Winter 2009
Issue 38

FTA Drug & Alcohol Regulation Updates

U.S. Department of Transportation **Federal Transit Administration** Office of Safety and Security

Introduction—The Federal Transit Administration (FTA) published its revised rule on prohibited drug use and the prevention of alcohol misuse (49 CFR Part 655) on August 1, 2001. The FTA published the revised Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit to provide a comprehensive overview of the regulations.

Since the Guidelines were published, there have been numerous amendments, interpretations, and clarifications to the Drug and Alcohol testing procedures and program requirements.

This publication is being provided to update the Guidelines and inform your transit system of these changes. This update is the thirty-eighth in a series.

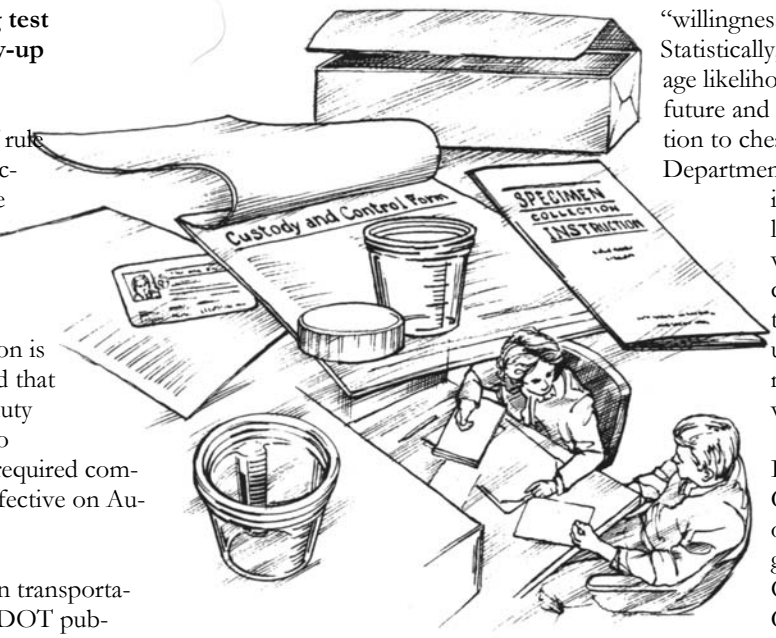
Inside…

Direct Observation for Return-to-Duty and Follow-up Testing On Hold

On November 20, 2008, the U. S. Department of Transportation (DOT) published a final rule in the Federal Register (Vol. 73, 70283) that amended §40.67(b) pending further order of the United States Court of Appeals for the District of Columbia Circuit. The amendment returned the language of the section to the version that existed prior to November 1, 2008 making direct observation of return-to-duty and follow-up tests an employer option rather than a mandatory requirement. The amendment states:

§40.67(b) As an employer, you may direct a collection under direct observation of an employee if the drug test is a return-to-duty test or a follow-up test.

This amendment follows a series of rule changes, federal notices and court actions that have transpired since June 25, 2008, when the DOT published a final rule (Federal Register, Vol. 73, 35961) that amended 49 CFR Part 40 to, in part, expand the circumstances when a direct observation is required. The rule (§40.67(b)) stated that observed collections for return-to-duty and follow-up drug testing would no longer be optional, but would be a required component. The rule was to become effective on August 25, 2008.



In response to petitions from certain transportation industry and labor groups, the DOT published a Federal Register Notice (Vol. 73, 50222) changing the effective date to November 1, 2008 and soliciting comments concerning the content of §40.67(b) for thirty (30) days. The petitioners included the Association of American Railroads (AAR) joined by the American Short Line and Regional Railroad Association, the Transportation Trades Department of the AFCL-CIO, the International Brotherhood of Teamsters, and the Air Transport Association joined by the Regional Airline Association.

Following the thirty day comment period, the DOT issued a Federal Register Notice (Vol. 73, 62910) on October 22, 2008 reconfirming the requirement to conduct direct observations for all return-to-duty and follow-up DOT tests and establishing the effective date of November 1, 2008. Those that opposed the provision did so on the grounds that it "was too intrusive, violated employees' privacy, and would work a particular hardship on people who had anxiety disorders that made if difficult for them to urinate when someone was watching."

The DOT pointed out that **only** individuals that had previously refused a test, tested positive or otherwise breached the rules would be subject to the return-to-duty and follow-up test collections under direct observation. By their actions, these individuals had already demonstrated a "willingness to endanger public safety." Statistically, they have a greater than average likelihood of using illegal drugs in the future and a higher than average motivation to cheat on a test. As a result, "the Department is justified in regarding these individuals as having a reduced legitimate expectation of privacy. . . ." The DOT concluded that conducting all return-to-duty and follow-up tests under direct observation is the most prudent course from the viewpoint of safety."

In response, the BNSF Railway Company and several rail labor organizations filed an emergency motion for a stay. On October 31, 2008, the U.S. Court of Appeals for the D.C. Circuit temporarily delayed the implementation of §40.67(b) until the Court completed its review on the matter. On November 12, 2008, the Court issued an order to stay (No. 08-1265) the implementation of mandatory direct observation of DOT return-to-duty and follow-up test collections pending the review of the Court. This stay remains in effect until the court issues a decision on the merits of the challenge. This decision is expected on January 26, 2009.

Therefore, direct observation of collections for return-to-duty and follow-up testing will be an employer option, rather than mandatory. All other requirements of 49 CFR part 40 that went into effect on August 25, 2008 will remain in effect.

REGULATORY CLARIFICATION

Random Rates Remain Same for 2009

The minimum drug and alcohol random testing rates for employers covered under Federal Transit Administration (FTA) regulations will remain the same for 2009. Drug tests must be conducted at a minimum rate of 25 % of the number of safety-sensitive employees and alcohol tests must be conducted at a minimum rate of 10%.

The announcement of the 2009 rates for each of the Department of Transportation (DOT) modal administrations was posted on the Office of Drug and Alcohol Policy and Compliance (ODAPC) website on December 10, 2008. The posting can be found at www.dot.gov/ost/dapc/rates.html.

The minimum random drug testing rates for the FTA, Federal Aviation Administration (FAA), Federal Railroad Administration (FRA), and Pipeline and Hazardous Materials Safety Administration (PHMSA) are the same at 25%. The minimum random drug testing rates for the Federal Motor Carrier Safety Administration (FMCSA) and the United States Coast Guard (USCG) are at the higher rate of 50%. The random alcohol testing rate is at 10% for all modes that conduct random alcohol testing. The PHMSA and USCG do not conduct random alcohol testing.

The transit industry's random drug testing positive rate has consistently fallen below one percent (1%) since 2001 and has remained stable for the last three years. The random drug testing positive results for 2005, 2006 and 2007 were 0.79 percent, 0.78 percent and 0.81 percent, respectively. Similarly, the industry's violation rate for random alcohol tests for the last three years has remained stable. In 2005 the violation rate was 0.12 percent; in 2006 the rate was 0.13 percent and in 2007, the rate was 0.15 percent.

Transit employers and consortia that combine employees that are subject to FTA and the FMCSA rule into one pool must select random numbers at the higher FMCSA random drug testing minimum rate of 50% for drug testing.

FTA Drug and Alcohol Program National Conference in Nashville

The fourth annual FTA Drug and Alcohol Program National Conference will be held in Nashville on April 7 – 9, 2009. The three-day conference will address a number of issues including recent regulatory changes, direct observation collection procedures, validity testing and new research on prescription and over-the-counter medication use by safety-sensitive employees.

The first day of the conference, April 7, is a one-day training session for new Drug and Alcohol Program Managers (DAPM) and those seeking basic refresher training. Individuals interested in this training session must pre-register as space is limited.

The main conference sessions will begin with a Welcome and Opening Remarks at 8:30 a.m. on Wednesday, April 8. The conference will include a number of informational sessions as well as panel discussions on a variety of current topics and issues. Each session will be repeated once to allow attendees the opportunity to avoid scheduling conflicts and to attend various sessions of interest. The presentations will also be available online prior to the conference for either individuals who are attending and what hard copies or for those unable to attend the conference.

Session speakers will include representatives from the FTA, DOT Office of Drug and Alcohol Policy and Compliance (ODAPC), FTA auditors, FTA Drug and Alcohol MIS and Newsletter staff, the Transportation Safety Institute (TSI), and professionals from the testing industry. Panel discussions will include representatives from State DOTs, and both rural and large urban transit systems.

All speakers will be available at a scheduled time before or after their sessions to answer specific questions. Additionally, FTA audit, MIS Team and various subject matter experts will also be available throughout the conference to review policies, assist with annual MIS reports, address regulatory questions and provide other assistance as needed.
The conference is free, but you must register online at http://transit-safety.volpe.dot.gov/DrugAndAlcohol/Training/NatConf/default.asp. Hotel reservations can be made at the Renaissance Nashville Hotel. A special room rate of $117 per night is available until Friday, March 13, 2009. You must reference the FTA Drug and

2008 MIS Reports

All employers subject to the Federal Transit Administration's (FTA) drug and alcohol testing regulations including transit systems and safety-sensitive contractors must file annual Management Information System (MIS) reports for the 2008 calendar year by March 15, 2009. In previous years, most employers have completed the forms without difficulty. However, the FTA Drug and Alcohol MIS Office has identified the following common reporting issues.

Please review the list of issues provided below to ensure you and your sub-recipients/safety-sensitive contractors avoid these common mistakes. Should you have reporting questions, contact the FTA Drug and Alcohol Management Information System (DAMIS) Office at (617) 494-6336 or email questions to fta.damis@dot.gov.

- Grantees must ensure that drug and alcohol testing results are submitted for all safety-sensitive contractors and sub-recipients. New contracts and agreements which go into effect during the reporting year are also subject to Part 655.72 and must report for the portion of the calendar year for which they performed safety-sensitive functions. In order to submit via the website, you may need to contact the FTA DAMIS office to establish an account for new sub-recipients/contractors.
- Companies that serve as contractors to multiple FTA recipients/sub-recipients should not combine data into one report for the whole company. Rather, the company should segregate the data and submit individual MIS reports for each of the recipient/sub-recipients it serves. To report correctly, contractors must be careful not to co-mingle data or double report data.
- Grantees that have safety-sensitive contractors must not combine the drug and alcohol testing result data of their safety-sensitive contractors with their own. Grantees and safety-sensitive contractors must submit their own separate MIS forms reporting the drug and alcohol testing results for their own employees. Grantees that contract out all of their safety-sensitive functions and have no safety-sensitive employees and no test results must still submit their own MIS report even if they must fill the report out with zeros.

- Employers that have employees that are covered under multiple DOT modal administrations must complete a separate MIS report for each modal administration. Only the testing results for the employees covered under FTA should be reported on the FTA MIS report. Drug and alcohol testing results for employees covered under other modal administrations must be reported separately following the directions issued by the other respective modes. Transit employers must be specifically cautious about combining Federal Motor Carrier Safety Administration (FMCSA) data with FTA data.
- FTA-funded employers with ferryboat operations that comply with relevant U. S. Coast Guard (USCG) drug and alcohol testing regulations are required to complete an FTA MIS report for the random alcohol testing portion of their program that is required by the FTA.
- Employers should report only testing results conducted under FTA authority. Testing results conducted under employer authority are not DOT-tests and should not be included on the MIS report. Only tests conducted on a DOT Custody and Control Form are to be reported.
- Only report results that have been verified final by the Medical Review Officer (MRO). Results reported on the semi-annual laboratory report have not been verified and do not constitute final testing results.
- Report all revenue vehicle operators in the category "Revenue Service Vehicle Operator" regardless of whether they have a Commercial Driver's License (CDL) or not and regardless of whether they actually collect a fare. Only report drivers in the "CDL/Non Revenue Service Vehicles" category if they have a CDL and do not operate a nonrevenue service vehicle (e.g., tow truck, snow plow).

To submit on-line reports, a User Name and Password is required. Since the passwords are changed every year, the 2007 User Name and Password will not work for the 2008 report. If you are a direct recipient, your new User Name and Password will be mailed to you soon. If you are a contractor or sub-recipient, your User Names and Passwords will be provided to you by the grantee.

FOR YOUR INFORMATION

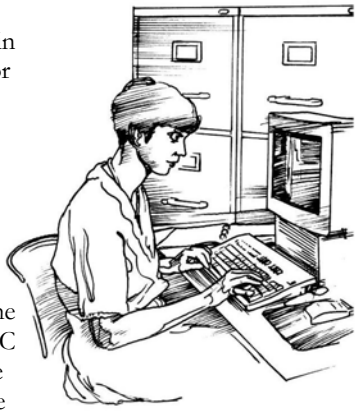
Swart Named Director of ODAPC

Jim L. Swart was named Director of the U.S. DOT Office of Drug and Alcohol Policy and Compliance (ODAPC). He has served as the Acting Director since August, 2006 and before that served as the Deputy Director. The ODAPC mission is to ensure that the drug and alcohol testing policies and goals of the Secretary of Transportation are developed and carried out in a consistent, efficient, and effective manner with the transportation industries for the ultimate safety and protection of the traveling public.

The Office provides program review, compliance evaluation, and technical assistance materials. While at ODAPC, Mr. Swart has successfully implemented a One-DOT approach to transportation industry testing programs.

Rx/OTC Medication Research Underway—Transit Systems Requested to Complete Questionnaire

In 2002, the Federal Transit Administration (FTA) published the *Prescription and Over-the-Counter Medication Toolkit* in an effort to educate transit agencies on the potential safety risks associated with the use of prescription (Rx) and Over-the-Counter (OTC) medications by employees who perform safety-sensitive duties. As a result, many within the transit industry have initiated and/or enhanced their Rx/OTC program by establishing policies, creating training programs, and implementing reporting mechanisms.



The National Transportation Safety Board (NTSB) applauded FTA for its progress and leadership in addressing the safety risks posed by the use of Rx/OTC medications in the transit industry. The NTSB, however, recommended that the FTA establish a comprehensive toxicological testing requirement for a sample of fatal transit accidents to identify the role played by common Rx/OTC medications.

To meet the NTSB expectation, the FTA must develop a standardized methodology to collect the information on the role that Rx/OTC medications play in transit industry fatal accidents and establish a meaningful way to analyze and report the findings. As a first step in this effort, FTA is currently undertaking a study to assess the current status of Rx/OTC policies within the transit industry and to determine the extent to which transit systems collect and maintain data regarding the role Rx/OTC medications play in fatal accidents. As part of this effort, **each transit system is requested to complete two online questionnaires.**

The first questionnaire solicits information regarding your transit system's accident investigation procedures, data collection methodologies, and methods used to determine the role Rx/OTC medications play in accidents. This questionnaire is designed to obtain preliminary data from a wide array of transit systems. This form should be completed by the person within your organization that addresses safety, risk management or accident investigations. Follow-up interviews will be conducted with a select group of transit systems. You can complete this questionnaire by going to http://transit-safety.volpe.dot.gov/survey1.

The second questionnaire solicits information regarding your transit system's Rx/OTC policy. This form should be completed by your Drug and Alcohol Program Manager, medical personnel or the person who addresses employee fitness-for-duty issues. The information obtained from this questionnaire will be used to update the *Prescription and Over-the-Counter Medication Toolkit.* You can complete this questionnaire by going to http://transit-safety.volpe.dot.gov/survey2.

When filling out these questionnaires, pay special attention to the instructions provided at the beginning of the survey. In particular, note that you may wish to print out a hard copy of the survey when collecting the data required, as you will not be able to save a partially-completed survey.

The questionnaires should be completed by January 30, 2009. Please note that given the different subject matter, the questionnaires will most likely be completed by different individuals within your organization. Please forward this request to the appropriate staff member. If you have questions regarding the questionnaires or if you are unable to access them online, please contact Robbie Sarles of RLS & Associates, Inc. at (937) 299-5007 or rls@rlsandassoc.com. The results of this data collection effort will be presented at the 4th Annual FTA Drug and Alcohol Program National Conference in April.

QUESTIONS & ANSWERS

Q Our twelve safety-sensitive employees are included in a large pool of over 3,000 DOT covered employees that is administered by our consortium. Now that the minimum random drug testing rate is only 25%, none of our employees have been selected for a random test in two years. Is this acceptable?

A The regulation permits small employers to participate in a consortium where covered employees can be included in a larger random selection pool. As long as the consortium as a whole meets the minimum random testing rates, everyone in the consortium is considered in compliance with the regulation. This holds true even if an employer had no employees selected. However, the random testing process is only effective if employees have an expectation of being tested. If your employees constitute such a small percentage of the large pool that no system employees are likely to be picked, the intent of the random testing process to detect and deter drug use and alcohol misuse may be significantly compromised.

Even though your procedure is consistent with the letter of the law, it may not meet the intent of the law. You should discuss other options with your consortium manager and have your employees included in a smaller DOT random pool that will have a greater likelihood that your employees will be selected in any given year.

Q What happens if during an observed collection the observer sees a prosthetic or other device designed to carry "clean" urine or urine substitutes?

A If during the observation process, the observer notices that the employee has a prosthetic or other device designed to introduce clean urine or other substitutes into the collection process, the observer must immediately notify the collector. The collector must immediately stop the collection and thoroughly document the circumstances surrounding the event in the remarks section of the Chain of Custody and Control Form (CCF). The collection will notify the Designated Employer Representative (DER) and the DER will designate the test as a test refusal.

COMMON AUDIT FINDINGS

Procedures for Correcting Flaws

If a collector, laboratory, Medical Review Officer (MRO), employer, or other person responsible for implementing the drug testing regulations become aware of a problem that can be corrected as defined in §40.203, that person must take "all practical action to correct the problem so that the test is not cancelled."

If required information is missing, the service agent must supply in writing the missing information and a statement that it is true and accurate. The signed statement must be provided to the MRO on the same business day that the service agent becomes aware of the problem via fax or courier. The service agent must maintain written documentation of a correction with the Chain of Custody and Control Form (CCF). The service agent must make an obvious notation on the face of the CCF that indicates the flaw was corrected.

Supervisors Required to Have Reasonable Suspicion Training

Supervisors and/or other company officers authorized by the employer to make reasonable suspicion determinations are required to have at least sixty minutes of training on the physical, behavioral, and performance indicators of probable drug use and at least sixty minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse (§655.14(b)(2)). All employees that are hired or transfer into a supervisory position with the responsibility for determining fitness-for-duty should receive the reasonable suspicion training prior to assuming these responsibilities.

& Rx OTC MEDICATIONS

Caffeine is Safe—Right?

Caffeine is often consumed in coffee, black tea, green tea, chocolate, soft drinks, energy drinks and some over-the-counter medications. Many of us have been led to believe that we need caffeine to wake us up in the morning and keep us going throughout the day. Even though caffeine may seem harmless, it can cause havoc with our nervous system.

Caffeine is a stimulant that is widely used to improve alertness and elevate moods. It is absorbed and distributed very quickly into the body and passes directly into the central nervous system or the brain before being excreted in the urine. When taken near bedtime, it may disrupt sleep patterns. Taking large doses can cause nervousness, jitteriness, irritability, nausea, tension and heart palpitations.

Caffeine is addictive with the potential for increased tolerance and dependence following prolonged use. Withdrawal can result in headaches, anxiety, irritability, muscle aches, loss of concentration and overall discomfort. Acute overdoses of caffeine can cause caffeine intoxication and in rare cases, psychosis and death.

Even though individual responses to caffeine vary, experts agree that consuming up to 250 mg of caffeine per day is safe. This is equivalent to three cups of coffee per day.

High-caffeine energy drinks such as Red Bull, Venom, Adrenaline Rush, 180, ISO Sprint, and Whoopass have become increasingly popular. These drinks are formulated to deliver caffeine and other stimulants, such as guarana or ginseng, to give the drinker a "rush." Energy drinks may contain as much as 80 mg of caffeine compared to 40 mg in a cola. Energy drinks can boost the heart rate and blood pressure, dehydrate the body and prevent sleep.

The marketing of these drinks as sports drinks and claims that they will improve performance and concentration can be misleading. Energy drinks should not be used while exercising because of the potential for severe dehydration. Since they are sold in small cans, individuals may be tempted to drink more than one. Since other beverages, pain medications, sinus medications, and other beverages also contain caffeine, individuals may overdose without knowing it.

Used wisely, caffeine will not prove dangerous for safety-sensitive transit employees. However, employees should know what they are drinking and avoid consuming quantities that could result in overdoses and withdrawal. Each person should monitor themselves and be mindful of the effects caffeine has on his/her body and nervous system.

Common Item with Caffeine	**Milligrams of Caffeine**
Double Espresso (2 oz)	**45-100 mg**
Brewed Coffee (8 oz)	**60-120 mg**
Instant Coffee (8 oz)	**70 mg**
Decaf Coffee (8 oz)	**1-5 mg**
Black Tea (8 oz)	**45 mg**
Green Tea (8 oz)	**20 mg**
White Tea (8 oz)	**15 mg**
Coca Cola (12 oz can)	**34 mg**
Pepsi (12 oz can)	**38 mg**
Barq's Root Beer (12 oz can)	**22 mg**
7-up (12 oz can)	**0 mg**
Chocolate Milk (8 oz)	**4 mg**
Dark Chocolate (1 oz)	**20 mg**
Milk Chocolate (1 oz)	**6 mg**
Ben & Jerry's Coffee Fudge Frozen Yogurt (8 oz)	**85 mg**
Red Bull	**80 mg**

DOT's Direct Observation Procedures Available Online

The DOT Office of Drug and Alcohol Policy and Compliance (ODAPC) published a one page summary of the DOT's direct observation procedures. The user-friendly handout is available to help collectors and observers fully understand when an observed collection is required. The handout also describes the requirements for the observer, procedure for conducting the observation and behavior that constitutes a test refusal.

Even though the method for direct observation has received opposition from labor and employee organizations, §40.67(I) stands as written and went into effect on August 26, 2008. A collector must ensure that a collection is performed under direct observation anytime a Medical Review Officer or employer orders a direct observation and anytime the temperature is outside the acceptable range, the specimen shows signs of tampering, or the collector observes conduct suggesting tampering.

The procedure requires that employees required to undergo a collection under direct observation must raise his or her shirt, blouse or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have a prosthetic or other device designed to carry "clean" urine and urine substitutes. The observer must watch the employee urinate into the collection container.

A copy of this "handout" can be downloaded form the ODAPC website at http://www.dot.gov/ost/dapc.

Forty HHS Certified Labs Remain

Three months following the mandatory implementation of validity testing, forty Department of Health and Human Services (HHS) certified laboratories remain eligible to perform urine drug testing for Federal agencies. The notice listing all currently certified laboratories is published in the Federal Register during the first week of each month.

Visit the ODAPC website at http://www.dot.gov/ost/dapc/ for a list of DHHS-certified testing facilities, conforming products lists for Evidential Breath Testing Devices (EBTs) and other useful information.

RESOURCES

FTA home page: http://www.fta.dot.gov
- FTA Office of Safety & Security: http://transit-safety.volpe.dot.gov
- DHHS-Certified Laboratories: http://www.drugfreeworkplace.gov/DrugTesting/Level_1_Pages/CertifiedLabs.aspx
- Center for Substance Abuse Prevention: http://prevention.samhsa.gov

FTA, Office of Safety and Security Clearinghouse: (617) 494-2116
- Best Practices Manual: FTA Drug & Alcohol Testing Program, Revised 2007
- Drug and Alcohol Consortia Manual
- Drug and Alcohol Testing Results: 1995 through 2005 Annual Reports
- Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit, Revised 2003
- Reasonable Suspicion Referral for Drug and Alcohol Testing (Leader's Guide & Video)
- FTA Drug and Alcohol Program Assessment
- Prescription and Over-The-Counter Medications Toolkit
- Urine Specimen Collection Procedures Guidelines, revised 2008
- Substance Abuse Professional Guidelines
- DOT's 10 Steps to Collection Site Security and Integrity
- What Employers Need to Know About DOT Drug and Alcohol Testing

USDOT Drug and Alcohol Documents FAX on Demand: (800) 225-3784

USDOT, Office of Drug and Alcohol Policy and Compliance: (202) 366-3784 or http://www.dot.gov/ost/dapc

FTA Drug and Alcohol MIS Project Office: (617) 494-6336

FTA Drug & Alcohol Regulation Updates
U.S. Department of Transportation **Federal Transit Administration** Office of Safety and Security

Where to find…?

49 CFR Part 655, Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations

August 9, 2001 Federal Register Vol. 66, Pages 41996—42036

December 31, 2003 Federal Register Vol. 68, Pages 75455-75466
Primary Topic: One Page MIS Form

November 30, 2006 Federal Register Vol. 71, Pages 69195-69198
Primary Topic: Applicability of FTA and USCG Regulations to Ferryboats

January 9, 2007 Federal Register Vol. 72, Pages 1057-1058
Primary Topic: Revised Testing Rates

49 CFR Part 40, Procedures for Transportation Workplace Drug Testing Programs

Revised: December 19, 2000 Federal Register Vol. 65, Pages 79462-79579
Primary Topic: Revised Final Rule (49 CFR Part 40)
July 25, 2003 Federal Register Vol. 68, Pages 43946-43964
Primary Topic: One-Page MIS Form

January 22, 2004 Federal Register Vol. 69, Pages 3021-3022
Primary Topic: Expanded List of SAPs

Technical Amendments
August 1, 2001 Federal Register Vol. 66, Pages 41943-41955
Primary Topic: Clarifications and Corrections to Part 40; Common Preamble to Modal Rules

Final Rule Change
August 23, 2006 Federal Register Vol. 71, Pages 49382—49384
Primary Topic: Expanded List of SAP Qualifications

Final Rule Change
June 25, 2008 Federal Register Vol. 73, Pages 35961-35975
Primary Topic: Specimen Validity Testing

Final Rule Change
November 20, 2008 Federal Register Vol. 73, Pages 70283-70284 Primary Topic: Direct Observation Collections

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Who Should Be Receiving This Update?

In an attempt to keep each transit system well-informed, we need to reach the correct person within each organization. If you are not responsible for your system's Drug and Alcohol program, please forward this update to the person(s) who is and notify us of the correct listing. If you know of others who would benefit from this publication, please contact us at the address on the right to include them on the mailing list. This publication is free.

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