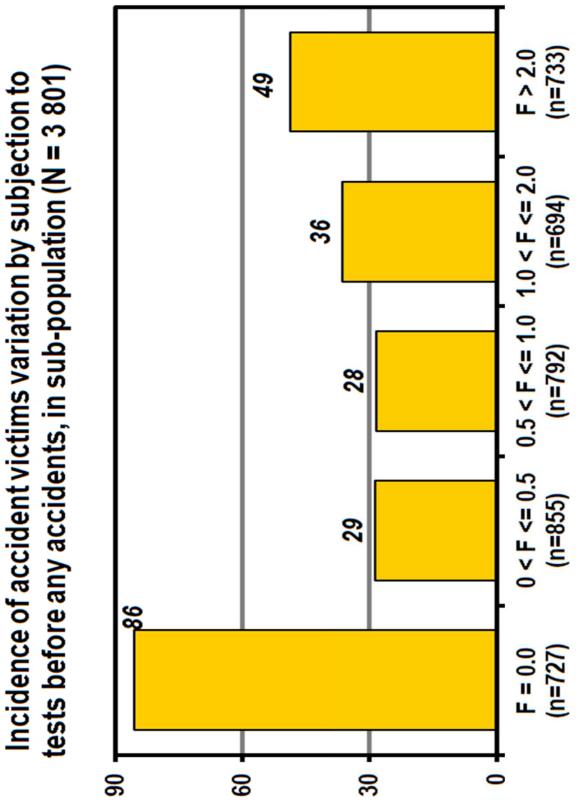
Annual test frequency before any accidents (tests per worker, per year, before any accidents)

[dentro da coluna menor (28) no slide anterior]

For generality of employees:

there is an optimal frequency of testing associated with a minimum accident rate, above which the increase in testing becomes less efficient in terms of prevention

Incidence of accident victims variation by subjection to

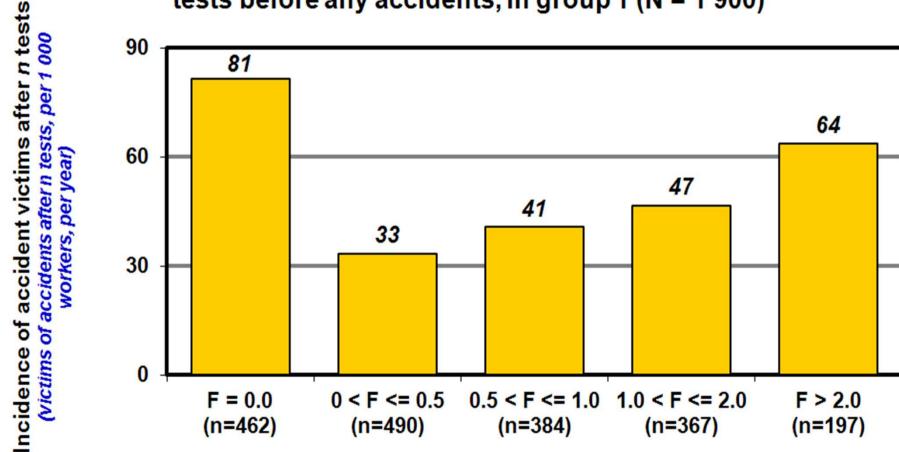


MOLKErs, per year) (victims of accidents aftern tests, per 1 000 Incidence of accident victims after n tests

Annual test frequency before any accidents (tests per worker, per year, before any accidents)



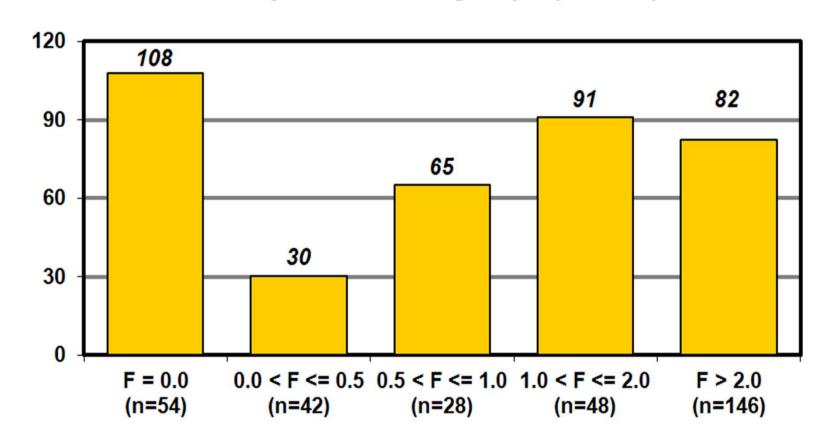
Incidence of accident victims variation by subjection to tests before any accidents, in group 1 (N = 1 900) 90



Annual test frequency before any accidents (tests per worker, per year, before any accidents)



Incidence of accident victims variation by subjection to tests before any accidents, in group 2 (N = 318)

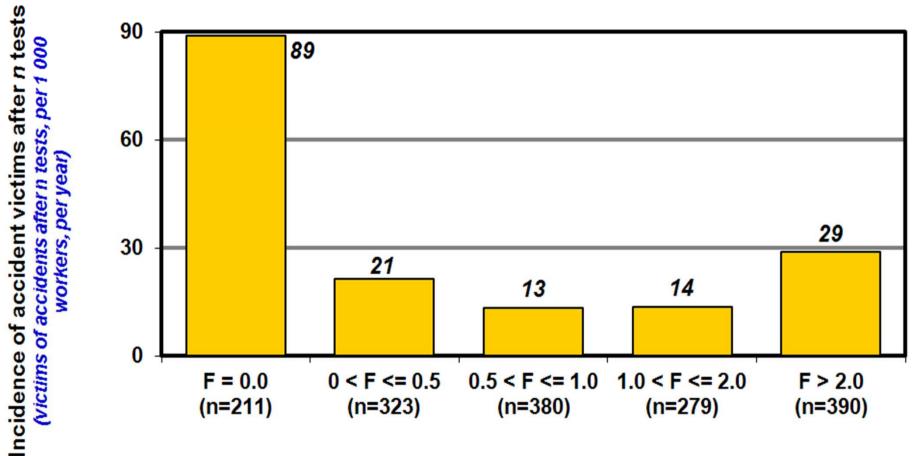


Incidence of accident victims after *n* tests (victims of accidents aftern tests, per 1 000 workers, per year)

Annual test frequency before any accidents (tests per worker, per year, before any accidents)







Annual test frequency before any accidents (tests per worker, per year, before any accidents)

The results indicate how much more probable is having an accident if untested compared to tested, as being:

- 3.7 times more, in the sub-population
- 2.6 times more, in group 1
- 2.1 times more, in group 2
- 7.8 times more, in group 3

The individual's accident risk decreases after being tested

Optimal testing frequencies that balance testing costs and accident reduction are in the range:

- [9] [0.5-1.0] tests per year per worker, in white-collars and professions at large
- [9] [0.0-0.5] tests per year per worker, in operations/technical personnel

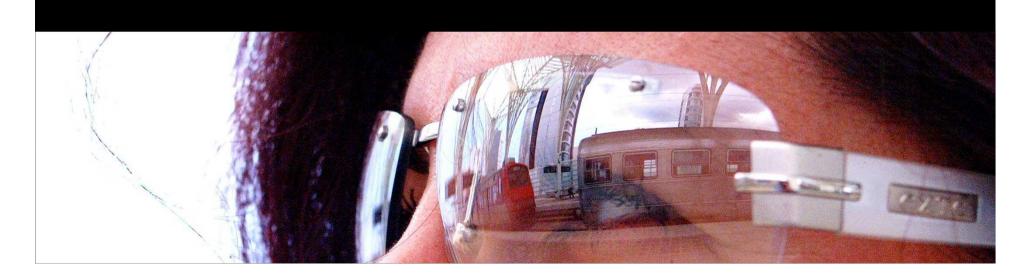
The fraction of accident victims that are prevented by the application of optimal frequencies are around:

- 59% for workers onboard trains
- 72% for those working near trains
- 85% for white-collars

The average costs with application of tests in group of onboard personnel were compared against the money saved from the nonexpenditure with overtime work, due to the reduction of accidents occurred after subjection to tests at the optimal frequency

This showed a net saving of about 15 € for each 1 € invested in testing

Conclusions



Conclusions

- Testing for alcohol and drugs at work, has preventive effect in overall professions, stronger in white-collars
- Each occupational group has an optimal testing frequency associated with a minimum accident rate
- Testing personnel onboard trains at the optimal frequency generates net savings of at least 15:1

These conclusions emerged from the contrast of accident rates after tests, between homogeneous groups of workers, only differing on their test frequency. Thus, all other things being equal, the different individual frequencies of subjection to testing were likely to be responsible for different outcomes

Thank you for your attention



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