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MEMORANDUM

TO: Occupational and Community Medicine Group

FROM: David Mongillo DM

DATE: November 20, 1989

SUBJECT: Meeting Minutes from October 26, 1989

Attached please find the minutes from the Occupational and Community Medicine Group meeting held October 26, 1989, in Houston, Texas. In addition, the overheads from Dr. Molenaars presentation are provied. Feel free to call me if you have any questions or comments.

cc: H. Spitzer

DAM/DR

Not Response

American Petroleum Institute

Health and Environmental Sciences Department

OCCUPATIONAL AND COMMUNITY MEDICINE GROUP

Subject to Approval

MEETING MINUTES

Inn on the Park Hotel
Houston, TX

October 26, 1989
8:30 AM - 3:30 PM

ATTENDANCE:

Reynold T. Schmidt, M.D. - Chairman

Members (or representatives) Present:

T. Bridge - Chevron
S. Cowles - Shell
E. Horvath - BP America
D. Logan - Mobil
E. Rodriguez - ARCO
J. Ross - Ashland
R. Schmidt - UNOCAL
R. Ficke - Sun
K. Gould - Exxon
G. Lovett - Conoco
D. Molenaar - UNOCAL
C. Ross - Shell
R. Shaw - Texaco
G. Spivey - UNOCAL

Others Present:

B. Divine - Texaco
A. Fisher - Amoco
S. Mahagaokar - Pennzoil
C. Montgomery - Exxon
G. Douglas - Texaco
K. Froats - Esso Petroleum Cana
M. McDaniel - Unocal
C. Skisak - Pennzoil

Staff Present:

D. Mongillo - API/HESD
V. Ughetta - API/OGC
R. Drew - API/HESD

I. INTRODUCTORY REMARKS

Dr. Schmidt welcomed the group. It is his observation that increasing emphasis is on environmental issues. This was highlighted by an earlier plenary session presentation (as part of the API Fall Meeting) which summarized a management report to the API Public Policy Committee. Environmental issues are ranked number one priority and it was speculated in the report, that environmental issues will gain in importance over the next decade. Dr. Schmidt stressed the need for occupational medicine to broaden its horizons in order to

play a meaningful role in responding to environmental health issues.

II. UPDATE API COMMITTEE ACTIVITIES

A. Ozone Health Effects (Dr. Logan)

Congress is undertaking reauthorization of the Clean Air Act (CAA) and examining the role of petroleum products' contribution to ozone formation and air toxics production.

The API Ozone Health Effects Task Force has been focusing on the question of health effects from low level ozone exposure. They are considering the following;

- o Attempt to duplicate low level ozone health effects from human exposure chamber studies. This is considered a difficult task and may not provide meaningful data.

- o Focus on the exposure side of the equation. Goal is to get more accurate picture of respiratory function during exercise in the general population.

Dr. Logan pointed out that there is a limited budget for research activities and they are therefore trying to develop joint funding with other interested parties.

B. Motor Fuels Task Force (Dr. Cowles)

Two ongoing API epidemiology studies were briefly summarized:

- o OH-38A - "A Case-Control Study of Kidney Cancer Among Petroleum Refinery Workers." A revised draft report was received from the contractor in September 1989. All analyses of the exposure ratings revealed either no association or weak associations between kidney cancer and refinery exposures. Analysis of the longest job held produced results somewhat more consistent with a relation between employment and kidney cancer, with increased risk evident among downstream (storage and oil movement) workers. A final report is expected by the end of 1989.

- o OH-38D - "A Cohort Mortality Study of Marketing and Marine Distribution Worker in the Petroleum Industry with Potential Exposure to Gasoline." The study is approaching the exposure assessment integration phase. Preliminary results should be available in mid 1990 with a final report by the end of 1990.

III. NEUROBEHAVIORAL TASK FORCE UPDATE (Dr. Spivey)

Dr. Spivey gave a presentation to the API Research Science Policy (RSP) Group in September, 1989. The presentation was intended to update them about solvent/neurobehavioral effects data and discuss possible API research in this area. Dr. Chris Ryan, a clinical psychologist at the University of Pittsburgh, assisted in the presentation. It is Dr. Ryan's experience that a subset of the solvent exposed population exhibit symptoms compatible with "solvent syndrome." Reference was made to an article by Dr. Ryan in the September issue of Journal of Occupational Medicine on this subject. The RSP agreed to bring the issue to the attention of higher level API committees. In addition, the Neurobehavioral Task Force has received a draft report of a literature search by Drs. Rosenberg and Schaumburg, "Neurotoxicity of Petrochemicals with Special Reference to Neurobehavioral Effects." The report is undergoing review and a revised draft is due by the end of the year.

IV. PROJECT UPDATE

- API has contracted a report on "Use of Biological Monitoring and Biomarkers - State of the Art Review". Comments were requested of OCMG members on the draft submitted by Battelle. It was generally agreed the report was well written and technically correct. A caution was expressed regarding the many confounders and scientific uncertainties which limit the practical widespread application of biological monitoring/biomarkers in occupational health surveillance programs. The report was accepted by the group.

V. PRESENTATIONS

- Dr. Gould presented an overview of the medical program Exxon provided in response to the Valdez oil spill.

- Dr. Molenaar reported on the results of a substance abuse survey performed by the National Petroleum Refinery Association (see attached). It was his impression that industry physicians did not play an integral role in responding to the survey. He encouraged the group to think of activities API could pursue in the area of substance abuse.

Following lunch we had two excellent presentations by speakers outside the petroleum industry:

Robert Harrison, M.D.
University of California at San Francisco
Div. of Occupational and Environmental Medicine
San Francisco, CA 94117-0924
(415) 476-1841

"Sensitivity, Allergy and the Immune System"

Paul Brandt-Rauf, Sc.D., M.D.
Director, Occupational Medicine
Columbia University
New York, N.Y. 10032
(212) 305-3464
"Occupational Cancer Biomonitoring"

VI. NEXT MEETING

Our next meeting is tentatively scheduled for April 1990. Agenda items are welcome. Details will be forthcoming as the date approaches.

Submitted by,

David A. Mongillo

Reviewed by,

Reynold T. Schmidt

NATIONAL PETROLEUM REFINERS ASSOCIATION (NPRA)

M E M B E R S H I P

- US REFINERY OPERATORS - MAJORITY
- PETROCHEMICAL MANUFACTURERS UTILIZING REFINERY LIKE PROCESSES

SUBSTANCE ABUSE PANEL DISCUSSION

- 32 ITEM QUESTIONNAIRE
- 118 QUESTIONNAIRES MAILED
- 64 RESPONDENTS, 50 (REFINERY) 14 (PETCHEM)
- RESPONDENTS REPRESENT 73% TOTAL US REFINING CAPACITY (16M B/D)

1989 NPRA MEETING

RESPONDENT DRUG TESTING POLICIES

- 66% OF REFINERY RESPONDENTS WITH WRITTEN SUBSTANCE ABUSE POLICIES
- THE LARGER THE RESPONDENT, THE MORE LIKELY A WRITTEN SUBSTANCE ABUSE POLICY
- MOST RESPONDENTS APPLY POLICY TO ALCOHOL (13% WITH SEPARATE POLICY FOR ALCOHOL)
- 100% OF RESPONDENTS WITH SUBSTANCE ABUSE POLICIES PERFORM DRUG ABUSE TESTING
- POLICY COMMUNICATION

  --WRITTEN MATERIAL

  --TRAINING SESSIONS

  --OTHER

RESPONDENT DRUG TESTING PROCEDURES

REASONS FOR DRUG TESTING

- **DRUG ABUSE TESTING BY CLASS:**

  --PRE-EMPLOYMENT 96%

  --FOR CAUSE 93%

  --ACCIDENT/INCIDENT 71%

  --PERIODIC (DOT PHYSICALS) 42%

  --RANDOM TESTING
  (PROBABLY CONFINED TO POST REHABILITATION) . 29%

  --PERIODIC (ANNUAL PHYSICALS) 20%

- **DRUG ABUSE TESTING WRITTEN CONSENT (41/45) . . 91%**

RESPONDENT DRUG TESTING PROCEDURES

AVERAGE DRUG TESTING CONCENTRATION LIMITS

	SCREENING	(HHS)*	CONFIRMATORY	(HHS)*
ALCOHOL	.05	-	.05	-
AMPHETAMINES	1000	(1000)	500	(500)
BARBITURATES	300	-	300	-
CANNABINOIDS	50	(100)	50	(15)
COCAINE	300	(300)	300	(150)
HEROIN/MORPHINE	300	(300)	300	(300)
BENZODIAZEPINE	300	-	300	-
PCP	25	(25)	25	(25)

- 93% (40/43) CONFIRM INITIAL POSITIVE RESULTS
- HEALTH AND HUMAN SERVICES GUIDELINES

RESPONDENT DRUG TESTING PROCEDURES

COST OF TESTING

SCREENING, WITH CONFIRMATION	26.97 AVG
SCREENING, WITHOUT CONFIRMATION	22.47 AVG
CONFIRMATION	54.18 AVG

RESPONDENT SUBSTANCE ABUSE TESTING RESULTS

- 25,000 TESTS IN 1988 (1/2 PRE-EMPLOYMENT)
- POSITIVE TEST RESULTS AVERAGE 5% (0 - 39%)
- VARIATION IN POSITIVE DRUG TESTS BY TEST CLASS

  --DOT (62/714) . . . 8.7%

  --RANDOM [5 RESPONDERS] (85/2596) . . . 3.3%

- MANNER OF DATA COLLECTION DID NOT ALLOW DETERMINATION OF POSITIVE TEST RESULTS FOR OTHER TEST REASONS

RESPONDENT DRUG TESTING RESULTS

BY TYPE AND EMPLOYEE STATUS

	APPLICANTS	EMPLOYEES
THC	59%*	45%*
COCAINE	13%	20%
BENZODIAZEPINE	7%	4%
HEROIN/MORPHINE	5%	5%
ALCOHOL	4%	10%
BARBITURATES	3%	4%
OTHER	2%	8%
	100%	100%

*MAY REFLECT LONGER RETENTION TIMES

COUNSELLING AND REFERRAL PROCEDURES

FOLLOW-UP ACTION FOR POSITIVE TEST RESULTS BY TEST REASON

UNDER INFLUENCE	EAP	63%
	ADMINISTRATIVE	37%
RANDOM	EAP	59%
	ADMINISTRATIVE	30%
	OTHER	11%
INJURY	EAP	38%
	ADMINISTRATIVE	56%
	OTHER	6%
ACCIDENT/INCIDENT	EAP	27%
	ADMINISTRATIVE	73%
D.O.T.	EAP	24%
	ADMINISTRATIVE	76%

COUNSELLING AND REFERRAL PROCEDURES

DRUG TESTING DURING REHABILITATION

YES - 87%

NO - 13%

DURATION AND FREQUENCY OF TESTING NOT CLARIFIED

COUNSELLING AND REFERRAL PROCEDURES

REHABILITATION RESTRICTIONS

TREATMENT ONLY ONCE	47%
TREATMENT* MORE THAN ONCE	53%

*(BUT ROUGHLY 1/2 RESPONDENTS LIMIT - FURTHER TREATMENT IN SOME WAY)

RESPONDENT EMPLOYEE EDUCATION

EMPLOYEE AWARENESS CAMPAIGN	70%
SUPERVISORIAL TRAINING IN DRUG IDENTIFICATION AND RESPONSE	80%