



3rd Quarter 2023

# CCDAPP Newsletter

Congratulations to the following individuals on their initial or renewal certification in Q2 2023:

**CSAPA Renewal of Certification:**

Brennan Portalski

Michael Lockman

**DAPA Renewal of Certification:**

Sasha Zamora

**Q-SAP Renewal of Certification**

Richard Vinnay

**New DAPA-MC Recipient:**

Monse Cortez

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Three quarters of high school students have used addictive substances including cigarettes, alcohol, marijuana or cocaine.

Almost half of high school students are current users of these substances.

Of high school students who have ever smoked a cigarette, had a drink of alcohol or used other drugs, 19.4% have a clinical substance use disorder, as do 33.3 % of current users.

<https://pubmed.ncbi.nlm.nih.gov/32423721/>

## Cannabis and Impairment

### Causes of impairment



### Impacts of impairment

- Inability to concentrate, think clearly, and make decisions
- Dizziness, drowsiness, disorientation, and confusion
- Slowed reaction times and lack of coordination
- Confrontational and aggressive behaviours, disinterest

### Workers should not use cannabis on the job.

Like alcohol, cannabis can affect your judgment, coordination and ability to think clearly - affecting your safety and the safety of those around you.

### Cannabis can affect how you work.

- Hard to concentrate, think clearly, and make decisions
- Dizziness, drowsiness, disorientation, and confusion
- Slowed reaction times
- Lack of coordination
- Tendency to be confrontational and aggressive
- Lack of interest in job

[https://www.ccohs.ca/images/products/infographics/download/Cannabis\\_impairment.png](https://www.ccohs.ca/images/products/infographics/download/Cannabis_impairment.png)

<https://www.ccohs.ca/youngworkers/cannabis/default.html>

## Training Corner

### Current Consulting Group

Webinars on a variety of drug and alcohol related topics

[www.currentconsultinggroup.com](http://www.currentconsultinggroup.com)

### NDASA

Webinars on a variety of drug and alcohol related topics

<https://www.ndasa.com>

### SAPAA

Annual Conference & Expo  
October 15-18, 2023  
Orlando, FL.

<https://www.sapaa.com>

**Come see us at Booth 404!**

### USDTL

Presentations and newsletters on a variety of drug and alcohol related topics

<http://www.usdtl.com>



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## Questions?

Do you have a regulatory question?

Email it to [administrator@ccdapp.org](mailto:administrator@ccdapp.org)

## Understanding Screening and Assessment of Substance Use Disorders: Child Welfare Practice Tips

### By The National Center on Substance Abuse and Child Welfare

Screening and assessment of parental substance use disorders (SUDs) provides workers the opportunity to identify family strengths, develop services, monitor progress, address challenges, and connect them to services. Using standardized screening and assessment tools and procedures can reduce bias and stigma and identify all parents who need a referral for a SUD assessment. Timely and equitable access to treatment services is critical for engagement and retention in services of high-risk families who are affected by substance use disorders and are involved with child welfare services.

UNDERSTAND that substance use can decrease a parent's ability to:

- Provide for a child's basic need
- Provide daily structure and routine
- Get their children to school on time or assist with homework
- Maintain employment
- Balance household expenses

**Screen all families for substance use:** The purpose of substance use disorder screening is to determine the need for further clinical assessment. The process should also include screening for co-occurring mental health challenges. It is important to gather information from a variety of sources, including a review of corroborating reports, signs and symptoms, drug testing, and valid screening tools (e.g., Alcohol Use Disorders Identification Test (AUDIT), The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), or Screening, Brief Intervention, and Referral to Treatment (SBIRT)) to screen for substance use. The UNCOPE is another valid screening tool that asks the following six questions:

U- Have you continued to use alcohol or drugs longer than you intended?

N- Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?

C- Have you ever wanted to cut down or stop using alcohol or drugs but could not?

O- Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

P- Have you ever found yourself preoccupied with wanting to use alcohol or drugs?

E- Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Using standardized and validated SUD screening tools for all families helps reduce overidentification of people of color and disparity in outcomes for families. Screening tools should be culturally responsive and linguistically appropriate for accurate results.

The National Center on Substance Abuse and Child Welfare (NCSACW) developed this tool as part of a series of tip sheets for child welfare workers who serve families affected by SUDs. For more information and practice tips on working with families affected by SUDs and child welfare, visit the website at <https://ncsacw.acf.hhs.gov>



<https://ncsacw.acf.hhs.gov/files/tips-screening-assessment-508.pdf>

## Violations that cross over DOT Modes

By David Perlman, NCAC II, EAP

It is not uncommon for an individual to make a career change to another DOT mode. Transit operators may become truck drivers, merchant mariners may become railroad operators. Also, some individuals hold dual status, pipeline operators may also have a commercial driver's license. But what happens in the Clearinghouse if someone fails an FMCSA test and then wants to work in a different mode? Regulations clearly state that reports and their requirements follow the individual. But, if you are not an FMCSA entity, you cannot post results in the Clearinghouse. Does the individual take a Return to Duty test and complete all of their Follow-up testing requirements and then get no credit in the Clearinghouse? If they want to subsequently apply for an FMCSA position, will they need to repeat the testing process?

A recent actual case led to a solution (with the help of Patrice Kelly, JD, Senior Policy Senior Executive Advisor, NDASA, who consulted with the FMCSA's Clearinghouse leadership). An FTA transit driver wanted to pursue some extra income and applied for a part-time position as a non-transit bus driver operating under FMCSA. And, of course, he failed his pre-employment test. After some 'mild' persuasion, he informed his FTA employer, before his next scheduled duty day. The FTA employer decided to retain him and suspended him from duty until he completed the SAP process. The MRO had already reported the violation to the Clearinghouse- easy. The driver selected the SAP and was selected- easy. The SAP reports the Initial and Follow-up Evaluation- easy. The FTA employer has no access to the Clearinghouse- problem. The FTA employer needs to write a request to the Clearinghouse, [clearinghouse@dot.gov](mailto:clearinghouse@dot.gov), on letterhead, explaining the details and attach a copy of the negative Return to Duty test and the Clearinghouse will manually enter the test and it will then show that the driver has completed Step 5 of the Return to Duty process. When the driver completes all their required Follow-up tests, the FTA employer again requests that the Clearinghouse post the data and Step 6 will be completed-case closed.

David Perlman is a US DOT Qualified Substance Professional in private practice serving Western Washington since 2005 and may be contacted at [david@dotsap.net](mailto:david@dotsap.net)





## How do I change from urine to oral fluid screening?

By Sharon Bottcher and Katherine Miller

Making a change can seem overwhelming at first but is often beneficial in the long run. In terms of the drug and alcohol testing industry, things have been static since nearly its inception. In 1988 the federal government enacted the Drug-Free Workplace Act, requiring federal contractors and grantees to certify that they provide a drug-free workplace. Many states followed suit, with urine testing being the only approved specimen at that time by the federal government. Recent times have brought about many changes, including the approval of oral fluid by the federal government and the proposed addition of oral fluid by the Department of Transportation (DOT). Now that oral fluid testing is permitted in nearly all 50 states and by the federal government, many employers want to either add oral fluid to their testing program or switch entirely from urine to oral fluid. This article will give an overview of best practices when switching to oral fluid.

### Determine your needs

Prior to making the switch from urine to oral fluid, it's important to lay the groundwork. Look at your current drug and alcohol testing program with a critical eye and determine the issues. Is getting employees off-site for collections a difficulty? Are you concerned about your program's lack of focus on recent use rather than historic use? Make a list of pain points that you will refer to throughout the policy process. Use these pain points to determine the goals of your new program.

Next, look at your lists of pain points and goals — how does oral fluid meet or help accomplish these goals? Does oral fluid accomplish all the goals or only some? This will help you determine whether oral fluid should become your primary testing specimen, or if it should be complementary to another specimen.

### Updating your policy

The most important thing you can do when updating your policy is to meet with a policy expert to ensure that all your bases are covered. Navigating state laws, federal regulations and case law can be extremely complex, and it's best to have a drug testing policy expert at your side to ensure you understand and address the complexities to provide yourself with legal protection.

Updating your policy can be summed up in four easy steps:

1. Determine which states you would like to operate in. Are you a large, multi-state employer? A single state employer? Looking to expand into new states? Whatever your situation, the first step to updating your policy is to determine the laws you need to comply with.
2. Review all applicable state laws. Look at your state laws— are they voluntary (meaning you choose if you want to comply and receive a benefit from the state), mandatory (meaning you have to apply) or laboratory licensing laws? Are there industry specific laws that you are required to comply with based on your workplace? Is there applicable case law that you should review to ensure compliance? Do you want to comply with any additional requirements that are required to deny workers and/or unemployment compensation claims? Some states are straightforward, while some are complex with many sometimes conflicting laws employers are required to comply with. Having a good idea of what is required will let you know how much policy customization you'll need to do.

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## ***How do I change from urine to oral fluid screening?***

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3. Work with an expert to create a policy. Either reach out to an oral fluid expert, such as your OraSure sales rep. or a dedicated policy expert who is familiar with oral fluid. Work together to determine when testing will occur, where collections will take place and more. Make sure your policy covers all legal situations that are likely to arise in each state of operation and how the company will respond.
4. Define additional company policies. In addition to your company policy, you need to define laboratory, Medical Review Officer (MRO) and Third-Party Administrator (TPA) policies if applicable. Having these policies and procedures ready and on hand means that you will be prepared for all situations that arise along all levels of the testing process.

### **Communicate policy and program changes**

Unfortunately, you're not immediately ready to go after you review and/or update your policy. The process continues as you determine who needs to be informed of policy changes, as well as what they need to know. The groups that need to be informed of policy updates/ changes are your laboratory, your Medical Review Officer (MRO), your Designated Employee Representative (DER), and finally, your employees.

While its essential to provide each of the above parties with a copy of your final updated policy, it's also a good idea to pull out pertinent information in an easy to access format so that everyone is aware of the changes implemented and how they impact their group. For example, highlight who performs collections, where they will be performed, what counts as a nonnegative, specimens you will use, and more. Once you've provided the pertinent individuals with a copy of your new policy and pulled out any relevant information for them, allow them a review period where they can read the new policy. Following the review period, meet with each group individually to answer any questions that may have come up during their policy review period. It's best practice to make sure all the details are communicated correctly prior to implementing the new program. Don't forget to post a copy of the new policy around your work sites so that it is easily and readily available to employees.

### **How to manage your new program**

Some employers may choose to utilize a Third-Party Administrator (TPA) to manage their drug and alcohol testing program from start to finish, while others may choose to manage the program entirely on their own. It's up to each employer to determine what works best for their individual company and workplace. For employers that choose to work with a TPA, the first step is to provide a copy of your new policy and implementation plan to the TPA. From there, it's pretty much on auto pilot for you. Your TPA should manage all day-today and nitty gritty aspects of the program, allowing you to focus on other aspects of your business.

Employers who choose to manage their own program have a slightly more involved process to implement their new drug and alcohol testing program. Once your new policy is created, determine who will be performing the collections. When using traditional testing methods, such as urine, the collector

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## How do I change from urine to oral fluid screening?

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must go through extensive training, as well as learn how to secure a bathroom for collections if there isn't a dedicated secure facility on site or within close distance. Oral fluid collections are different. Collectors can be trained quickly and easily online or in person, making it easy to train multiple collectors so as to always have one on-site or available. It is usually considered best practice to train supervisors and/or managers to act as collectors. One advantage to oral fluid testing is that both lab-based and rapid collections can be performed on site, meaning that collectors don't have to be trained on how to prepare a dedicated collection site. Collections can occur anytime, anywhere, meaning that management by employers is streamlined and simple.

Depending on what devices and/or labs that you use, your results and reports may be provided to you in a number of different ways. If a TPA manages your program, they will manage, receive and store results on your behalf. Employers that choose to manage their own testing program will need to determine the best way to manage, receive and store their results once the new program is implemented. Confer with your testing laboratory to determine how results will be sent to you—if they're electronic, considering securely storing them in your company server as well as storing physical copies for a set amount of time. Paper results can be digitized to offer two forms of storage as well. A solution that works for one employer may not work for your workplace— find a custom solution that works for you and stick with it.

### Conclusion

Making the switch to oral fluid may seem like a lot of work up front but making a change often requires effort in order to reap the benefits. Oral fluid offers many benefits to employers such as customized panels, collections anytime, anywhere, cost savings, lab-based results, and available in nearly all states and in most industries, just to mention a few. Ready to make the switch? Contact OraSure Technologies at [testingsolutions@orasure.com](mailto:testingsolutions@orasure.com) today to learn more about how you can switch to oral fluid.

<https://www.orasure.com/documents/whats-the-buzz>

### WHAT ARE THE ADVANTAGES OF AN EMPLOYEE ASSISTANCE PROGRAM?

An Employee Assistance Program (EAP) is a confidential and voluntary support service that helps to solve challenges in your life, and provides resources for you and your family.

#### TACKLE ADDICTIONS & UNDERSTAND NUTRITION

- Alcohol • Gambling
- Drugs • Tobacco • Post-recovery support
- Weight management
- Boosting energy and stress resilience
- Addressing: high cholesterol, high blood pressure, diabetes, heart disease



<https://benefitstrategiesinc.ca/blog/find-solutions-support-through-employee-assistance-programs/>



## Detection vs. Impairment: Why Objective Testing Matters

Nina M. French, President of Employer + Law Enforcement Solutions at Hound Labs

As cannabis reform continues across the U.S., employers find themselves between a rock and a hard place in their efforts to both keep their workplace safe and respect their employees' choices outside of work.

To address workplace safety, some legislators and organizations have introduced a series of new laws and testing methods increasingly focused on identifying the signs of impairment. However, the subjectivity of these impairment tests may indicate a "positive" result when employees have not used cannabis in a timeframe that could impact their work performance.

### WAS I IMPAIRED?

For the better part of a decade, I spent weeks running on as little as one to three hours of sleep. The reason? Four babies in 4.5 years with a set of twins in the mix to make things a bit more challenging. All had fussy bellies, and none were sleeping well, so between the nursing and the sleep training, I survived on 30-minute naps whenever I could take them. This sleep pattern was even more challenging because I returned to work at the end of each maternity leave. Those long workdays amplified the sleep deprivation, and I will admit to more than one lunch break with no food involved – just a blissful 15-minute siesta.

So here is a question: During this time, would I be considered impaired at work? I wasn't driving a truck or operating equipment, but I was an executive managing a large team and business function. Was I giving peak performance? I can answer the question with a definitive NO. Was my performance a direct result of being sleep deprived? Yes. But was I impaired?

### THE TROUBLE WITH DEFINING IMPAIRMENT

Impairment is defined as 'the act of impairing something or the state or condition of being impaired: diminishment or loss of function or ability.'

I do not doubt that I would have failed an impairment test during that period. But would I have failed a workplace drug test during this time? No. Apart from an occasional glass of red wine, I used no impairing substances. And when I did have that glass of wine, it was not before or during work.

Fast forward a decade, and my world has changed dramatically. Two of my daughters are in college, and the twins are successful high school sophomores. I have sleepless nights with four teenagers, but they are thankfully few and far between these days.

Something else has changed, too. In 2012, Colorado and Washington became the first states to legalize the adult use of recreational cannabis. Since then, 19 more states and DC have followed. A robust cannabis industry is booming nationwide, and cannabis use is more widespread than ever.

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## ***Detection vs. Impairment: Why Objective Testing Matters (Continued)***

With increased use, the discussion around impairment seems to be in constant debate. Impairment is complex and the cause of impairment is difficult to determine. As we explore this issue, we need to ask if we are close to measuring impairment and identifying and isolating its source – not just relying on a defined per se legal limit or cognitive and behavioral abnormalities.

My industry colleague, Faye Caldwell, founding partner at Caldwell Everson, a leading employment law firm based in Houston, Texas, spoke about this challenge earlier this year at one of the largest employee screening conferences in the country.

“While impairment is a word tossed around a lot, it is not a defined standard. Previously, the presence of an illegal drug – even if the person hadn’t recently used it – was enough to remove a person from a position. Because most employees have increased access to legal cannabis, this approach may no longer be seen as an appropriate inquiry or the basis for a decision on employment status.” – Faye Caldwell, Employment Attorney

Technology is racing to the market to help employers and law enforcement identify impairment caused by cannabis. The fact is, in reality, IMPAIRMENT is not the issue.

### **THE PROBLEM WITH IMPAIRMENT LEGISLATION**

Impairment can be the result of the combination of many factors. In the U.S., we spent several decades trying to understand alcohol impairment. Finally, in 1998, President Bill Clinton called for the promotion of a national limit over which it would be illegal to operate a motor vehicle. The nationwide legal limit is .08 – except for Utah, which reduced the legal limit to .05 in 2018. An illegal per se law makes it illegal in and of itself to operate a motor vehicle with a blood alcohol concentration (BAC) measured at or above the established level of .08. This is regardless of whether or not the driver exhibits visible signs of intoxication.

Barry Sample, Ph.D., a leading toxicology and workforce drug testing expert, explains why determining impairment from cannabis isn’t possible yet.

“The main point many people fail to realize is that alcohol had decades, literally decades, of study to get to an impairment standard. Researchers examined blood, then breath, and it took an extraordinary amount of time for the scientific and legal communities to reach a consensus on a national standard and per se limits for blood alcohol levels and the relationship between blood and breath. Study data and broad consensus on its outputs are key pieces legislators have been missing as part of determining an impairment standard for cannabis.” – Barry Sample, Ph.D., Workforce Drug Testing Expert

Returning to the scenario at the beginning of this piece, let’s consider whether I was impaired according to various workplace drug tests.

- Breath alcohol test – No
- Breath, oral fluid, urine, or hair cannabis test – No
- Non-biological sample assessments such as virtual reality goggles that subjectively measure impairment – Most likely, yes

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## ***Detection vs. Impairment: Why Objective Testing Matters (Continued)***

It's clear I was not impaired from cannabis use. But on the roadside, how would a law enforcement officer be able to differentiate between cannabis use and my lack of sleep? Only an objective testing method using a biological sample capable of specifically isolating recent cannabis use could provide this data.

### **DOES WORKPLACE DRUG TESTING EQUAL IMPAIRMENT DETECTION?**

At work, these scenarios are even more complex. Workplace performance management is a complicated undertaking intended to measure goals, objectives, and milestones by evaluating criteria such as physical agility, reliability, behavior, and compliance with company policies. However, workplace drug testing is not and has never been about impairment. Workplace drug testing is a risk mitigation tool providing an objective measurement to reinforce a policy. It is a leading performance measure that deters drug use at work.

Historically, employers have relied on biological samples such as oral fluid, urine, and hair to detect the absence (or confirm the presence) of cannabis in an employee's system. These tests demonstrate the validity of using biological samples to provide objective data about an employee's cannabis use. However, because of their long detection windows, they are no longer practical or enforceable in the era of cannabis legalization.

What this tells us, according to a leading substance prevention program leader, is that employers need a new biological sample type to provide objective, relevant data about recent cannabis use. This helps employers identify use that has the potential to negatively impact an employee's workday, instead of relying on a false impairment narrative.

"Historic programs using oral fluid, urine, or hair testing only measured the presence of a substance. Those results merely indicate that a substance is detected in a person's system, not when it was used. But many employers want to ensure that employees are fit for duty when they show up to work and stay fit for duty throughout the workday." – Robin Schelling, Substance Prevention Program Leader

Testing breath for cannabis is the answer. The detection window of a cannabis breath test only extends for 2-3 hours after use. With the shortest cannabis detection window in the drug testing industry, a breath test gives employers a way to detect and deter marijuana use correlating to the employee's workday. This precise detection window helps employers enforce policies that prohibit use immediately before or during work but do not penalize cannabis use outside of work as outlined in the employer's policy.

For more than 40 years, employers have relied on workplace drug testing as a risk mitigation tool to effectively deter drug use, prevent incidents, and identify recent use in the case of an accident. Contrary to the assumption of several new laws, workplace drug testing has never been a measure of impairment – it is a tool to deter use immediately before or during work hours. Cannabis breath testing fits the intent of workplace drug testing by providing an objective measure to reinforce policies that prohibit cannabis use immediately before or during the workday.

And, perhaps equally important, to provide objective differentiation between a policy violation and a 3 a.m. feeding.

<https://houndlabs.com/2023/04/20/detection-vs-impairment-why-objective-testing-matters/>

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