

CCDAPP Newsletter

Congratulations to the following individuals on their initial or renewal certification:

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Dan Demers

DAPA-MC Renewals:

Erin Marvin

DAPA-P Renewals:

Brandi Jordon

QSAP Renewals:

Gregory Williams Juanita Rodriguez
Veronica Owens

Congratulations



Morphine was extracted from opium resin in 1803. Morphine is 10 times more powerful than processed opium. Hailed as a miracle drug, it was widely prescribed in the mid-1800s. Morphine is one of the most effective drugs known for the relief of severe pain and remains the standard against which new pain relievers are measured.

<https://www.history.com/topics/crime/history-of-heroin-morphine-and-opiates>

JOSEPHINE KENNEY, J.D. HONORED WITH SUE CLARK AWARD FOR EXCELLENCE

Esteemed attorney and drug-free workplace expert, Josephine Kenney was announced as the recipient of the prestigious Sue Clark Award for Excellence on August 18, at the Substance Abuse Program Administrators' Association annual meeting.

While we missed Jo being with us in Atlanta, with the help of technology Jo graciously accepted the distinguished award from her home in Maine. The Certification Commission for Drug and Alcohol Program Professionals (CCDAPP) created the Sue Clark Award for Excellence in 2011, following the passing of drug and alcohol testing industry pioneer, Sue Clark.



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administrator@ccdapp.org

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Substance Use in the Workplace

Why should a workplace look at problematic substance use issues?

The fact that some people use substances such as alcohol or illicit drugs, or that some people misuse prescription drugs is not new. The awareness that the use and abuse of substances may affect the workplace just as the workplace may affect how a person uses substances is, however, increasing in acceptance. Many aspects of the workplace require alertness, and accurate and quick reflexes. An impairment to these qualities can cause incidents, and interfere with the accuracy and efficiency of work.

Ways that problematic substance use may cause issues at work include:

- any impact on a person's judgment, alertness, perception, motor coordination or emotional state that also impacts working safely or safety sensitive decisions
- after-effects of substance use (hangover, withdrawal) affecting job performance
- absenteeism, illness, and/or reduced productivity
- preoccupation with obtaining and using substances while at work, interfering with attention and concentration
- illegal activities at work including selling illicit drugs to other employees,
- psychological or stress-related effects due to substance use by a family member, friend or co-worker that affects another person's job performance.

Note that substance use is often thought of as an addiction or dependence, but use can be anywhere on the spectrum or scale from recreational to frequent to problematic. As a result, there are varying impacts on lives and work. The Centre for Addiction and Mental Health use the following "4 C's" to describe addiction:

- craving
- loss of control of amount or frequency of use
- compulsion to use
- use despite consequences

What are the costs to a business?

The economic impacts of substance use to businesses or industry have been traditionally difficult to measure. Many costs are hidden by general absenteeism or illnesses, "unnoticed" lack of productivity, or inability or reluctance to link substance use directly with causes of incidents.

Costs to a business may be both direct and indirect. The impact of substance use that have been reported include:

- safety (fatalities, incidents, etc.)
- absenteeism/sick leave/turnover or presenteeism
- loss of production, and
- workplace violence and harassment.

Additional costs can include:

- tardiness/sleeping on the job
- theft
- poor decision making
- loss of efficiency
- training of new employees
- lower morale and physical well-being of worker and co-workers
- increased likelihood of having trouble with co-workers/supervisors
- disciplinary procedures
- drug testing programs
- medical/rehabilitation/employee assistance programs

Substance Use in the Workplace, continued

Are there elements of work that may contribute to the use of substances?

Various and numerous organizational, personal and social factors can play a major role why a person may choose to use a substance. In general, however, some work-related factors can include:

- high stress,
- high demand/low control situations,
- low job satisfaction,
- long hours or irregular shifts,
- lack of, remote, or irregular supervision
- easy access to substances.
- fatigue,
- repetitious duties,
- periods of inactivity or boredom,
- isolation,
- lack of opportunity for promotion, and

What can the workplace do?

Work can be an important place to address substance use issues. Employers and employees can collaborate to design policies which outline what is an acceptable code of behavior and what is not. By establishing or promoting programs such as an Employee Assistance Program (EAP), employers can help employees more directly or provide referrals to community services.

The policy can cover substance use issues, or it can use an overall approach such as impairment in the workplace. The main goal is that workplaces are encouraged to establish a procedure or policy so that help can be provided in a professional and consistent manner. It is important for supervisors and managers to have a resource or procedure that they can rely on if the need arises. Employees need to know that everyone will be treated the same way. These actions help to reduce the stigma associated with substance use. When stigma is reduced, it is hoped that people will seek help without fear, and will speak openly about substance use issues. Early treatment and support is encouraged.

In addition, managers and supervisors should be educated in how to recognize and deal with substance use issues and employees should be offered educational programs.

Note: it is not the role of the supervisor or employer to diagnose a possible substance use or dependency problem. Their role is to identify if an employee is impaired, and to take the appropriate steps as per the organization's policy.

<https://www.ccohs.ca/oshanswers/psychosocial/substance.html>

Why is substance abuse a problem in healthcare?

Taking medications meant for patients

High rate of addiction among physicians and pharmacists

Access to medications



Still not traveling?
Don't let that be an excuse for not getting your CEUs.

Check out the webinar offerings by our sponsors and partners. Many offer CEUs for participation in one of their monthly webinars.

Alcohol Consumption during the COVID-19 Pandemic:

Pandemics such as COVID-19 can cause many medical, psychological, and sociological problems, including increased alcohol consumption and related harms from such consumption. Alcohol is a harmful substance, and is, in fact, currently the fourth leading preventable cause of death in the U.S. Excessive drinking has also been associated with increased violence, crime, poverty, and other significant public health harms.

Emerging but limited evidence suggests that alcohol consumption has increased during the COVID-19 pandemic. A study in the *International Journal of Environmental Research and Public Health* assessed: (1) whether drinking behaviors changed during the pandemic; and, (2) how those changes were impacted by COVID-19-related stress. They conducted a cross-sectional online survey with a convenience sample of U.S. adults over 21 years, then conducted adjusted linear regressions to assess COVID-19 stress and alcohol consumption, adjusting for gender, race, ethnicity, age, and household income. A total of 832 responded: 84% female, 85% White, and 72% ages 26–49. Participants reported consuming 26.8 alcohol drinks on 12.2 of the past 30 days. One-third of participants (34.1%) reported binge drinking and 7.0% reported extreme binge drinking. Participants who reported being very or extremely impacted by COVID-19, consumed more alcohol (including both on more days and more total drinks) in the past 30 days, which raises concerns from both an individual and public health perspective. Additionally, 60% reported increased drinking, though 13% reported decreased drinking, compared to pre-COVID-19. Reasons for increased drinking included increased stress (45.7%), increased alcohol availability (34.4%), and boredom (30.1%).

The findings from this study help explain the trends observed in U.S. alcohol sales data. From the results of this study, it appears that U.S. adults have not only purchased more alcohol during COVID-19, but they also consumed more. This is especially concerning because, according to the World Health Organization, “alcohol consumption is associated with a range of communicable and noncommunicable diseases and mental health disorders, which can make a person more vulnerable to COVID-19”. Beyond the increased risk to susceptibility to COVID-19, research has shown that consuming more alcohol is related—and in some cases attributable—to experiencing more alcohol-attributable harms in both the short-term (e.g., injuries from falls or burns) and long-term (e.g., developing liver cirrhosis or cancer).

In conclusion, alcohol use in the U.S. is a public health problem that appears to have worsened since the onset of COVID-19. Adults during COVID-19 reported high levels of alcohol consumption, with those who reported high levels of impact from COVID-19 reporting significantly more alcohol (both more days and total drinks) than participants who were not as impacted by COVID-19. Additionally, participants reported perceived increases in their current alcohol intake compared to pre-COVID-19. Given the findings of this and similar studies, it is important for states to consider both economic and public health concerns when making decisions on U.S. alcohol policy in order to protect individuals, their families, and their communities from the longer-term impacts of increased alcohol intake.

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DRUG PANELS: WHAT ARE THEY AND HOW DO I CHOOSE THE RIGHT ONE?

BY YVETTE FARNSWORTH BAKER, ESQ.

Drug testing involves some important decision-making and one impactful decision is choosing a drug panel. The term “drug panel” means a combination of drugs or category of drugs included in a drug screen test. Many drug testing methodologies, such as oral fluid, allow for customizable panels, so there is flexibility when deciding on your panel. There are many drugs that can be tested for and various considerations when choosing the panel that is right for your needs.

What drugs are included in a panel?

There are ten different drug classifications that are most common in a drug panel. Most tests do not screen for all ten, but include some combination of them according to an employer’s interests and needs. The ten common drugs for a panel are:

- Marijuana (THC)
- Cocaine
- Amphetamines
- Opioids
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Methadone
- Quaaludes
- Propoxyphene

Most drugs on this list are families of drugs that will detect several different drugs within that classification depending on the sample type used. Marijuana testing, for example, will detect not just marijuana, but can also pick up THC from other cannabis products such as cannabidiol (CBD) or hashish. Amphetamines can detect methamphetamines (meth), speed and MDMA, as well as ADHD prescription drugs like Ritalin and Adderall. Opioid testing can detect multiple types of opioids including heroin, morphine, codeine, oxycodone, hydrocodone and opium. Benzodiazepine testing will detect Valium, Xanax and Ativan. Barbiturates include phenobarbital.

Customizing a panel

Not all drug panels include testing for all ten substances listed above. Common drug panels include five or seven panels. Lab-based oral fluid testing offers customizable panel options for testing. Employers can select which drugs they want to include in their panels based on their needs and circumstances.

Depending on the device, rapid testing may be less customizable than lab-based testing, but still offers some options when choosing drug panels. Rapid testing generally comes with pre-determined panels. Rapid testing is also known as instant testing and point of care or point of collection testing (POCT), and can include rapid cups and rapid oral fluid devices. The Department of Transportation (DOT) requires at least a 5-panel test to include: marijuana, cocaine, amphetamines, opioids and PCP. Many state workplace drug testing laws also follow DOT’s panel requirements. Examples of other panel options include a 4-panel test that removes marijuana or PCP testing, a 7-panel test that screens for various prescription drug abuses and a 10-panel test that covers most drugs of abuse. A 12-panel test is available, which can include expanded testing for additional opioids and amphetamines or can include fentanyl and ketamine.

State law requirements

Some state drug testing laws require specific drug panels to be used. Many states follow DOT’s panel requirements. Others permit testing for any illegal drug or any controlled substance. Some states specify the drugs that can be included in a panel or detail restrictions on panels.

DRUG PANELS: WHAT ARE THEY AND HOW DO I CHOOSE THE RIGHT ONE? – Continued

One example of a state law with drug panel specifications is Mississippi's voluntary law, found at Mississippi Administrative Code 15-16-4, Rule 53.4.1. This law permits a workplace drug test to include marijuana, cocaine, opiates, amphetamines, PCP, alcohol and other controlled substances. The law does specify, however, that testing for such substances can be done only if an "appropriate federal agency" has established an approved protocol and positive threshold for each such substance. So, testing of certain substances may be limited depending on whether federal guidelines exist for that substance.

A few limited jurisdictions have begun to restrict marijuana on pre-employment drug panels. The cities of New York and Philadelphia recently enacted laws that prohibit pre-employment marijuana testing (Philadelphia's law does not take effect until 2022). Both cities include exemptions for certain job positions, including positions that require a Commercial Driver's License (CDL). New York City also includes exemptions for positions requiring employees to regularly operate heavy machinery. These laws are outliers at this point in time. Most state or local laws that limit workplace marijuana testing only restrict the adverse employment action that can be taken following a positive test but still do permit testing to occur.

How to choose a drug panel

When choosing a drug panel, there are several factors to consider. Be sure to pay special mind to marijuana laws, workers' compensation laws and unemployment compensation laws, which are generally found separately from workplace drug testing laws. If you can, consult with an expert on drug testing laws to be sure that you understand the requirements of the states and industries in which you operate. Once you know what panels are permitted and/ or required, you can begin considering the necessities of your workplace.

Secondly, consider the nature of the different job positions in your workplace. Is driving or heavy machinery involved? Are there other safety-sensitive positions? Do employees interact with clients or the public? Do employees handle sensitive data or information? How many employees are physically present in the workplace? Answering these questions will help you assess the safety risks inherent in your workplace.

Next, consider other factors that will go into your decision. What is the culture around your workplace? What substances are being abused in your community? Are you concerned about prescription drug abuse in addition to illegal substances? Do you have concerns about productivity, absenteeism, tardiness and health care costs? Has the pandemic increased substance abuse in your workplace or your community? What level of risk are you willing to assume for employees working under the influence? Will you be using solely lab-based testing or do you utilize rapid testing as well? The answers to these questions should play a part in determining which panels are right for your workplace.

For limited or basic concerns about drug abuse, consider a 4- or 5-drug panel. If you have concerns about prescription drug abuse, consider a 7-drug panel. For safety-sensitive workplaces, including law enforcement, look into a 10- or 12-drug panel. And research more customizable options to include specific screening that addresses your concerns. The panels you choose will have a major impact on the safety, security and efficacy of your workplace. It is a decision that all employers would do well to study with the help of a knowledgeable professional.

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Revised Federal Drug Testing Custody and Control Form

As of August 30, 2021 a revised Federal Custody and Control Form went in effect.

DOT-regulated employers and their service agents (collectors, laboratories, Medical Review Officers) must use the revised CCF or complete a Memorandum for the Record (MFR) to prevent the test being canceled.

New forms can be obtained from your laboratories.



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