DRUG TESTING UPDATE

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Legislative landscape

Two decades after passage of California's Proposition 215 in 1996, a total of 33 states, the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands have approved comprehensive, publicly available medical marijuana/cannabis programs.¹²

On November 6, 2012, Colorado and Washington became the first states to legalize recreational marijuana. Today, states continue to offer their residents the option to pass legislation to allow the recreational use and sale of marijuana.







By the numbers June 2019

- 33 states + D.C. + 3 U.S. territories have passed comprehensive "medical marijuana" laws
- 14 other states have passed low THC/High CBD laws
- I state has only industrial hemp law (Nebraska)
- Il states + D.C. + 2 U.S. territories (CNMI & Guam) have passed recreational marijuana

Marijuana Potency

Dozens of strains of marijuana

Over last 20 years, marijuana potency – expressed as a percentage of THC by weight of substance – has increased from approx. 3% in 1980s to approx. 15% today

THC can be detected in a drug test days or weeks after ingestion

Marijuana and the Federal government

Despite ongoing changes to state legislation, marijuana (and its derivatives like CBD), remain part of the federal government's Controlled Substances Act, and are categorized as a Schedule I controlled substance.

Drug scheduling guide for the L	Jnited States ¹⁵
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Schedule I	Most potential for abuse and dependence No medicinal qualities	Heroin LSD Marijuana Ecstasy (MDMA) Peyote
Schedule II	High potential for abuse and dependence Some medicinal qualities	Vicodin® Cocaine Methamphetamine OxyContin® Adderall®
Schedule III	Moderate potential for abuse/dependence Doctor's prescription required	Tylenol® with codeine Ketamine Steroids Testosterone
Schedule IV	Lowest potential for abuse/dependence Acceptable medicinal qualities Prescription required – lower refill regulations	Xanax® Darvon® Valium® Ativan® Ambien® Tramadol®
Schedule V	Lowest potential for abuse/dependence Acceptable medicinal qualities Prescription required – lowest refill regulations	Robitussin AC® Lomotil® Motofen® Lyrica®

Source: U.S. Drug Enforcement Administration Drug Scheduling¹⁵

Marijuana & Impairment

- Some testing (Blood, oral fluid) can indicate ingestion within 4-6 hours, however no accepted test to assess or predict impairment
- Impairment affected by:
- Strain & Potency
- Physical Characteristics of the user
- Environmental surroundings
- Frequency of use
- Method of consumption

Marijuana positivity in general U.S. workforce

Tops the list of the most commonly detected illicit substances



Source: Quest Diagnostics Drug Testing Index Full Year 2018

Marijuana positivity

General U.S. workforce urine by state marijuana law status



Marijuana positivity

Federally mandated, safety-sensitive urine by state marijuana law status



Marijuana positivity in recreational use states

General U.S. workforce urine







Post-accident urine drug test positivity

Jumps in both employee testing categories



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Marijuana urine drug test positivity by testing reason

U.S. general workforce



Marijuana urine drug test positivity by testing reason

Federally mandated, safety-sensitive workforce urine



Developing a marijuana policy

Considerations

- Know your workforce
 - Location
 - Position and safety issues
 - Multi-state issues
- Know the law and your obligations
 - What state law applies and do I have to accommodate medical marijuana?
 - The multi-state issue
 - Most state medical marijuana laws do not define employer or employee
- Decide policy
 - Be clear and transparent
 - . Who is subject to testing? How will it be administered?
 - What are the consequences of positive drug test results, specifically, how will marijuana usage be handled?
- How to drug test

Common questions

Do I have to accommodate marijuana usage?

How do I handle marijuana positive test results?

CBD OIL

- THC Cutoff Levels & How They Relate to Failing a Drug Test After Taking CBD Oil. Most CBD oils contain minuscule amounts of THC. ... For reference, a standard "good-sized" joint with high-quality marijuana contains about 50 mg of THC (this amount will cause most individuals to fail a drug test).
- In order for CBD, or cannabinoid-rich hemp oil products to test positive on a drug test, an individual would have to be using unusually large amounts (above 1000-2000 mg) of the product. Due to the fact that it remains an unregulated drug, some CBD oils have as much as 1/10th the THC concentration as marijuana. Therefore, consuming high quantities of CBD oil will leave enough THC in your system to trigger a positive test result **and cause impairment**.

WHAT DOES THIS MEAN FOR EMPLOYERS?

- One of the main issues lies in the fact that CBD oil brands are often contradicting because the doses aren't standardized. Some brands will recommend a much higher dose than others increasing confusion with its inconsistency. CBD oils are not from statesanctioned programs, and those who are using the suggested serving size might test positive on a drug test even if they are going by the doses.
- The Food and Drug Administration (FDA) has published several letters warning consumers of the inaccurate content of various CBD oil products and states that "many were found to not contain the levels of CBD they claimed to contain."

Introduction to Opioids







What is an opioid?

- Opioids are powerful medications that are prescribed for many types of pain.
- Some prescription opioids are derived from the poppy plant, while others are synthetic.
- Street drugs like heroin and illicit fentanyl are also opioids.



Common Prescription Opioids

- Codeine (only available in generic form)
- Fentanyl (Actiq, Duragesic, Fentora)
- Hydrocodone (Lorcet, Lortab, Norco, Vicodin)
- Hydrocodone and Acetaminophen (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Avinza, Kadian, MS Contin, Ora-Morph SR)
- Oxycodone (OxyContin, Oxyfast, Percocet, Roxicodone)
- Oxycodone and Acetaminophen (Percocet)
- Oxycodone and Naloxone (Targiniq ER)

Why was it important for the 24 opioids to be added to your testing panel?

October of 2017 the Federal Government declared a National Opioid Crisis. Over 100 Americans die every day from opioid overdose. The misuse of and addiction to opioids is a crisis that affects overall public health as well as our social and economic welfare.

- Roughly 20 percent of patients prescribed opioids for chronic pain misuse them
- Roughly 10 percent develop an opioid use disorder
- Roughly 5 percent of those patients who develop a disorder transition to heroin use
- The Midwest Region saw opioid overdoses increase 70 percent from 2016-2017

https://www.ispot.tv/ad/douu/truth-amys-story-opioids?autoplay=1



Employer Challenge

Best Practice Is to Develop An Effective Rx Fitness-for-Duty Program

A program that minimizes the associated impairment risks of taking legally and illegally obtained prescription medications while performing trucking-related, safetysensitive functions



Company Policy as the Cornerstone of your Testing Program

- At a minimum, an effective corporate drug and alcohol policy should include the following:
- An opening statement that effectively describes the reason for testing "a Drug Free Workplace is essential for the safety of our employees"
- Identify the Program Administrator.
- Identify the employees subject to testing. (Safety Sensitive or all)
- Employee compliance with policy is mandatory for continued employment.
- Identify the drugs that will be tested.

When did DOT authorize the use of the eCCF?

The Office of Drug and Alcohol Policy and Compliance issued a final rule on April 13, 2015 that allows employers, collectors, laboratories, and Medical Review Officers to use the electronic version of the Federal Drug Testing Custody and Control Form (eCCF) in the DOTregulated drug testing program. The final rule was effective April 13, 2015.

Is the collection process any different when I use the eCCF?

Nothing has changed in the collection process. When you use an eCCF, you will still collect and document the same information as you would when using the paper version of the CCF. The only difference is how you document the information (in an electronic format) and the medium in which you distribute the form (e.g., electronically or combination of electronic and paper). For example, you may need to print Copy 1 – Test Facility Copy and/or Copy 5 – Donor Copy

When using the eCCF, is it a completely paperless process?

The eCCF process for each laboratory may differ. The process may or may not be completely paperless. The laboratory and/or its eCCF provider will familiarize you on the use of **its** approved eCCF in the collection process. For example, the use of tamper evident specimen bottle seals with their eCCF; what supplies you may need; and what, if any, copies of their eCCF need to be printed.

Have any of the record retention requirements changed related to the use of the eCCF?

There are no changes to the records retention requirement. The records you keep have not changed. The length of time you keep those records has not changed. The only thing that has changed is the format (e.g., electronic vs. paper) – see §40.73(a)(9).

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QUESTIONS

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