



4<sup>th</sup> Quarter 2023

# CCDAPP Newsletter

Congratulations to the following individuals on their initial or renewal certification in Q3 2023:

**CSAPA Renewal of Certification:**

Scott Moregnsen  
Tom Econome  
Regina Doural  
Melissa Sabus  
Candy Clepper  
Samantha Dabbs

**New DAPA-R Recipient :**

Samantha McNabb

**New CSAPA Recipient:**

Lauren Gordon



Over the last several decades, the THC content of cannabis has changed substantially. In 1995, the average THC content in cannabis was about 4%. By 2017, it had risen to 17% and continues to increase. Beyond the plant, a staggering array of other cannabis products with an even higher THC content like dabs, oils, and edibles are readily available—some as high as 90%.

<https://medicine.yale.edu/news-article/not-your-grandmothers-marijuana-rising-thc-concentrations-in-cannabis-can-pose-devastating-health-risks>

## HOW LONG CAN THESE DRUGS BE DETECTED?

### URINE

Cocaine: 2 – 4 days  
Marijuana: 7 – 30 days  
Opioids: 2 – 4 days  
Alcohol: 12 hours – 7 days  
MDMA: 3 – 4 days  
LSD: 1 – 3 days  
Benzodiazepines: 3 – 30 days  
Methamphetamines: 1 – 3 days

### BLOOD

Cocaine: 1 – 2 days  
Marijuana: 2 – 14 days  
Opioids: 12 – 36 hours  
Alcohol: 10 – 12 hours  
MDMA: 1 – 2 days  
LSD: 2 – 3 hours  
Benzodiazepines: 2 – 3 days  
Methamphetamines: 1 – 3 days

### HAIR

Up to 3 months for almost all drugs

### SALIVA

Up to 3 days for almost all drugs

## Training Corner

### Current Consulting Group

Webinars on a variety of drug and alcohol related topics

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

### NDASA

Conference and Trade Show  
May 15, 2024 - May 17, 2024  
Hersey, PA

<https://www.ndasa.com>

### SAPAA

Annual Conference & Expo  
October 2024  
Dallas, TX

<https://www.sapaa.com>

### USDTL

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

<http://www.usdtl.com>



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

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Your training will benefit individuals working toward initial certification as well as those who are maintaining their certification. As an added bonus, CCDAPP will advertise your upcoming training in our quarterly newsletter and on our website!

Email us for more information:  
[administrator@ccdapp.org](mailto:administrator@ccdapp.org)

### Are you receiving the ODAPC ListServe Notices?

Sign up at:

<https://www.transportation.gov/odapc>

## Questions?

Do you have a regulatory question?

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

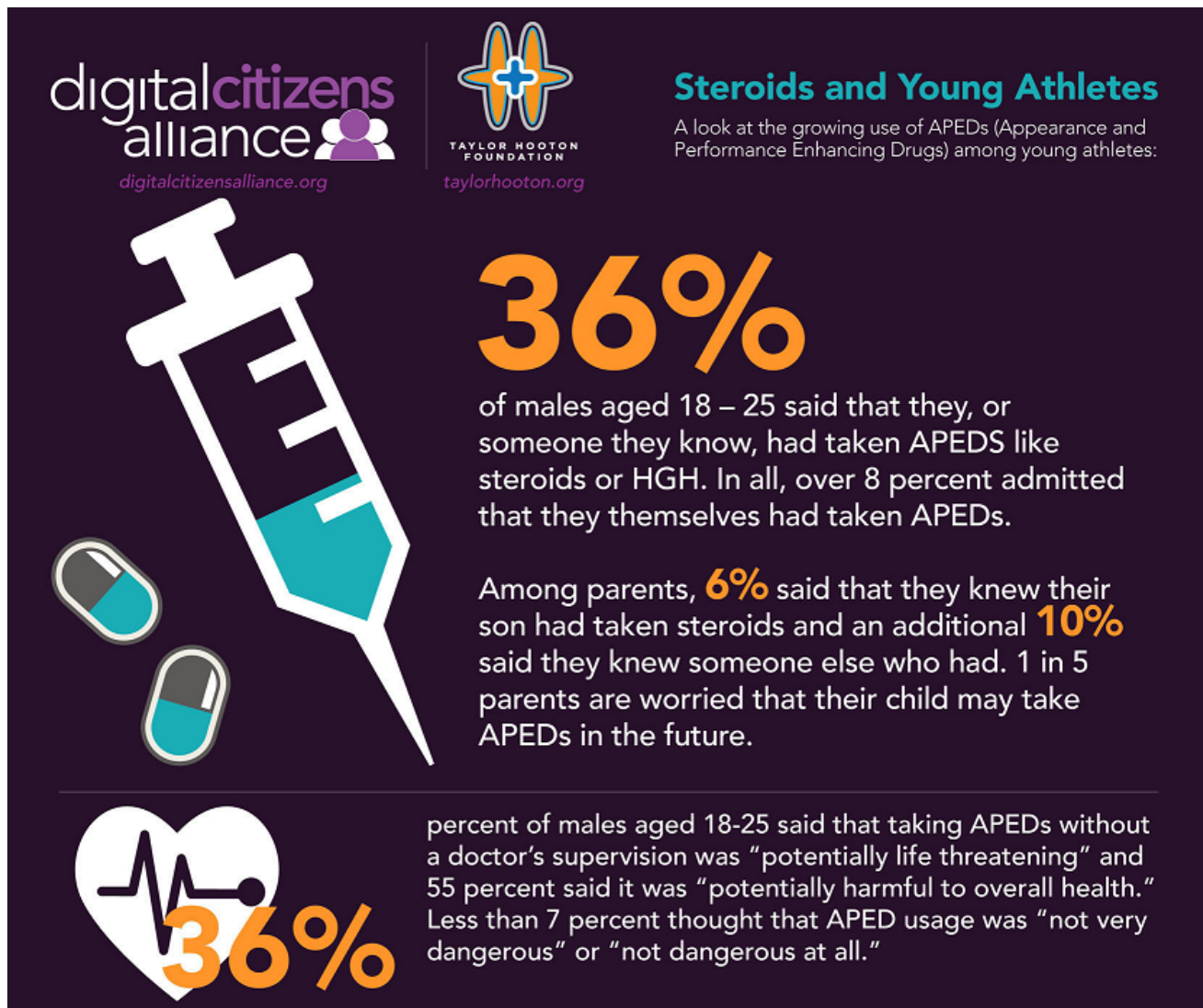
## Who Cannot Be Your Collector

By John A. Volpe National Transportation Systems Center

DOT authorizes any individual who has received training specified in 49 CFR § 40.33 to act as a urine collector, and in § 40.35 to act as an oral fluid collector, except in the following situations:

1. The immediate supervisor of a particular employee must not act as the collector when that employee is tested.
2. An employee who is in a safety-sensitive position and is subject to the DOT drug testing rules should not be a collector (or an observer or monitor) for co-workers who are in the same testing pool or who work together with that employee on a daily basis.
3. The employee must not be the collector of his or her own specimen.
4. A collector must not be related to the employee being tested (e.g., spouse, ex-spouse, relative) or a close personal friend.

<https://www.transit.dot.gov/regulations-and-programs/safety/fta-drug-and-alcohol-newsletter-october-2023-special-edition>



<https://www.prnewswire.com/news-releases/new-poll-young-people-using-steroids-and-hgh-reaching-epidemic-status-226922461.html>

## Widespread Threat of Fentanyl Mixed with Xylazine

### US Drug Enforcement Administration (DEA) and US Food & Drug Administration

"Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier," said Administrator Milgram. "DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine."

Xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects. Still, experts always recommend administering naloxone if someone might be suffering a drug poisoning. People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation.

Xylazine is FDA-approved for use in animals as a sedative and pain reliever. Xylazine is not safe for use in humans and may result in serious and life-threatening side effects that appear to be similar to those commonly associated with opioid use, making it difficult to distinguish opioid overdoses from xylazine exposure. However, we do not know if side effects from xylazine exposure can be reversed by naloxone. Since we do not know if reversal agents regularly used in veterinary medicine (e.g., yohimbine hydrochloride, tolazoline hydrochloride) are safe or effective in humans, they should not be used.

Routine toxicology screens do not detect xylazine, and additional analytical techniques are required to detect xylazine when it might be involved in illicit drug overdoses, particularly when there are other signs or symptoms of xylazine exposure.

Health care professionals should continue to administer naloxone for opioid overdoses and consider xylazine exposure if patients are not responding to naloxone or when there are signs or symptoms of xylazine exposure (e.g., severe, necrotic skin ulcerations). Health care professionals should provide appropriate supportive measures to patients who do not respond to naloxone.



<https://www.fda.gov/drugs/drug-safety-and-availability/fda-alerts-health-care-professionals-risks-patients-exposed-xylazine-illicit-drugs>

<https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine>

<https://thecurbsiders.com/curbsiders-podcast/392-live-opioid-and-xylazine-withdrawal-in-the-hospital/>



## **The Risky Connection Between Increasing Cannabis Use and Impairment**

### **By Hound Labs, Inc.**

For decades, employers have relied on workplace drug testing as a risk mitigation tool to help deter drug use and prevent costly incidents. However, with cannabis legalization expanding, so are the use and acceptance of the drug. The connection between the increasing availability of cannabis and the increasing use of cannabis at work creates significant risks and associated costs for employers.

In an attempt to address cannabis use, some legislators and organizations have introduced a series of laws and policies focused on identifying the signs of impairment. Unfortunately, introducing impairment language may actually prevent employers from creating workplace drug testing programs that effectively deter workplace cannabis use and mitigate risk.

#### **THE COSTS OF DRUG USE AT WORK**

The costs associated with drug use in the workplace are far-reaching, as they can impact multiple areas such as employee turnover, absenteeism, productivity, and injury costs. According to a study reported by the National Institute on Drug Abuse, employees who tested positive for THC had 55% more industrial accidents, 85% more injuries, and 75% greater absenteeism compared to those who tested negative. The Occupational Safety and Health Administration (OSHA) says employers may save \$4 to \$6 for every \$1 invested in a health and safety program. Workplace drug testing is part of this investment.

It's critical to consider these and other costs related to data, fiscal, and brand risks when determining the effectiveness and the return on investment of drug testing. Anchoring drug testing policies to deter use is shown to help employers proactively curb incidents and mitigate the costs associated with drug use at work.

#### **THE PURPOSE OF WORKPLACE DRUG TESTING**

The primary goal of workplace drug testing is to deter employees from using drugs before or during work. To achieve these goals, employers create comprehensive programs applying drug testing in a range of scenarios across the employment spectrum. Scenarios may include testing during pre-employment, in random selection, or when there's reasonable suspicion of drug use. Combined, these approaches empower employers to continuously deter use and mitigate risks associated with cannabis use proximate to the workday. With policies focused on prohibiting workday use, the need to determine impairment becomes irrelevant and unnecessary.

#### **THE IMPAIRMENT CHALLENGE**

With increased use, discussions around impairment seem to be in constant debate. However, the focus on impairment can unintentionally limit the effectiveness of employers' drug testing programs for several reasons. First, introducing impairment language shifts the focus from deterrence and may enable the tolerance of some drug use. Second, impairment is difficult to determine because an agreed-upon standard does not exist.

"The main point many people fail to realize is that alcohol had decades, literally decades, of study to get to an impairment standard," says Barry Sample, toxicology and workforce drug testing expert. "Study data and broad consensus on its outputs are key pieces legislators have been missing as part of determining an impairment standard for cannabis."

*Continued on next page*

## ***The Risky Connection Between Increasing Cannabis Use and Impairment (Continued)***

Finally, because of the lack of objective and consistent impairment standards, employers could risk litigation from employees who are penalized based on presumed impairment. In these cases, employees may claim bias because of the subjectivity of determining impairment without standards.

### **TYING IT ALL TOGETHER**

For more than 40 years, employers have relied on workplace drug testing as a risk mitigation tool to effectively deter drug use, help prevent incidents, and identify the presence of drugs in the case of a workplace injury or incident. Laws focused on impairment distract employers from optimizing their testing programs. Contrary to the assumption of these laws, workplace drug testing has never been a measure of impairment – it's a tool to deter use immediately before or during work hours. And, it's essential to remember that the goal of deterrence is a zero percent positivity rate during the workday; not a zero tolerance policy related to employee use. For an employer in the era of cannabis legalization, a test that measures only recent use, such as a breath test, will be a more objective measure to help enforce policies and optimize the original intent of drug testing – to deter and detect workday use.

<https://houndlabs.com/>

## **Dangers of Driving After Taking Prescription Drugs or Over-the-Counter Medicines**



It is a well-known fact that driving under the influence of alcohol is illegal, but not everyone realizes the dangers of driving after taking drugs — including prescription and over-the-counter medications. Many legally obtained and commonly used OTC and prescription drugs can affect a user's ability to drive safely.

### **There's more than one way to be under the influence.**

It doesn't matter what term you use: If a person is feeling a little high, buzzed, stoned, wasted, or drunk, he or she is impaired and should not get behind the wheel. Before leaving the pharmacy, understand the warnings about the drugs you are taking. If you are taking a prescription or over-the-counter medication that may impair your driving, you should not drive.

<https://www.nhtsa.gov/drug-impaired-driving/dangers-driving-after-taking-prescription-drugs-or-over-counter-medicines>



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