

# 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 forty-fourth in a series.

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## Survey Data Shows Drug Use Increasing

The 2009 National Survey on Drug Use & Health (NSDUH) found that current illicit drug use in America is on the rise and that people's attitudes about drugs and their risks (especially marijuana) were becoming more accepting. The NSDUH is conducted every year by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is the primary source of information on substance abuse in the United States.

The scientific survey solicits information from approximately 67,500 people throughout the country twelve years of age or older. Reversing a seven year downward trend, the results released September 16, 2010, showed a 9 percent increase over the previous year. This amounts to 8.7 percent of the general population, or an estimated 21.8 million Americans that used illicit drugs. The largest documented increases were in marijuana, ecstasy, and methamphetamine use. Between 2007 and 2009, current use of marijuana

by individuals 26 of age and older (workforce) increased by 18 percent. Methamphetamine use was up 60 percent and Ecstasy use was up 37 percent over the preceding year. Cocaine use, on the other hand, has decreased 21 percent since 2007.

Misuse of prescription drugs also rose and had the highest number of "new" users in the past year than any other class of drugs. The survey found that in 2009, there were 2.6 million new non-medical users of prescription drugs of which 2.2 million were for non-medical use of pain relievers.

For more information, you may download this publication from <http://www.oas.samhsa.gov>. Hard copies may be obtained from <http://www.oas.samhsa.gov/copies.cfm> or call SAMHSA's Health Information Network at 1-877-726-4727.

## 6th Annual FTA Drug and Alcohol Program National Conference

This year's FTA Drug and Alcohol Program National Conference will be held in St. Louis, Missouri on April 6 – 7, 2011 at the Hyatt Regency St. Louis at the Arch. Pre-conference sessions will be held on Tuesday, April 5.

For more information, and to register go to <http://transit-safety.fta.dot.gov/DrugAndAlcohol/Training/NatConf/2011>.

### Top 10 Reasons for Attending 6th Annual FTA Drug and Alcohol Program National Conference

1. Get updated on the most recent regulatory changes and those anticipated in the future.
2. Learn about FTA interpretations on controversial issues.
3. Talk to auditors about common audit findings and how to avoid them.
4. Interact with your peers to learn how they deal with FTA Drug and Alcohol program issues.
5. Gather resources and find out about other technical assistance that is available.
6. Learn what you can expect from service agents.
7. Be among the first to get your copy of the new revised prescription and over-the-counter medication toolkit.
8. Have your policy reviewed for compliance by an FTA auditor.
9. Get all of your questions answered directly from FTA Drug and Alcohol Program Administrators and national experts.
10. Registration is FREE!

## Random Test Rates Remain the Same for 2011

The drug and alcohol random test rates for FTA covered employers remains at 25% for drugs and 10% for alcohol for 2011. The drug test rates are the same for all DOT modes except for employers covered under the Federal Motor Carrier Safety Administration (FMCSA) rules and the United States Coast Guard (USCG) that test at a 50% rate for drugs. All the DOT modes conduct random alcohol testing at a 10% rate except for the USCG and the Pipeline and Hazardous Material Safety Administration (PHMSA) that do not require random alcohol testing.

Employers and Third Party Administrators (TPAs) subject to more than one DOT modal rule may include all of their DOT covered employees into a single random selection pool as long as everyone in the pool is tested at or above the highest minimum annual random testing rate of the modes included (i.e., FTA and FMCSA covered employees would be tested at the higher FMCSA rate of 50% for drugs).

## 6-AM Test Procedure Clarified

When a Medical Review Officer receives a confirmed positive test result for 6-Acetylmorphine (6-AM) and the laboratory also reports any level of quantitation of morphine, the test result must be verified as positive. However, if the laboratory confirms a 6-AM test as positive, but does not detect morphine at or above the 2000 ng/mL confirmed positive cut-off, the MRO must confer with the laboratory to determine if

morphine was confirmed at a level below 2000 ng/mL. If the laboratory confirms that morphine was detected at a lower level, the MRO must verify the test result as positive. If morphine was not detected, the MRO and laboratory are required to confer to determine if additional testing is required. If no detectable amount of morphine is found, the MRO and laboratory must immediately report the test results to the Office of Drug and Alcohol Policy and Compliance (ODAPC) at (202)366-3784. Following the discussion, the MRO will verify the test result.

## Correcting CCFs and ATFs

Issue 43 of the *FTA Drug and Alcohol Regulation Updates* included an article (page 4) instructing employers on how to review a Chain of Custody and Control Form (CCF) for accuracy. Similar procedures should be used to review Alcohol Testing Forms (ATFs). If during this review, or at any other time during the testing process, you as the Drug and Alcohol Program Manager (DAPM) for your employer become aware of a problem, you must take immediate action to correct the problem so that the test is not cancelled.

If information is omitted from the CCF/ATF, you must bring it to the attention of the person that conducted the test and require that individual to supply in writing the missing information and a statement that it is true and accurate.

If a urine specimen collector or Breath Alcohol Technician (BAT) use a non-Federal form or an expired Federal form, you must ensure that the collector/BAT provides a signed statement that states the incorrect form was inadvertently used or that due to circumstances beyond his/her control, it was the only form available and that the incorrect form contains all the information needed for a valid DOT test. The statement must also list steps taken to prevent future occurrences.

For both of these situations you as the DAPM must ensure that the written statements documenting the corrective actions are submitted to the Medical Review Officer (MRO) on the same business day that you brought the problem to his/her attention. Additionally, the CCF/ATF must be marked as CORRECTED and the written documentation of the corrective action must be maintained with the CCF/ATF.

## Discontinue Use of Old ATFs

Effective January 1, 2011, Breath Alcohol Technicians (BATs) may only use the newly revised Alcohol Testing Forms (ATF) to conduct DOT breath alcohol testing. The new form, (Form DOT F 1380) was revised in May of 2008. All copies of the older forms should be discarded to avoid inadvertent use. Should an old form be used, the BAT must take corrective action.



## MIS Reports due March 15, 2011

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 2010 calendar year by March 15, 2011. The new MIS form (Form DOT F 1385) revised in May of 2008 must be used for the 2010 report. Internet reporting is encouraged at <http://transit-safety.fta.dot.gov/DrugAndAlcohol/DAMIS/default.aspx>.

In late December, FTA sent a mailing to grantees and State DOT offices with instructions for submitting MIS reports via the Internet or using paper forms. The mailing included a list of all known contractors/subrecipients associated with the grantees, along with user names and passwords for submitting MIS reports via the Internet. Grantees or State DOTs that did not receive a mailing or whose list of subrecipients/contractors is incorrect or incomplete should immediately contact the FTA DAMIS project office. The project office can also be contacted to obtain technical assistance on completing the forms, update FTA's records and obtain new user names and passwords or remove old ones, as appropriate. Contractors and subrecipients should contact their grantee or state, respectively to receive user names and passwords for Internet reporting.

FTA DAMIS Project Office  
(617) 494-6336 or [fta.damis@dot.gov](mailto:fta.damis@dot.gov).

When completing the MIS form employers should read each item carefully and enter the appropriate data in the fields provided. Every effort should be made to ensure that all data entered is complete and accurate. Most fields are required and must be populated before a section is considered complete. When a section is complete, a green check mark will appear on the section tab at the top of the page.

Make sure that one form is completed for each employee category and that you have categorized employees correctly. If an employee performs more than one safety-sensitive job for an employer (e.g., driving and dispatching), the employee should be counted in the category where he or she works the majority of the time. Each employee should only be counted once in one category. Do not duplicate by reporting the employee in both.

Once all of the data has been entered, several validation checks will be run against the data you have entered. The software will flag any obvious data errors, questionable entries or required data omissions. Once all data has been reviewed and corrected as needed, you must electronically sign your submission by clicking the *Electronically Sign* button. You may download your completed data and view it in Adobe Reader. Be sure to print out a copy for your records.

If you are submitting data for a company that was not contracted for the full calendar year of 2010, please enter that data that exists; do not be concerned if testing thresholds are not met.

If you are a contractor or subrecipient, you should notify your grantee that you have submitted your data. Your grantee is responsible for reviewing your data and either accepting or rejecting it. Your submission will not be considered complete until it has been accepted by your grantee.

If submitting an MIS for an employer that was an FTA-covered employer for a portion of the calendar year, the employer must still submit a summary of all test results performed during the calendar year, that are covered under 49 CFR Part 655.

## Ferryboat Operators Must Submit MIS Reports to FTA



Ferryboat operators that receive funding from the Federal Transit Administration (FTA) are subject to the drug and alcohol testing regulations of both the FTA and the United States Coast Guard (USCG). As such, these ferryboat operators must submit an annual MIS report to FTA. To complete the form, ferryboat operators must contact the FTA DAMIS project office at (617) 494-6336 or email [fta.damis@dot.gov](mailto:fta.damis@dot.gov) as soon as possible to set up an employee category for "Crewmember." This adjustment to the DAMIS software must be made on an employer-by-employer basis.

## Livingston Essential Transportation Service (L.E.T.S.) Emphasizes Safety in its Rx/OTC Medication Use Policy

Livingston Essential Transportation Service (L.E.T.S.), is a medium-sized, Section 5307 transportation provider in Howell,

Michigan that has taken a proactive approach to addressing Prescription and Over-the-Counter (Rx/OTC) medication use with its 33 safety-sensitive employees. At L.E.T.S., Rx/OTC medication use is a safety issue. L.E.T.S.' safety-sensitive employees must report fit for duty, and that means being free of any medications or substances that can prevent them from safely performing their job duties. L.E.T.S. accomplishes this through the implementation of its Rx/OTC medication use policy, the procedures by which it implements the policy, and as part of its on-going safety and training program.

The L.E.T.S. Rx/OTC policy is described in its FTA drug and alcohol policy. Some important points of the policy:

- The policy stresses that some Rx/OTC medications can reduce the effectiveness of a safety-sensitive employee and can represent a safety risk.
- It requires all safety-sensitive employees to notify their supervisor of all Rx/OTC by completing a Supplemental Medical Examination Report.
- This report is sent directly to the L.E.T.S. medical practitioner; confidentiality is maintained at all times.
- L.E.T.S.' designated medical practitioner (who also conducts the CDL physicals) reviews and signs-off on each report, indicating whether or not the medications are likely to adversely affect the employee's ability to operate a vehicle.
- Disciplinary actions are clearly outlined for policy violations, such as if the employee fails to notify the supervisor of all medications taken.
- Procedures for implementing this policy are incorporated into L.E.T.S.' overall policy document.

L.E.T.S. provides extensive, on-going training on the effects and consequences of Rx/OTC medications in the workplace. Rx/OTC medication use has been incorporated into L.E.T.S.' required and on-going FTA Drug and Alcohol Training Program. L.E.T.S. management routinely stresses the importance of public safety and the fitness-for-duty of all safety-sensitive employees via staff and/or safety meetings.

L.E.T.S. is a "best practice" model for how a transit system can proactively and positively address Rx/OTC medication use with safety-sensitive employees to ensure the safety of its employees and its customers.

## MBTA Addresses Rx/OTC Medications as Part of Maintaining a Drug and Alcohol Free Workplace

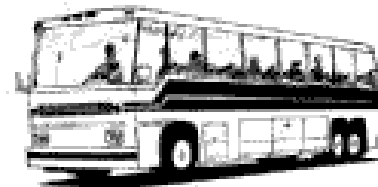
The Massachusetts Bay Transportation Authority (MBTA) addresses its policy for Prescription and Over-the-Counter medication (Rx/OTC) use as part of its Drug and Alcohol Policy Testing Program which is administered by MBTA's Medical Operations Department. All safety-sensitive employees are required to consult with this Department before using any Rx/OTC medications that contain substances that may impair an employee's ability to safely perform duties. MBTA maintains a list of approximately 850 Rx/OTC medications noting the restriction guidelines for each while performing safety-sensitive job functions. These restrictions include a restrictive time frame prior to

reporting for work while using the medication. It also notes for which medications a letter is required from the prescribing physician. This list is updated regularly and is used internally by the Medical Operations Department. After reviewing all reports of Rx/OTC medication use, the Medical Operations physician or nurse directly notifies the employee and the employee's supervisor if it is determined that the employee is unable to perform safety-sensitive functions. Employees failing to report a medication can be disciplined up to and including discharge. The policy applies to all safety-sensitive employees including those that are on-call and scheduled employees.

**Q** We have an intercity service that receives FTA funding under Section 5311(f). The service is not only intercity, but also interstate and receives FTA funding in the other states. Should each state include the data from the service provider in its MIS submissions?

**A** If the service is provided across state lines and the driver provides safety-sensitive functions in more than one state, then the state that funds the largest amount of miles should take the lead to ensure that the sub-recipient completes an MIS submission that covers the service. The second state should be listed on the MIS report as a secondary grant agency so they can have access to the submission to monitor and provide oversight. State representatives should work closely with the service provider and the other state representatives to ensure that there is no reporting duplication.

If on the other hand, the service or a part thereof operates exclusively in one state and the driver provides safety-sensitive functions solely in that state (passengers transfer from one service to the other at the state line), then the state that administers the funding for the sub-recipient should ensure that the sub-recipient prepares and submits an MIS report for the service.



## COMMON AUDIT FINDINGS

### Evidential Breath Testing Devices

As part of a transit system's collection facility oversight, the DAPM must ensure the Evidential Breath Testing device used to conduct FTA alcohol tests under 49 CFR Part 40 is properly maintained. Each EBT has a quality assurance plan (QAP) that must be readily available for review by the DAPM upon request. The QAP specifies the methods used to perform external calibration checks, the tolerances within which the EBT is considered properly calibrated, and the minimum calibration check intervals. The QAP also specifies the inspection and maintenance requirements of the EBT and instructions for its use and care.

Section 40.233(c) requires that service agents that conduct alcohol tests using an EBT must follow the manufacturer's instructions (in the QAP), including performance of external calibration checks at the intervals specified in the instructions. The service agent must also maintain records of the inspection, maintenance, and calibration checks. These records should be reviewed by the DAPM as part of the transit agency's oversight process.

Audits have found that in some cases service agents have no or limited knowledge of the QAP and could not provide calibration documentation. In other cases, the documentation even though present was disorganized, incomplete, or out-of-date. These practices can significantly impact the quality of the alcohol testing process and will not only result in the system's noncompliance, but can also put the system at risk for litigation.

On a related note, DAPMs must ensure that their Breath Alcohol Technicians know that in the event an EBT produces an external calibration check result that is outside the tolerance listed in the QAP, the EBT must be taken out of service immediately and not used again until it has been repaired and passed another external calibration check. Any tests that were conducted using the EBT that had a result of 0.02 or above since the last valid external calibration check must be cancelled.

## Synthetic Marijuana Incense or Drug

Synthetic marijuana was first developed in 1993 by an organic chemistry researcher from Clemson University. The

research, sponsored by the National Institute on Drug Abuse, was conducted to determine how different chemical formulas interact with the brain. The compounds that mimic THC, the psychoactive ingredient in marijuana, were never intended to be used by humans.

These compounds are sprayed on various herbs and spices to give them a “marijuana look” and are now sold in “local head shops,” tobacco stores, boutiques, convenience stores, gas stations and over the Internet as incense or bath salts. These fake pot blends, including Spice, K2, Black Mamba, Blaze and Red X Dawn just to name a few, are smoked like real marijuana to produce a high and are touted as legal alternatives to pot that cannot be detected in federal drug tests.



The short-lived high is said to be very similar to that created by real marijuana including visual effects, a relaxed physical state, paranoia, panic attacks, and giddiness. Use also impairs a smoker’s ability to safely operate a motor vehicle. These products are popularized as an “easy to get high” by the Internet, YouTube, and celebrities. Anyone can purchase these products for about \$10 to \$20 per gram.

Viewed as safe and legal, their use has escalated substantially over the last few years. And, so have the number of associated deaths, emergency room visits, and calls to poison-control centers. The compounds have also been linked to overdoses, suicides, hallucinations, seizures, and cases of addiction. The risk is due in part to the fact that many of these compounds are manufactured by individual sellers in

their homes or dorm rooms without any concern for quality assurance. Other products purchased off the Internet are based in China.

The nature and extent of toxicity in these compounds is unknown and varies by manufacturer, but reported side effects include hallucinations, increased heart rate, increased blood pressure, heart palpitations, and breathing problems. Preliminary tests by the U.S. Drug Enforcement Agency (DEA) found that these substances contained chemicals that could be five times more powerful than marijuana and had dangerous long-term and short-term effects.

The key ingredients that make up synthetic marijuana have been banned or made illegal in some Scandinavian and European countries. These substances are not currently regulated in the United States, but have been banned by the U.S. Military. At the time of publication, twelve states have passed their own laws banning these substances, and twenty-one are considering similar legislation.

On November 24, 2010, the DEA published a notice in the Federal Register (Volume 75, Number 226, pages 71635-71638) stating its intent to temporarily control five synthetic cannabinoid chemicals found in synthetic marijuana products. Those chemicals are: 1-pentyl-3-(1-naphthoyl)indole (JWH-018); 1-butyl-3-(1-naphthoyl)indole (JWH-073); 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200); 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP-47,497); and 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (cannabicyclohexanol; CP-47,497 C8 homologue). When finalized, the order will place these five chemicals in Schedule I of the Controlled Substances Act for at least one year.

Even though the minimum 30-day notice period has elapsed and the DEA is still intent on making the Emergency Order, the ban **is not** yet in effect. Consequently, these substances remain readily available to anyone who has Internet access. Experts also fear that even if the DEA finalizes the Emergency Order, it may do little to curb synthetic marijuana as entrepreneurs are already moving to reformulate their products using chemicals not covered by the impending ban. Individuals wishing to stay informed on the progress of this action should consult the DEA website at [www.justice.gov/dea](http://www.justice.gov/dea).

## Upcoming FTA Sponsored Training

The Transit Safety Institute (TSI) is offering two FTA-sponsored training programs to provide transit system program managers and service agents with necessary knowledge and skills to develop and maintain a program that is in compliance with the Federal Transit Administration (FTA) regulations.

The Substance Abuse Management and Program Compliance course is three days in length and is designed to provide participants with information to evaluate and self-assess their programs. This course is currently scheduled to be held in the locations listed to the right.

April 19-21, 2011 Salem, OR;  
June 1-3, 2011 Jersey City, NJ  
June 21-23, 2011 Albany, NY  
July 19-21, 2011 Buffalo, NY

The Reasonable Suspicion Determination for Supervisors course is one day in length and is designed to educate participants on how to recognize the signs and symptoms of drug use and alcohol misuse by safety-sensitive employees in the workplace. The course provides participants with FTA qualification to conduct reasonable suspicion testing and is currently scheduled to be conducted in Salem, Oregon on April 22, 2011.

To learn more about the courses, their cost, and how to register, go to <http://transit-safety.fta.dot.gov/DrugAndAcohol/Training/Default.aspx>.

## “Of Substance Blog”

On October 14, 2010, Jim L Swart, Director of the Office of Drug and Alcohol Policy and Compliance announced the formation of a “live” Blog to allow for an exchange of information on President Obama’s Drug Control Strategy. The blog is sponsored by the Office of National Drug Control Policy (ONDCP) and includes several links that could be useful in developing your agency’s substance abuse awareness program. The blog can be found at: [http://ofsubstance.gov/blogs/pushing\\_back/archive/2010/10/07/51641.aspx](http://ofsubstance.gov/blogs/pushing_back/archive/2010/10/07/51641.aspx).

## RESOURCES

FTA Drug and Alcohol MIS Project Office: Phone: (617) 494-6336 Email: [fta.damis@dot.gov](mailto:fta.damis@dot.gov)  
FTA home page: <http://www.fta.dot.gov>  
Center for Substance Abuse Prevention: <http://prevention.samhsa.gov>  
DHHS-Certified Laboratories: [http://www.workplace.samhsa.gov/DrugTesting/Level\\_1\\_Pages/CertifiedLabs.html](http://www.workplace.samhsa.gov/DrugTesting/Level_1_Pages/CertifiedLabs.html)  
FTA Office of Safety & Security: <http://transit-safety.fta.dot.gov>  
FTA, Office of Safety and Security Clearinghouse  
Best Practices Manual: FTA Drug & Alcohol Testing Program, Revised 2008  
DOT’s 10 Steps to Collection Site Security and Integrity  
DOT’s Direct Observation Procedures Poster, revised August 31, 2009  
Drug and Alcohol Consortia Manual  
Drug and Alcohol Testing Results: 1996 through 2008 Annual Reports  
FTA Drug and Alcohol Program Assessment  
Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit, Revised 2009  
Prescription and Over-The-Counter Medications Toolkit  
Reasonable Suspicion Referral for Drug and Alcohol Testing (Leader’s Guide & Video)  
Substance Abuse Professional Guidelines, revised August 31, 2009  
Urine Specimen Collection Procedures Guidelines, revised October 1, 2010  
What Employees Need to Know About DOT Drug and Alcohol Testing, revised October 1, 2010  
What Employers Need to Know About DOT Drug and Alcohol Testing, revised October 1, 2010  
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>  
Collection Site Security and Integrity Poster  
DOT Direct Observation Instructions Sheet  
DOT’s Ten Steps Video  
MIS Data Collection Form and Instructions

# FTA Drug & Alcohol Regulation Updates

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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

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

#### Final Rule Changes

August 23, 2006 Federal Register Vol. 71, Pages 49382—49384; Expanded List of SAP Qualifications

June 25, 2008 Federal Register Vol. 73, Pages 35961-35975; Specimen Validity Testing

November 20, 2008 Federal Register Vol. 73, Pages 70283-70284; Direct Observation Collections

February 25, 2010 Federal Register Vol. 75, No. 37, Pages 8524-8526; Release of Results to State CDL Authorities; Pages 8526-8528: Permits New ASD; Pages 8528-8529; New ATF and MIS Forms

August 16, 2010 Federal Register Vol. 75, No. 37, Pages 49850-49864; Addition of Ecstasy, Lowering Cutoff Levels, MRO Qualifications.

September 27, 2010 Federal Register Vol. 75, No. 186, Pages 59105-59108; Interim Final Rule—Instructions for use of new CCF

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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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