

## **Findings** Your selected document

This entry is our account of a review or synthesis of research findings collected by Drug and Alcohol Findings. Citation here does not imply that the document is particularly relevant to Britain and of particular merit, though it may well be both. Unless indicated otherwise, permission is given to distribute this entry or incorporate passages in other documents as long as the source is acknowledged including the web address <http://findings.org.uk>. The original review was not published by Findings; click on the [Title](#) to obtain copies. Links to source documents are in [blue](#). Hover mouse over [orange](#) text for explanatory notes. The Summary is intended to convey the findings and views expressed in the review.

**Open home page. Get free e-mail alerts about new studies. Search studies by topic or free text**

### ▶ **Alcohol and drug screening of occupational drivers for preventing injury.**

**Cashman C.M., Ruotsalainen J., Greiner B.A. et al.**

**Cochrane Database of Systematic Reviews: 2009, 2, Art. No.: CD006566.**



*Exhaustive search finds just two rigorous studies of workplace testing for alcohol and/or drug use of people employed as drivers. For drugs there was some evidence of a long-term effect in averting injuries and deaths but in respect of both drugs and alcohol the evidence was too thin to support any particular policy.*

**SUMMARY** Testing employees in the workplace for alcohol and drug use is commonplace in some countries but its effect in reducing occupational injuries remains unclear. This review for the Cochrane collaboration aimed to assess the effects of testing for alcohol and drug use among people whose job involves driving a motor vehicle, in particular whether this helps prevent injury or work-related effects such as sickness absence related to injury.

The analysts searched for studies which compared testing interventions with another intervention or no intervention and collected relevant outcome data. In principle included were studies which randomly allocated drivers or workplaces to testing or not, and those which assessed the effects of testing by before and after measures.

Only two such studies were found, both from the USA, and both were variants of a before versus after research design. [One](#) was conducted in five large US transportation companies that carried passengers and/or cargo to examine the association between occupational injuries and the introduction of federally required alcohol and (separately) drug testing. In this study two interventions were evaluated: mandatory random drug testing, and mandatory random and 'for-cause' (ie, when there was reason to believe the employee had been drinking) alcohol testing programmes. [Another study](#) focused only on mandatory random drug testing and based on federal injury data that covered all lorry drivers working for interstate carriers.

#### **Main findings**

The analysts recalculated the results from raw data provided by the study authors. In one study, mandatory random and for-cause alcohol testing was associated with a significant decrease in the frequency of injuries immediately following the intervention, but there was no significant change in the existing long-term downward trend.

Mandatory random drug testing was significantly associated with an immediate *increase* in the frequency of injuries following the intervention in one study, and in the second study there was no significant link. However, in both studies random drug testing was associated with a significant further dip in the long-term downward trend in the frequency of injuries or fatal accidents.

#### **The authors' conclusions**

There was some limited evidence that in the long term, mandatory drug testing can be more effective than no intervention in reducing injuries in occupational drivers. For mandatory alcohol testing, there was evidence of an immediate effect only. The state of the evidence is insufficient to be able to advise for or against drug and alcohol testing of occupational drivers as the sole long-term solution to preventing injuries in the context of workplace culture, peer interaction and other local factors.

Last revised 04 March 2014. First uploaded 05 November 2012

- ▶ [Comment on this entry](#)
- ▶ [Give us your feedback on the site \(one-minute survey\)](#)
- ▶ Open Effectiveness Bank [home page](#) and [enter e-mail address](#) to be alerted to new studies

#### **Top 10 most closely related documents on this site. For more try a [subject](#) or [free text](#) search**

- [A new paradigm for long-term recovery](#) REVIEW 2011
- [Will intensive testing and sanctions displace treatment?](#) HOT TOPIC 2013
- [Communities can reduce drink-driving deaths](#) STUDY 2005
- [Is 24/7 Sobriety a good goal for repeat driving under the influence \(DUI\) offenders?](#) STUDY 2010
- [The 24/7 Sobriety Project](#) STUDY 2009
- [South Dakota 24/7 Sobriety program evaluation findings report](#) STUDY 2010
- [Drink-driving cut by 30-minute talk with hospital patients](#) STUDY 2006
- [Injuries reduced even when interventions do not stop problem drinkers drinking](#) STUDY 2000
- [Effects of alcohol tax and price policies on morbidity and mortality: a systematic review](#) REVIEW 2010
- [The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms](#) REVIEW 2010