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DEFINITIVE GUIDE TO DRUG SCREENING

Employment drug testing is a valuable tool to mitigate drug-related employment risks and maintain safety in the workplace. Many employers also utilize drug screening to minimize turnover rates and absenteeism and enhance workplace morale. According to the Centers for Disease Control and Prevention (CDC), "70% of all adults with an alcohol or illicit drug use disorder are employed." Employees under the influence of drugs or alcohol may struggle to perform specific job duties, meet deadlines, or maintain quality work

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DRIVING ON THE JOB

1,800 FATALITIES

379,000 INJURIES

The risk for injury while performing job duties involving the operation of heavy machinery or motor vehicles, working in hazardous environments, or performing tasks requiring coordination and focus increases significantly if the worker is impaired. Drug and alcohol use while performing work tasks often impacts the employee's judgment and cognitive abilities, increasing the risk of work-related accidents, injuries, and casualties. According to the 2019 Network of Employers for Traffic Safety (NETS) report, "In 2018, 1,800 fatalities and 379,000 injuries occurred while (driving) on the job." Additionally, 305 fatal injuries occurred in 2018 due to unintentional overdoses of nonmedical drugs and alcohol, according to the U.S. Bureau of Labor Statistics.

Further, the U.S. Department of Labor reported that drug and alcohol abuse at work causes roughly 65% of all on-the-job accidents. 38% to 50% of all workers' compensation claims are related to workplace drug or alcohol abuse. Employers may be held liable for the actions of their employees, especially if an accident or injury occurs due to on-the-job impairment. Therefore, identifying substance abuse through drug screening and enforcing drug-free workplace programs is crucial.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "creating a written drug-free policy that reflects the needs of your workplace and applicable laws is a key part of a successful drug-free workplace program." A drug-free policy should include critical elements such as the company's statement of purpose, goals, dissemination strategies, and consequences of substance abuse violations in the workplace. The policy should also outline the company's expectations, including testing procedures and identifying when and how tests are administered. Additionally, your policy should include resources for employees seeking treatment or recovery for drug and/or alcohol abuse, like access to Employee Assistance Programs (EAPs). According to the Employee Assistance Professional Association, absenteeism declines by 66% among individuals offered company-supported programs.

While many employers understand the benefits of promoting a drug-free workplace, developing policy, and maintaining procedures can seem like a monumental feat for busy human resource and risk mitigation professionals. Easy access to key resources can help employers promote quality, compliant programs.

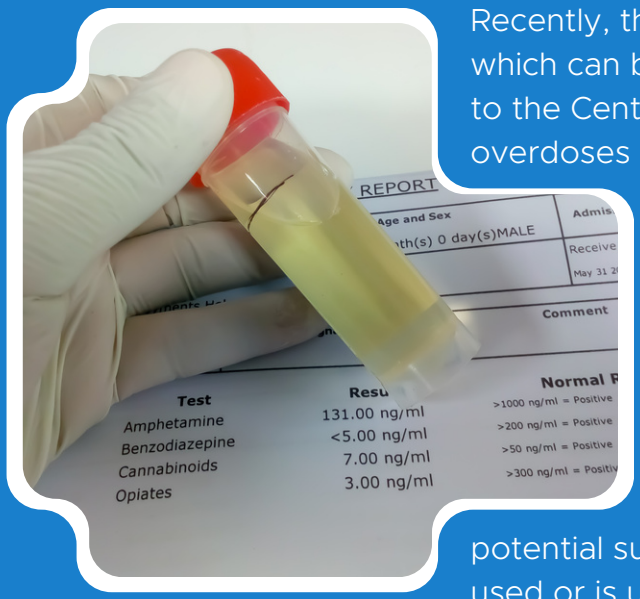
Common Drugs of Abuse

Alcohol and marijuana are the top two drugs of abuse in America, partially due to their low cost and high accessibility. According to the National Institute on Drug Abuse (NIDA), twenty-two million Americans met the criteria for alcohol and marijuana abuse in 2019. Further, SAMHSA's National Survey on Drug Use and Health stated that 61.2 million people used illicit drugs in 2021. Of this figure, 52.5 million used marijuana. Other common drugs of abuse in the workplace include opioids (fentanyl, oxycodone, hydrocodone), hallucinogens (phencyclidine), depressants and sedatives (barbiturates, benzodiazepines), and amphetamines (methamphetamine).

A standard 5-panel drug screen detects the presence of five common classes of substances of abuse, including THC (marijuana), cocaine, amphetamines, phencyclidine, and opioids. For more comprehensive screening needs, employers may opt to utilize a 10-panel drug screen. A standard 10-panel drug test includes the same substance detection panels found in a standard 5-panel drug test, in addition to detecting the presence of barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. Employers in certain industries may also require screening for other substances of abuse based on specific abuse concerns or to ensure compliance with regulatory requirements.

As of January 1st, 2018, the Department of Transportation (DOT) expanded its required 5-panel urine-based laboratory test to include screening and confirmation testing for the semi-synthetic

opioids Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone, and the amphetamine MDA. DOT-regulated drug tests are separated into specific substances and metabolites within five categories: marijuana, cocaine, opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, and 6-AM), amphetamines (methamphetamine, MDMA, and MDA), and phencyclidine metabolites. DOT-regulated employers must utilize a SAMHSA-certified laboratory in processing mandatory DOT 5 panel tests.



Recently, there has been a significant increase in fentanyl use, which can be lethal in non-medically-regulated dosages. According to the Centers for Disease Control (CDC), the death rates of drug overdoses involving fentanyl "increased by 279% from 5.7 per 100,000 in 2016 to 21.6 per 100,000 in 2021." Screening for fentanyl usage and other prescription and recreational drugs as they gain in popularity as commonly abused substances provides employers with an additional layer of protection against the negative effects of workplace substance abuse.

While drug testing can indicate a job candidate has a potential substance abuse habit or can confirm an employee has used or is under the influence of an illicit drug, one key to success in any drug-free workplace program is having a high-level understanding of each substance and the ability to identify when a worker shows signs substance abuse or impairment due to drug or alcohol use. Listed below is an overview of the most common substances abuse along with their typical behavioral and physiological effects on users.

DRUG OVERDOSES INVOLVING FENTANYL INCREASED BY

279%

FROM 5.7 PER 100,000 IN 2016 TO 21.6 PER 100,000 IN 2021

Drug Name	Description
Amphetamines (AMP)	A synthetic mood-altering stimulant used in a clinical setting to treat attention deficit hyperactivity disorder (ADD/ADHD), obesity, and narcolepsy. Amphetamines act on the central nervous system and cause a user to have increased focus, energy, and reduced appetite.
Barbiturates	A depressant/sedative medication primarily used by medical professionals to treat insomnia and prevent seizures. Few doctors in the U.S. prescribe barbiturates due to the development of new drugs with minimized risk of abuse. Barbiturates affect the central nervous system and cause drowsiness and relaxation. Signs of barbiturate use include difficulty thinking, extreme sleepiness, and withdrawal symptoms such as agitation and hand tremors.
Benzodiazepines	A depressant commonly prescribed to treat anxiety, panic, sleep disorders, and muscle spasms. Benzodiazepines affect the central nervous system and cause drowsiness and sedation. Signs of benzodiazepine use include loss of interest in work projects or social activities. Users may also experience withdrawal symptoms such as panic, anxiety, sensory issues, and difficulty focusing when usage is stopped.
Cocaine (COC)	A powerful and addictive stimulant derived from the coca plant. Cocaine can function as an anesthetic in surgeries or other medical procedures, but recreational use is prohibited in the United States. Cocaine forces a flood of dopamine into the brain and triggers the user's reward circuit, causing a cycle of drug-taking behaviors. Signs of cocaine use include an extreme level of alertness, happiness, and euphoria. Cocaine can also make users irritable, paranoid, or hypersensitive to their surroundings.
Marijuana (THC)	A mind-altering psychoactive hallucinogen produced by the cannabis plant. While the plant comprises hundreds of chemical compounds, Delta-9 tetrahydrocannabinol (THC) is the compound in cannabis that causes a user to feel “high” and relaxed. Marijuana causes increased heart rate, red eyes, anxiety, delayed reaction times, distorted senses, and increased thirst and hunger.

Drug Name	Description
Methadone (OPI)	A strong, synthetic opioid prescribed by medical professionals to treat opioid use disorder (OUD) and to manage chronic pain. When taken as directed or as part of a medical treatment plan, methadone is safe and effective in helping individuals sustain recovery. Methadone can cause restlessness, nausea, constipation, and significant side effects like difficulty breathing, hallucinations, chest pain, and memory/cognitive function issues.
Methamphetamine (AMP)	A central nervous system stimulant, often illegally produced in foreign and domestic labs for recreational use. Methamphetamines are rarely medically prescribed due to their high potential to cause certain health risks, including brain damage and chronic psychiatric disorders. Signs of methamphetamine use include increased wakefulness, decreased appetite, increased blood pressure, heart rate, and rapid weight loss.
Opioids (OPI)	A broad group of substances derived from the opium poppy plant, primarily prescribed by healthcare providers to treat adults with moderate to severe pain. Opioids interact with opioid receptors in the user's brain, producing a sense of euphoria and well-being. Signs of opioid use include inattentiveness, mood swings, and withdrawal from social activities or hobbies.
Oxycodone (OPI)	A highly addictive, semi-synthetic opioid prescribed by medical professionals to treat adults with moderate to severe pain. Oxycodone changes how a user's brain and nervous system respond to pain and causes euphoria, relaxation, and reduced anxiety. Signs of use include dilated pupils, drowsiness, excitement, and lack of interest in work and social engagement.
Phencyclidine (PCP)	A mind-altering, hallucinogenic drug currently only used for illegal recreational purposes. PCP used to be legally manufactured in the U.S. as an anesthetic tranquilizer called "Sernyl." It is a Drug Enforcement Agency (DEA) Schedule II controlled substance due to the drug's high potential for dependence and abuse. PCP affects neurotransmitters in the brain and causes the user to feel disconnected and numb to pain, emotions, and memory. It can also cause the user to perceive stimuli not aligned with reality.

The length of time an illicit substance is detectable in a drug test varies based on the mode of testing, the level of usage, and even physiological traits specific to the user. Below is a table of the most common drugs of abuse and the average substance detection window in urine, oral fluid, hair follicles, and blood specimens.

Substance	Classification	Urine Detection (days)	Oral Fluid Detection (days)	Hair Follicle Detection (days)	Blood Plasma Half-Life (hours)
Alcohol	Depressant	Up to 1	Up to 2	Up to 90	Up to 12
Amphetamine	Stimulant	Up to 2	Up to 2	Up to 90	Up to 12
Barbiturate	Depressant/Sedative	1-21	Up to 3	Up to 90	Up to 72
Benzodiazepine	Depressant/Sedative	Up to 5	Up to 3	Up to 90	Up to 24
Buprenorphine	Analgesic	1-10	Up to 5	Up to 90	26-42
Cocaine	Stimulant	Up to 3	Up to 3	Up to 90	Up to 48
Fentanyl	Analgesic/Anesthetic Opioid	Up to 4	Up to 3	Up to 90	5-48
Ketamine	Hallucinogen	1-30+	Up to 2	Up to 90	Up to 24
Marijuana	Hallucinogen	2-30+	Up to 2	Up to 90	336 (14 days)
MDMA	Stimulant	2-5	Up to 2	Up to 90	Up to 48
Methadone	Analgesic Opioid	Up to 4	3-5	Up to 90	15-55
Methamphetamine	Stimulant	Up to 2	Up to 2	Up to 90	Up to 37
Methaqualone	Sedative	Up to 3	N/A	N/A	N/A
Meperidine	Analgesic	Up to 4	1-2	Up to 90	2-5
Opioid	Analgesic	Up to 3	Up to 3	Up to 90	5-6
Oxycodone	Analgesic Opioid	Up to 3	1-4	Up to 90	3-6
Phencyclidine	Hallucinogen	5-8	Up to 2	Up to 90	7-46
Propoxyphene	Sedative/Analgesic	2-4	Up to 2	Up to 90	8-24
Tramadol	Analgesic	Up to 4	Up to 2	Up to 90	Up to 48
6-AM	Opioid	Up to 3	Up to 1	Up to 90	6-12

The above detection windows are lab-published averages. Actual detection periods may vary based on individual donors.

Benefits and Challenges of Testing Options

Drug and alcohol testing options for employment screening include urine, oral fluid, hair follicle, and blood. Blood plasma testing is primarily used when other test modes are not feasible and therefore, is not commonly utilized for employment-related testing. Urine specimen testing is currently the most common method, primarily due to historical[SE1] government-regulated testing and proven record of validity.

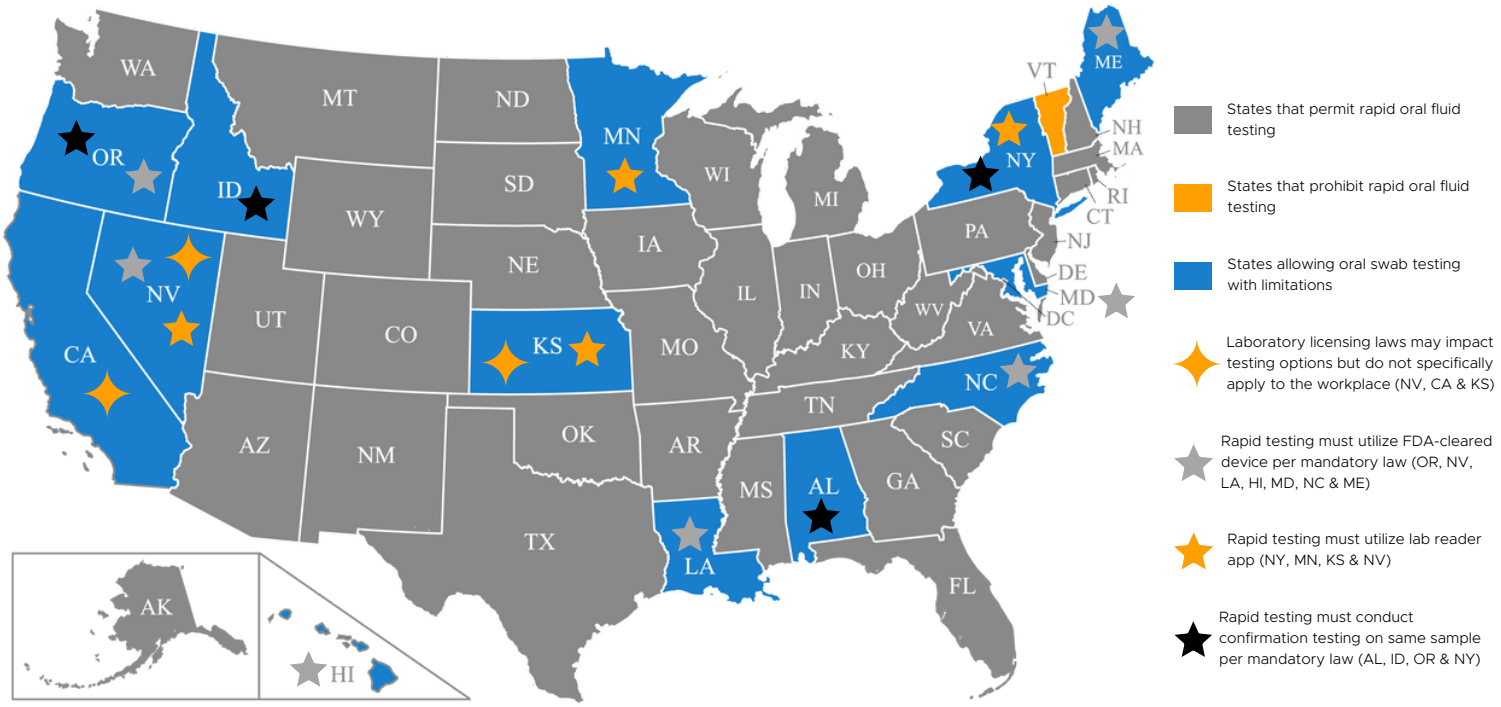
Urine screening is cost-effective, affords expanded panel configurations for illicit drugs and substances, and supports broad detection periods of up to thirty days based upon the substance tested. Alternatively, urine-based drug screening presents the highest opportunity for donor adulteration, especially during unsupervised collections, and has become a target of worker privacy concerns. Other challenges associated with urine-based screening include the need for specialized restroom facilities, same-sex collectors for when observed collections are required, and the inability of some donors to produce a urine specimen in a clinical setting, also known as "shy bladder" syndrome.

Hair follicle testing is used on a limited basis in employment settings primarily due to its cost, which is generally at least twice lab-based urine or oral fluid testing rates. The benefits of this testing method include extended detection periods of up to 90 days, making it a great option for detecting long-term or habitual use. Additionally, hair follicle testing is often considered less personally invasive than urinalysis and reduces concerns for specimen adulteration. Hair follicle testing can also present specific challenges, including limited options for testing panel customization and the inability to detect recent drug use if the user did not have prior/historical use.

In recent years, both lab-based and instant oral fluid drug testing has gained popularity due to several distinct advantages. Oral fluid tests offer a direct, supervised, non-invasive collection method donors can self-administer. Instant oral fluid testing provides the added benefit of rapid results. Oral fluid specimens are generally not susceptible to adulteration, especially when the donor is observed for 10-15 minutes pretest to ensure nothing is ingested by mouth, and are valid for detecting current impairment or recent drug usage ranging from 5 to 48 hours post-use. Additionally, since specimen collection can take place virtually anywhere, collections are not restricted by collection facility availability and can easily be facilitated at any time of day or night. This benefits post-accident or reasonable suspicion testing, especially when a test is needed after standard collection facility and clinic business hours, as after-hours testing either via mobile collection or utilizing an emergency medical facility is often very costly. The primary disadvantage of oral fluid testing is it has the shortest detection time window for specific substances of abuse, including THC.

State Limitations on Oral Fluid Testing

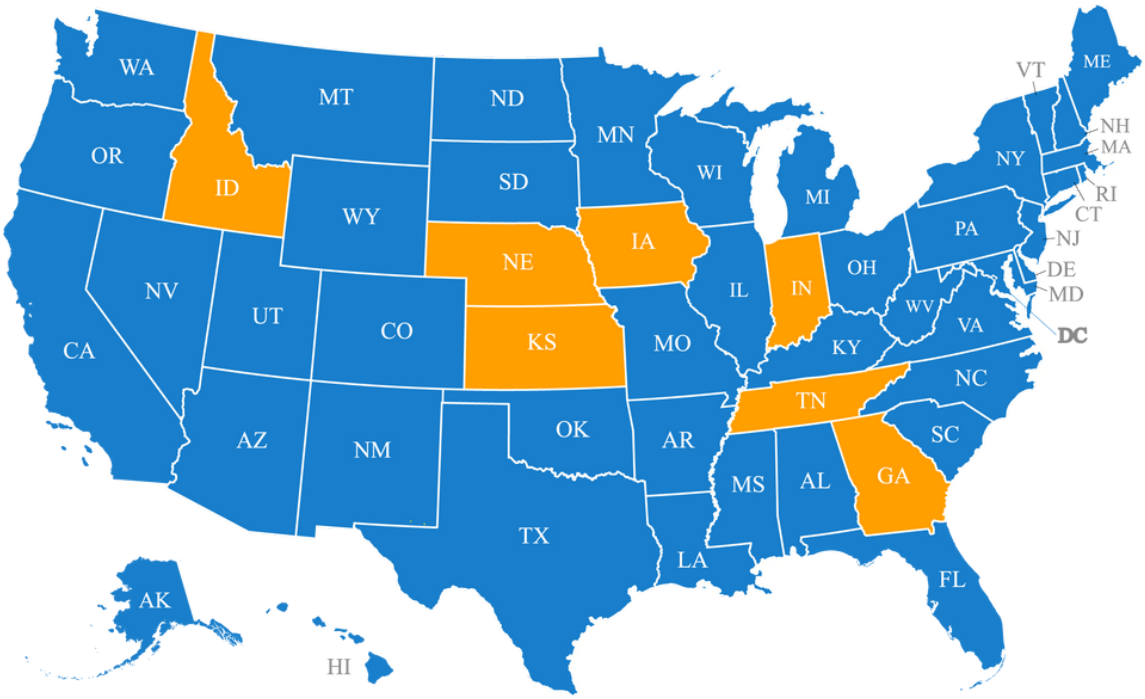
While oral fluid testing provides a wide range of benefits, employers should be aware of specific state legislation that may impact employment use. Currently, Vermont is the only state that prohibits oral fluid testing for employment purposes.



Special Considerations for THC Testing

While the detection window for THC in oral fluid testing is significantly shorter when compared with urine and hair follicle testing, dependant upon organizational goals, many employers view it as a benefit versus a disadvantage. If an employer is primarily concerned with current impairment or habitual use of THC, the shorter detection window can reduce positive results for occasional recreational use. Employers also have the option to remove THC from their test panel configuration if they choose not to test for THC, either in compliance with increasing state-specific marijuana legislation impacting employment THC testing or for cultural reasons. Marijuana remains a DEA Schedule I substance and, therefore, is not legal for recreation or medical use on a federal level. Employers required to maintain employment drug testing programs due to federal regulation, including those operating under DOT regulation, are generally required to continue to include THC testing for regulated tests, regardless of applicable state law. The map below illustrates states with current marijuana use legislation.

State Marijuana Legislation



States with THC Legislation **States with No THC Protections**

Click the map to view full state-by-state legislation overview

DOT Announces Final Rule for Oral Fluid Drug Testing

On May 2, 2023, the DOT published a final rule allowing employers under its regulation the option to use lab-based oral fluid testing in their drug testing programs. While the final rule was enacted on June 1, 2023, employers wishing to administer oral fluid testing must wait for the Department of Health and Human Services (HHS) and SAMHSA to certify at least two laboratories for oral fluid specimen testing, to afford feasibility for split-specimen confirmation testing, when required. As discussed above, oral fluid testing benefits employers who frequently administer random, reasonable suspicion, post-accident, or return-to-duty drug tests as collection can be administered onsite with minimal time away from work duties, which can result in significant overall program cost savings for employers. Designated Employer Representatives (DERs) or other supervisory staff can obtain oral fluid collector certifications to support onsite collections for DOT-regulated employers. Further, since oral fluid testing eliminates several privacy challenges commonly raised in urine-based collections, especially when observed collection is required, t is less likely to provoke worker concerns. DOT-approved oral fluid testing can also serve as an alternative test mode when a donor has “shy bladder” syndrome or cannot produce enough urine for a test specimen.

DOT Testing Program Management – 49 CFR Part 40

Federal guidelines regarding DOT-regulated drug and alcohol testing and program management are found in 49 CFR Part 40. While the DOT has standardized the substances tested in a DOT-regulated test, each agency operating under the DOT establishes its own criteria governing safety-sensitive workers in their transportation mode, including qualification requirements for testing personnel, random drug testing rules, consequences of non-negative results, and record-keeping and reporting requirements.

DOT Agency	2023 Random Drug Testing Rate	2023 Random Alcohol Testing Rate
Federal Motor Carrier Safety Administration (FMCSA)	50%	10%
Federal Aviation Administration (FAA)	25%	10%
Federal Transit Administration (FTA)	50%	10%
Federal Railroad Administration (FRA)	25% - Covered Service	10% - Covered Service
	25% - Maintenance of Way	10% - Maintenance of Way
Pipeline & Hazardous Materials Safety Administration (PHMSA)	25%	N/A

The Importance of Using Qualified Providers and Third-Party Administrators (TPAs)

DOT-regulated employers have the option to utilize a third-party administrator (TPA) to aid in facilitating their drug and alcohol screening programs. TPAs often provide physical support for random drug and alcohol screening processes, including safety-sensitive worker pool management, aid in recordkeeping and reporting, and provide labor resources to DERs. TPAs also help promote legal compliance by providing updates on changing legislation, ensuring employers meet mandatory random testing minimums, safeguarding sensitive worker data, and providing document management and audit support. Further, an experienced, qualified provider can help ensure an employer's substance abuse screening program(s), whether DOT-regulated, non-regulated, or both, meets each organization's specific risk mitigation goals and compliance requirements.

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