

CREATING A DRUG FREE WORKPLACE

AND CORPORATE EMPLOYEE DRUG TESTING POLICY

We are proud members of



TABLE OF CONTENTS

INTRODUCTION.....	3
What You Should Know Before Starting a Program.....	4
Examine Your Organization Drug Risk Exposure to Determine Special Needs.....	4
Understand the Law.....	5
Design a Program for your Needs.....	6
What to Include in the Employee Drug Testing Program.....	7
A Clearly Written Policy	7
Drug Testing Program Planning	7
Employee Consent and Notification	7
Drug Testing Specifics.....	8
Drug Testing Circumstances.....	8
Consequences of a Positive Test.....	11
Frequently Asked Questions about Workplace Drug Programs & Drug Testing	12
Additional Resources & Information.....	26
Prescription Drugs.....	26
Synthetic Drugs.....	27
Steroid.....	29
Nicotine.....	31
Alcohol.....	33
National Hotline Numbers.....	36
National Assistance Group.....	36

INTRODUCTION

Maintaining a safe environment in the work place is of the utmost importance in protecting your employees and yourself as the employer. In creating a safe work environment, the issue of drug use and drug testing is often overlooked. One of the best ways to ensure that you are providing a protected work environment is by performing employee drug testing.

Whether you currently perform employee drug testing or are just in thinking about starting a program for the first time, the information provided here can help you.

Starting a workplace drug testing program can be daunting if you don't know where to start and making changes to your current program may not seem worth while, yet read on. TestCountry has done the research for you and we have come up with the following information to help you, the employer, start a lab facility or in-house drug testing program.

Please make sure to go over the frequently asked questions about drug -free workplace policy preparation and employee drug testing at the end of this document.

To receive more information about how we can help your company with establishing a drug testing program at your workplace or ways, we offer cost-saving options for your current program, please contact us at info@testcountry.com or toll free (1) 800-656-0745.

WHAT YOU SHOULD KNOW BEFORE STARTING A PROGRAM

1. Examine Your Organization Drug Risk Exposure to Determine Special Needs

Before investing in a drug testing program for your workplace, you should first identify the drug abuse risk in your organization. Have you noticed a decrease in productivity, an increase in absenteeism, or accidents by your employees? Are your insurance and workers claims costs soaring? Random employee drug testing can help determine if there is a drug problem in your work place and to ensure that your office is safe and productive.

a. Drug Problems Affecting Productivity, Quality & Cost

Identify areas of your organization that may be negatively impacted by drug and alcohol abuse. Research has shown that healthcare, workers' compensation, insurance and liability costs can be affected by drug and alcohol use. In addition, productivity of employees can be impacted as a result of their own or family members' and coworkers' problems with alcohol or drugs.

Here are some of the areas where you can analyze information to determine the magnitude and types of drug problems that your organization might be facing:

- » Absenteeism
- » Liability and insurance costs
- » Product and/or service issues
- » Workers' compensation claims
- » Accidents
- » Health care costs
- » Cost for replacing damaged equipment and inventory
- » Cost of work spoilage

If any of these costs are higher than you would expect for a business of your size in your industry, alcohol and other drug problems may be a contributing factor. Track these costs following implementation of your drug-free workplace program to see if your new policy has contributed to bringing these costs down to your expectations.

b. Drug Problems Regarding Sensitive Employee Tasks

Your organization may employ or contract with individuals who are in safety-sensitive jobs. These can include positions that require individuals to operate machinery, handle money or care for people who are dependent upon them. These types of employees may be held to a higher standard of safety than other employees. If you have such employees, you may want to implement the most comprehensive type of drug testing program.

Examples of safety-sensitive positions are:

- Drivers
- Security personnel
- Health care workers
- Employees who work with young and/or elderly
- Employees who handle money
- Employees who handle sensitive information like financial data, social security numbers, and personal records
- Employees that you send to customer locations, especially homes
- Employees who work with dangerous equipment and/or chemicals
- Employees who, in the performance of their duties, are entrusted with public safety

2. Understand the Law

For years, employee drug testing continue to stir controversy because many people view the procedure as an invasion of privacy and a violation of personal or constitutional rights. Although it is permitted in most states to promote a drug-free work environment, employers are encouraged to develop and implement a drug testing policy that complies with the state and/or federal guidelines to ensure protections against unlawful searches and seizures. It's also important to seek legal advice from a lawyer who understands what you can do and what you cannot do within the parameters of a drug test program in your state.

There are a number of good reasons why employers are encouraged to implement a drug testing policy in the workplace. The US Department of Labor documented that in 2007, of the 17.4 million current illicit drug users age 18 and over, 13.1 million (75.3 percent) were employed. Out of the 20.4 million adults classified with substance dependence or abuse, 12.3 million (60.4 percent) were employed full-time.

Except for Federal agencies where drug testing must follow standardized procedures established by the Substance Abuse and Mental Health Services Administration (SAMHSA), private companies may have varying regulations, sanctions or disciplinary actions that should consistent with the municipal or state laws that deals with substance abuse in the workplace.

Transportation Industry

Employees performing safety-sensitive functions in the transportation industry are responsible for providing a safe work environment for your co-workers and the traveling public. Following several significant transportation accidents, the Congress passed the Omnibus Transportation Employee Testing Act of 1991, which requires employees in the aviation, trucking (including school bus drivers, and certain limousine and van drivers), railroads, mass transit, and pipelines industries to undergo drug testing that follows DOT's rules on drug use and alcohol misuse.

If an employee violates a DOT drug & alcohol rule – refused a test or failed a test – the employer may have a justifiable reason to immediately remove the employee from performing safety-sensitive functions. For more details on DOT drug & alcohol rule, further readings are available on DOT website (<http://www.dot.gov/ost/dapc/employee.html#3>)

Construction Industry

Statistics show that one of the major industry groups with the highest prevalence of alcohol and drug use was the construction. The screening for drugs by means of urinalysis started on the oil rigs services. Employees who were performing extremely dangerous work on the rigs and could potentially put other workers at risk were the first to undergo drug testing. Upon learning that the positive rate was higher than expected, oil and chemical companies then moved to test employees in their refineries and other locations where safety-sensitive work was being performed.

The implementation of drug testing policy in the construction industry has been required by many employers to alleviate accidents at work and increase productivity among contractors and subcontractors.

Restaurant and Accommodations Industries

Food preparation and serving workers are at least 4 times more likely to use and be impaired by illicit drugs compared to their "low risk industry" counterparts. Statistics from the US Department of Labor shows that about 16.9 percent of workers in the accommodations and food services industry reported illicit drug use in the past month prior the survey was conducted.

The food and the accommodations industries are considered multimillion dollar markets where success is measured in terms of customer satisfaction, excellent customer services, and product/service quality. An effective drug testing policy can go a long way in keeping customer loyalty and keep the business running.

Manufacturing Industry

A safe environment is an utmost importance an industry that caters to electrical machinery, lumber and wood products, metal industries, professional equipment and transportation equipment – to name a few. The use of illicit drugs or alcohol abuse in the manufacturing industry may create safety risks, as well as threaten employees' productivity. Evidence shows that drugs and alcohol abuse accounts for 38%-50% of all workers' compensation claims within the manufacturing industry. For this reason, an increasing number of manufacturing companies have started developing and implementing drug-free workplace programs that may include or exclude a drug testing procedure.

3. Design a program for your needs

Each drug user can cost a company thousands of dollars, translating into billions spent each year due to healthcare needs, injuries, damage, lawsuits and lost working time. By implementing a drug testing program in your workplace, it enables you to achieve on-the-spot results with the use of inexpensive testing products which provide laboratory accurate results. Lab analysis is not needed in many tests, which can greatly reduce costs or provide a cost-effective alternative for your company.


WHAT TO INCLUDE IN THE EMPLOYEE DRUG TESTING PROGRAM

A Clearly Written Policy

Before you purchase or administer a drug test, a detailed employee drug testing policy is required. In order to create a drug-free workplace, you will need to consider several factors such as:

1. What are you trying to accomplish with your drug testing program? Defining your goals and parameters for an employee drug testing program can help you shape the guidelines and achieve the best results.
2. Decide on who, what, when, where and why. Who does your employee drug testing policy apply to and why? What rights do your employees have within the parameters of a drug testing program? Will they be subject to random searches and tests? Who will you assign to administer the tests? Will this person need to be qualified to administer the tests? Answering these questions will help you focus to prepare the policy.
3. Decide what the consequences be if the employee policy is violated. Disciplinary action must be outlined in the drug testing policy. This way, your company may avoid litigation if an employee must be disciplined or fired from the job. Also, decide if you will offer rehabilitation programs or outsource this sort of program for employees who test positive on drug tests.

Sharing all policies with all employees is essential for success; therefore, employers should be certain that all employees are aware of the policy and drug-free workplace program.



Don't Have a Drug Policy? We Can Help!

Our Drug-Free Workplace Policy and Program Template can help your company acquire a drug testing program that is effective and creates a drug-free workplace.

<http://www.testcountry.com/products.html?product=1519>

More Details

Drug Testing Program Planning

It is important to take steps to ensure that the drug-free workplace program you design will work well in your organization. Since every organization is different and has unique issues, the drug-free workplace policy and program you design needs to match your work force and the needs of your organization.

The organization's philosophy concerning alcohol and other drug problems sets the tone for the policy and defines the drug-free workplace program components. Some organizations focus on detection, apprehension and discharge and apply a strong law enforcement model that treats employees who use drugs as criminals. Other organizations focus on performance and emphasize deterrence and assistance, because they view alcohol and drug use as causing impairment of otherwise capable employees. The most effective drug-free workplace programs strike a balance between these two philosophies. They send a strong clear message and, at the same time, encourage employees to seek assistance if they are struggling with alcohol and other drug problems.

Here are some of the practices that can undermine the effectiveness of drug-free workplace programs:

- Focusing only on illicit drug use and failing to include alcohol
- Focusing on termination of users rather than rehabilitation
- Do not balance the rights of employees and the rights of employers
- Do not balance the need to know and rights to privacy
- Reinforcing an individual's denial regarding the impact of his/her alcohol and drug use

Employee Consent and Notification

As an employer you may not have to notify your employees when drug testing will take place (in most states). It is, however, necessary to have the employee's consent to administer these drug tests. This can be done by requiring each employee to read and sign a copy of the employee drug testing policy and to have an official meeting discussing the policy to clear up any discrepancies or concerns that may exist.

Drug Testing Specifics

Once your employee drug testing policy is completed, the next step is to decide on the specifics of the actual drug testing.

Here is a summary of questions to think about regarding drug testing at your workplace:

- Who will be tested? Options may include all staff, job applicants and/or employees in safety-sensitive positions.
- When will tests be conducted? Possibilities including pre-employment, upon reasonable suspicion or for cause, post-accident, randomly, periodically and post-rehabilitation.
- Which drugs will be tested for? Options including testing applicants and employees for illegal drugs and testing employees for a broader range of substance, including alcohol and certain prescription drugs.
- How will tests be conducted? How to administer the drug tests and what to do should a positive result be found and what to do when an employee is reluctant to provide a sample are all important questions to answer. (Lab testing is available should you require confirmation of a positive result.)
- What type of drug testing will be utilized? Weighing the pros and cons of drug testing methods in the workplace is the best way to decide which type — urine, saliva or hair - is best for your workplace.
- What will be the consequences of positive result for drug testing? The employee could be retested at a SAMSHA approved lab and GC/MS (Gas Chromatograph/Mass Spectrometer) test could be used this time to ensure absolute accuracy, or the actual non-negative sample could be retested. Once the positive is determined, what actions would be taken will depend on the organization's decision. Will termination or rehabilitation be the first step?

Drug Testing Circumstances

There are a variety of circumstances in which an organization may wish to require a drug test. Go over these options and decide on which circumstances best fit the needs of your organization:

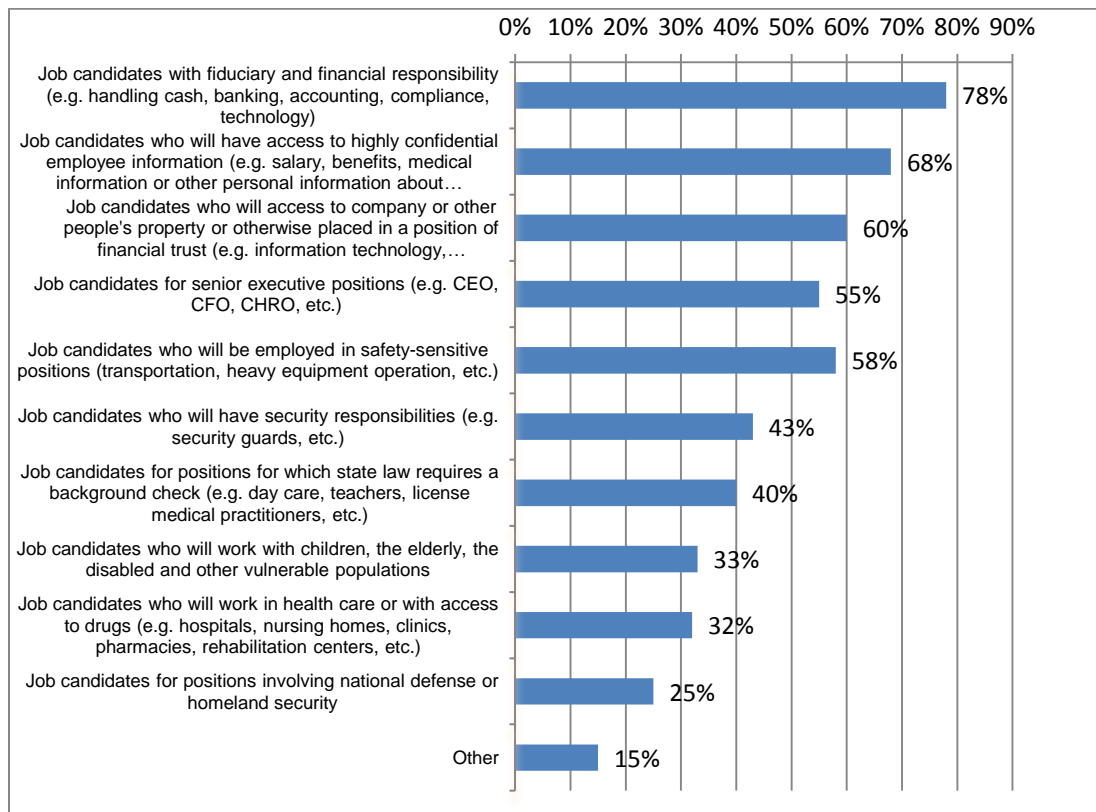
Pre-Employment: Pre-employment testing is conducted to prevent hiring individuals who illegally use drugs. It typically takes place after a conditional offer of employment has been made. Applicants agree to be tested as a condition of employment and are not hired if they fail to produce a negative test. Pre-employment screening is more legally defensible than other forms of testing since it is not complicated by issues of job performance, benefits, etc. Employees, however, can prepare for a pre-employment test by

stopping their drug use several days before they anticipate being tested. Therefore, some employers test probationary employees on an unannounced basis. Some states, however, restrict this process.

Essentially, this type of background screening helps lessen the impact of drug abuse in the workplace, such as tardiness, absenteeism, turnover, attitude problems, theft, decreased productivity, crime and violence. Drug testing may be done by sending the applicant to the collection site, wherein a urine sample is collected and sent to a certified laboratory for analysis. An employer may also opt for instant drug testing kits which are widely available in the market today. Among the advantages of instant drug testing – like the ones offered on TestCountry – include the ability to detect multiple substances at once, cost-effective, deliver accurate results in just a matter of minutes or days depending on the type of drug testing method used, and results may at times be assessed by a certified medical review officer.

One of today's most common pre employment background checks conducted by many employers is the criminal background screening. According to the Society for Human Resource Management (SHRM) survey that was fielded between November 18 and December 2009, about 73 percent of organizations conducted criminal background checks for all job candidates and only 19 percent did not conduct this type of background check for any of its job candidates.

The table below shows the categories of job applicants where criminal background checks were prevalent:



There are a number of good reasons why employers require criminal background screening, such as:

- To ensure a safe and work environment for employees
- To reduce legal liability for negligent hiring
- To reduce/prevent theft, embezzlement, and other criminal activities
- To comply with applicable State law requiring a background check
- To assess the overall trustworthiness of the job candidate

On the other hand, while criminal background checks are permitted in many states, every employer must understand that they do not have unlimited rights to explore an applicant's background and personal life. Consulting a professional corporate lawyer would help if you are not sure what type of pre employment background checks are acceptable and up to what extent you can use the results when making hiring decisions.

At TestCountry, the offered background screening services can be combined with drug testing (please contact us for pricing details) to comply with your drug-free environment policy. The pre employment drug screening is capable of detecting usage of the most commonly abused substances like Amphetamines, Cocaine, Opiates, PCP and Marijuana. A MRO (Medical Review Officer who is a medical doctor and an expert in the substance abuse field) will review any drug screenings with positive results.

Pre-Duty: Pre-duty testing is used when an employee is transferred from a position where he or she was not subject to testing to a position where testing is required. This type of testing also is used when an employee has been offered a promotion. If the employee tests positive, the offer of transfer or promotion is withdrawn and the employee usually is required to participate in rehabilitation.

Periodic: Some employers use periodic testing on an annual basis, especially if physicals are required for the job. Periodic testing is scheduled in advance and uniformly administered. Such tests generally are more accepted by employees than unannounced tests, but employees can prepare for the tests by stopping their drug use several before the scheduled test.

Random: Random testing is unannounced. Employees' identifying data are placed in a testing pool from which a scientifically random selection is made. Every employee in the pool has an equal chance of being chosen for testing every time a random selection is drawn. This selection is usually computer generated to ensure random distribution.

Random testing is believed to have the greatest deterrent effect on drug use since no one is sure when he or she will be tested. Testing employees on a random basis is subject to the greatest controversy unless the employees fall under Federal regulations for safety-sensitive and security personnel.

Post-Accident: Since property damage or personal injury may result from accidents, testing following an accident can help determine whether drugs and/or alcohol were a factor. It is important to establish objective and documented criteria that will trigger a post-accident test.

Examples of criteria that would trigger a test after an accident include:

- Fatalities
- Injuries that require anyone to be removed from the scene for medical care
- Damage to vehicles or property above a specified amount
- Citations issued by the police

Reasonable Suspicion: Reasonable suspicion testing, sometimes referred to as probable-cause testing, is conducted when supervisors document observable signs and symptoms that lead them to believe that the individual may pose a danger to himself or herself, other employees or the public. It is extremely important to have clear, consistent definitions of what behavior justifies drug and alcohol testing. Since this type of testing is at the discretion of management, it requires careful, comprehensive supervisor training. Supervisors should be trained to consult with another supervisor or manager and always document:

- Specific observations concerning appearance, behavior, speech, body odors or performance
- Violations of any safety rule or unsafe work incident, which after further investigation of the employee's behavior leads the supervisor to believe the employee may be unsafe
- Other physical or existing indicators of alcohol or other drug use

It is very important to avoid any appearance of discriminatory testing. Suspicion, rumors or reports alone cannot be the basis of reasonable suspicion testing. Suspicion should trigger investigations, which should result in documentation of observable signs and symptoms. This alone should lead to reasonable suspicion testing.

Return-to-Duty: Return-to-duty testing is a one-time announced test that is usually used whenever an employee who has tested positive has completed the required treatment and is ready to return to the workplace. Some employers also utilize this type of testing for any employee who has been absent for an extended period of time. This time limit must be established in policy and, like all testing, return-to-duty testing must be consistently applied to all employees.

Follow-Up: Follow-up testing also is referred to as post-rehabilitation testing. This testing follows an employee's return to the workplace after completing rehabilitation. It is administered on an unannounced, unpredictable basis for a period of time determined by your policy (usually over a two-to five-year period).

Consequences of a Positive Test

It is common knowledge that all employment decisions belong solely to the employer. What happens to the employee for testing positive on drugs will depend on the employer's policy about workplace drug abuse and the provisions in municipal or state drug testing laws. According to the AMA 2004 Workplace Testing Survey: Medical Testing, the results of medical exams including drug testing are used by the employers in a variety of employment decisions.

- 53.5% for decisions about hiring job applicants
- 37% for retaining or dismissing employees
- 8.5% for assigning or reassigning employees

Although these figures do not reflect a general view of the sanctions or disciplinary actions applied by all organizations, an employer might legally have a good cause to fire, deny an employee's promotion, or refuse to hire an employee. If you are planning to implement a drug testing policy in your organization, it is important to ensure that the policy follows state and federal guidelines in order to ensure protection of employee rights, as well to avoid legal controversy leading to violation of an employee's personal or constitutional rights.

Here are some of the actions you may consider as a result of a positive drug test:

- Immediately removed from duty
- Suspended without pay for a period of 30 days
- Referred to a substance abuse professional for assessment and recommendations
- Required to successfully complete recommended rehabilitation including continuing care
- Required to pass a Return-to-Duty Test and sign a Return-to-Work Agreement
- Subject to ongoing, unannounced, follow-up testing for a period of five years
- Terminated immediately if he/she tests positive a second time or violates the Return-to-Work Agreement
- Employees who test positive will be terminated immediately

Many employers treat refusal to cooperate and/or adulteration/substitution the same as a positive test. If you intend to do so, here are some of the statements you can use for your drug-testing program and mention that an employee will be subject to the same consequences of a positive test if he/she :

- Refuses the screening or the test
- Adulterates or dilutes the specimen
- Substitutes the specimen with that from another person or sends an impostor
- Will not sign the required forms
- Refuses to cooperate in the testing process in such a way that prevents completion of the test

FREQUENTLY ASKED QUESTIONS ABOUT WORKPLACE DRUG PROGRAMS & DRUG TESTING

Q: How much will I save using instant drug testing as the first step testing method, compared to lab based drug testing?

Here is a simple calculation of possible savings for an average employee testing case to find one positive.

Case 1: Marijuana Testing Employees (Annual Salary less than \$35k)

- Drug Testing Positive Rate: 2.50% (Average marijuana positive rate for general workforce)
- Gross Hourly Employee Cost: \$20/hour (Retail, Service or Construction type industries without extensive benefits, but high workers comp cost)
- Lab Drug Testing per specimen: \$75
- Comparable TestCountry Instant Test Kit: \$10
- Employee time spent (including productivity loss) to get the lab test done: 2 Hours
- Employee time spent (including productivity loss) to get the instant test done: 0.1 Hours

Lab-Based Testing Cost

- Cost of One Drug Test: \$115
- Cost of One Positive Test: \$3,833

Instant Drug Testing Cost with TestCountry

- Cost of One Drug Test: \$12

Total Cost of One Positive Test: \$475 (87% Savings = \$3,358)

- Case 2: Prescription Drug Testing Employees (Annual Salary about \$75k)
- Drug Testing Positive Rate: 0.25% (Average Barbiturates, as in some prescription drug abuse, positive rate for general workforce)
- Gross Hourly Employee Cost: \$50/hour (Management, Engineering, Medical industries including benefits, insurance, workers comp)
- Lab Drug Testing per specimen: \$100
- Comparable TestCountry Instant Test Kit: \$10
- Employee time spent (including productivity loss) to get the lab test done: 2 Hours
- Employee time spent (including productivity loss) to get the instant test done: 0.1 Hours

Lab-Based Testing Cost

- Cost of One Drug Test: \$200
- Cost of One Positive Test: \$80,000

Instant Drug Testing Cost with TestCountry

- Cost of One Drug Test : \$12
- Cost of One Positive Test: \$4800
- Confirmation Cost of One Non-Negative Test in a Lab: \$75

Total Cost of One Positive Test: \$4,875 (94% Savings = \$75,125)

***The higher the cost of your employee time, cost of your current lab-based testing and lower the positive rate for the drug your testing, the savings using TestCountry product & services will be higher.

Q: Why should you start a drug testing program at the workplace?

Reasons and rights regarding drug testing at the workplace can differ by state, industry and by the specifics of the employment agreements in place at the workplace. In Feb 2005, SAMSHA Division of Workplace Programs posted the below possible drug testing reasons in a comprehensive workplace drug testing program:

Pre-employment Test: An individual is required to provide a specimen during the job application process. Generally, a negative drug result is required before an employer may offer employment to an individual.

Random Test: An employer selects, using a truly random selection process, one or more individuals from all the employees included in the employer's workplace drug testing program. A random selection process precludes an employer from attempting to pre-select a particular employee for a drug test.

Reasonable Suspicion/Cause Test: An employee is required to provide a specimen when there is sufficient evidence to indicate that the employee may have used an illicit substance. Typically, the evidence is based on the direct observations made by supervisors or co-workers that an employee has used or possesses illicit substances, exhibits physical symptoms of being under the influence, and has patterns of abnormal or erratic behavior.

Post-accident Test: An employee is required to provide a specimen after being involved in an accident or incident on the job. The results of such a test may provide evidence as to the cause of the accident or incident.

Return to Duty Test: An employee is required to provide a specimen to ensure that the employee is drug-free before being allowed to return to work.

Follow-up Test: An employee is tested at random intervals after returning to work to ensure that the employee remains drug-free.

Q: How do you prevent Employees from cheating on a Urine Drug Test?

Unfortunately there exist a significant size industry supplying various cheating supplies, remedies and drug adulteration methods to the drug using employees. The most important precautions a drug testing collector can take to minimize the opportunity an employee would have to adulterate or substitute a urine specimen are:

- Ensure that the employee does not have access to anything at the collection site that could be used to adulterate or substitute a urine specimen.
- Request the employee to remove and display any items he or she may have concealed in pockets, coats, hat, etc.

In a March 2005 publication SAMSHA, the Center for Substance Abuse Prevention Division of Workplace Programs recommended the following. (Please note: Some of these recommendations could be used by private companies to prevent cheating and adulteration of urine drug testing. Please check with you attorney to see if your employment agreement will permit any of the SAMSHA recommendations before you use them)

The most important actions a Federal agency can take to prevent an employee/job applicant from attempting to defeat a drug test are as follows:

1. If possible, the agency representative who notifies the employee/job applicant that he or she must submit to a drug test accompanies the employee/job applicant to the collection site. Maintaining direct personal contact with the employee/job applicant from the time of notification until arriving at the collection site can prevent the employee/job applicant from drinking excessive amounts of fluids prior to providing a urine specimen or obtaining anything that could be used to adulterate or substitute the specimen they provide.
2. If direct personal contact with an employee/job applicant cannot be maintained, give the employee/job applicant less than 2 hours time to report to a collection site from the time the employee/job applicant is notified that a drug test is required. Using a 2 hour reporting time minimizes the opportunities an employee/job applicant has to use one or more of the above techniques to defeat the drug test. Additionally, the Federal agency should notify the collect or that an employee/job applicant is expected to arrive at the collection site before a specified time.

Depending on the reason for the drug test, other actions a Federal agency may take to prevent employees from attempting to defeat a drug test are as follows:

For Random Drug Tests

1. Vary the number of times each month that random specimens may be collected (that is, employees should not be able to predict when the Federal agency schedules its collections).
2. Vary the day of the week that random specimens may be collected (i.e. specimens should not always be collected on a Monday).
3. Use a random selection process that does not preclude selecting and testing the same employee more than once during a specific period of time (i.e., an employee selected for a random test remains in the total population subject to testing each time the Federal agency collects random specimens).

After a Federal agency establishes the total number of specimens to be collected each year, the Federal agency should distribute the number of random specimens to be collected over the entire year (if an employee knows that only a certain number of specimens are tested each year and that the agency collects all of them on the same day - an employee will know he or she is free and clear for the remainder of the year).

For Pre-Employment (Applicant) Drug Tests

Note: When conducting applicant testing, Federal agencies must inform an individual who is applying for a job that the application process includes a drug test. Generally, individuals applying for a Federal position submit a completed application and other required information. The completed applications are used by the Federal agency to determine which applicants satisfy the requirements for the position. The applications from the qualified applicants go through a review process that, in conjunction with the interview process, eventually leads to offering a position to one of the applicants. If the Federal agency requires that the job offer is subject to the applicant passing a drug test, the tentative selectee is directed to go to a collection site to provide a urine specimen. The notification for the drug test may occur the day the tentative selectee is offered the position or he or she may be directed to go to a collection site by

a certain day. In either case, the applicant knows that a drug test is required before the job offer is made final. Knowing this process usually allows the applicant to predict when he or she will be asked to provide a urine specimen. Thus, an applicant can avoid being positive by simply refraining from using any illicit drug for several days prior to the test, unless the applicant is, in fact, dependent on a drug in which case he or she will not be able to stop using an illicit drug.

Request the tentative selectee to come to the agency's employment office before telling the tentative selectee that he or she is being offered the position and that a drug test is required.

For Reasonable Suspicion/Cause Drug Tests

Collect the urine specimen as soon as possible after the decision has been made that there is a reasonable suspicion/cause to conduct a drug test on an employee.

For Post -Accident Drug Tests

Collect a urine specimen as soon as possible after the accident from the employee who apparently caused the accident and possibly from other employees involved in the accident.

For Return to Duty Drug Tests

1. Authorizing the use of a direct observed collection procedure to collect the urine specimen from the employee (The Mandatory Guidelines permit a Federal agency to use a direct observed collection procedure when an employee's previous drug test was drug positive, adulterated, or substituted).
2. Schedule the return to duty drug test to occur before the employee is reinstated.
3. Randomly select the day that the employee will be directed to provide a urine specimen.

For Follow-up Drug Tests

1. Authorizes using a direct observed collection procedure to collect a urine specimen from the employee (The Mandatory Guidelines permit a Federal agency to use a direct observed collection procedure when an employee's previous drug test was drug positive, adulterated, or substituted).
2. Schedule the follow-up drug tests to occur on a random basis.
3. Do not tell the employee how often he or she will be directed to provide a urine specimen.
4. Do not tell the employee when the requirement for follow-up testing will end.

Q: Do I have the legal right to require my employees in my workplace to take a drug test?

A private employer is free to drug test employees as long as it is legal within the State and local jurisdiction. However, it is important to prepare a well-thought drug testing workplace policy tailored to your needs and then have your program reviewed by an employment law attorney for legal sufficiency prior to implementation.

Q: I don't have a formal work place drug testing policy but I suspect one of my employees of using drugs. Can I make the employee to take a drug test?

Before you drug test any employee in your workplace for any reason, you should have a written policy in place that includes a drug testing provision that has been reviewed by an attorney. That provision should specify the reasons for which you may require a drug test. Reasons may include pre-employment,

random, for cause (conduct -related), accident or injury, follow-up to treatment, or voluntary. Inherent in your question may be the presence of some "incident" involving the employee that gave rise to your suspicion of drug use. If your drug testing policy provides for drug testing following a determination by an appropriate company official that an employee's conduct or performance on the job met the criteria for the "for cause" or "accident or injury," you may be free to require a drug test.

Please consider that something other than "substance abuse" may have caused the performance or conduct problem that might not otherwise justify a drug test (such as an untreated medical condition or a prescribed medication).

Q: What is considered an ideal workplace drug testing policy in order to deal most successfully with substance abuse problems in the work place?

The ideal drug testing policy would be the one that has been put into written form and shared with all employees before it is implemented. Important points an ideal policy may include:

1. An educational component for all employees to learn about the negative impact that substance abuse could have in their Workplace and in their personal lives.
2. Training for supervisors to prepare them to deal constructively with employees who are having performance and/or conduct problems that may be caused by substance abuse.
3. Access to an employee assistance program for employees to obtain appropriate treatment for substance abuse or other kinds of problems that may be affecting their performance and/or conduct.
4. Use of drug testing components that are based on reliable and accurate scientific and technical procedures.

While preparing your Drug-Free Workplace program, please keep in mind that studies have shown such a program / policy may be ineffective if it is solely a program of drug testing. Drug testing is most effective when it is combined with an employee education and access to substance abuse counseling and treatment for abuse problems.

Q: Which employees should I include in a Random Drug Testing Program?

Who to include in a random drug testing program differs from company to company. Some companies include all employees in their random drug testing program. Other employers may limit random testing to those employees who occupy positions which require the performance of duties which, if performed under an impairment caused by drug abuse, could result in injury or death to the employee or others, or property damage. In other cases, employers are required by Federal regulations to include incumbents of certain positions in a random testing program, such as commercial drivers who may be covered by Department of Transportation regulations.

Q: Our Company just got a Federal Government Contract (or Federal Government Grant). Do we need to start drug testing employees in our workplace?

There is no Federal government requirement for a company to implement drug testing policy simply because it has received a Federal government contract. The same is true for Federal grants. However, in accordance with the Drug-Free Workplace Act of 1988, as amended, any company which receives a Federal contract of \$100, 000 or more (or a Federal grant regardless of the amount) must:

1. Have a written policy about the prohibitions and consequences for drug use in the Workplace.
2. Provide education to employees on substance abuse.
3. Provide education for supervisors on the administration of the policy and substance abuse awareness.

Q: Can my company use instant drug testing kits to the site or a non-certified laboratory for employee drug testing?

A private sector employer may use any non-certified laboratory or instant drug testing kits to provide drug testing services as long as it is not required to use a Federally-certified laboratory in accordance with Federal or State regulations.

Q: How long a notice should we give to employees before we implement a Drug-Free Workplace program in our company?

It is usually recommended that employees be given a minimum of 60 days advance written notification of the implementation of a drug-free workplace program policy, whether or not it contains a drug testing provision. This advance notice will provide the employer with the opportunity to conduct educational training sessions for all employees on the drug-free workplace policy and what is expected of all employees under the program. More focused training for supervisors to ensure they understand their role under the new policy.

In a new program where drug testing will be implemented, the advance notice will give employees who are abusing alcohol or drugs the opportunity change their abusing behavior and/or to seek assistance for their abuse problems before the program is implemented.

Some employers use the advance notice period as a window of "safe harbor" for those with substance abuse problems to come forward and seek treatment assistance without the threat of disciplinary action (during the advance notice period) providing they follow through with the treatment recommendations and return to duty with acceptable performance, and stay "clean".

Q: Are there any common mistakes that we can avoid when implementing and maintaining a drug-and alcohol-free workplace program?

- Don't misuse the workplace drug policy to discipline employees for problems not related to the program.
- Don't single out any employee or group of employees for scrutiny under the company's policy. Too much attention to any one group could leave the company/organization liable for charges of discrimination. Be consistent with all employee groups or classes.
- Don't forget that policy must be in writing. An effective policy must be written, circulated, and acknowledged (in writing) by employees.
- Don't take action against employees based on the positive results of a drug screen only. Always obtain the results of a gas chromatography/mass spectrometry (GC/MS) confirmation before taking action.
- Don't offer rehabilitation selectively.
- Don't implement a policy and program unilaterally if you have a unionized workforce. The National Labor Relations Act requires that working terms and conditions be included in your bargaining agreement, and a drug program falls into that requirement.

Q: What are the legal issues we need to consider about drug abuse at the workplace?

In summer of 2003 US Drug Enforcement Administration released guidelines that also included the legal issues surrounding drug abuse and drug testing at the workplace.

Ignoring the drug problem in the corporate setting can result in disastrous legal problems. Conversely, reasonable and well-intended drug prevention programs may also be challenged in arbitration or court. However, experience reveals a relatively large legal exposure by waiting to address the issue (reactive)

versus potentially small penalties in trying to mitigate the problem of drugs and alcohol in the workplace (proactive). Ultimately an employer must decide the potential legal costs from instituting a prevention program and the occasional legal challenge from an affected employee versus potentially much larger losses from not instituting a program.

Legal action related to maintaining a drug-free workplace has so far been concentrated in the following six areas:

- Right to privacy;
- Freedom from unreasonable searches;
- Due process;
- Negligence (including negligent hiring, supervision, libel and slander);
- Discrimination (including racial, sexual, and disabilities).

Cases brought under the first three categories usually involve public employment, although there have been exceptions. Private companies need not be as concerned about those issues if they already exercise good personnel practices. However, the last three – negligence, contracts, and discrimination – clearly apply equally to all employers.

To ensure that the employees' legal rights are protected while addressing legitimate concerns about drug abuse in the workplace, it is important to consider the following Federal laws and regulations when drafting and implementing your drug-free workplace policy:

- The Drug-Free Workplace Act of 1988
- The Omnibus Transportation Employee Testing Act of 1991 (and accompanying regulations)
- The U.S. Department of Defense's Rules and Regulations for Defense Contractors
- The National Labor Relations Act
- The Americans with Disabilities Act of 1990
- The Civil Rights Act of 1964
- The Family and Medical Leave Act of 1993

The controversy in workplace drug testing policy normally arises when an employer ineptly or aggressively impose drug testing in a manner that violates personal or constitutional rights, such as privacy rights or protections against unlawful searches and seizures.

Although the Federal government does not mandate most private companies to have drug free policy – except to Federal employees and high-sensitive industry workers – nor does the US Department of Labor certify drug-free workplaces, they recognize that workplace alcohol and drug abuse creates significant safety and health hazards and can lead to decreased productivity and employee morale. For this reason, it is imperative that everyone in the workplace be provided with the company's drug testing policy and be given an opportunity to discuss it. Ultimately, it will be easier for everyone to work together, if they share some common understanding of what is, and is not, permissible under the law.

While an employer cannot be guaranteed protection from legal challenge, some things can be done to minimize successful legal challenges:

- Inform employees that drug use on or off the job is a concern. Write your policy to prohibit employees being at work with "any detectable trace amount of drugs or alcohol in their system," not "under the influence" or "impaired." Drug tests detect "presence," not "impairment."
- Intra-company communications concerning current employees' performance, conduct or problems should be treated with appropriate confidentiality. Only management personnel with a "need to know" the particular situation should be involved. Additionally, managers must be consistent and thorough in documenting employee performance, investigations, and workplace observations.
- Minimize negligent hiring by requiring all job applicants to pass a drug test prior to being hired.
- Minimize negligent retention by routinely testing employees and being prepared to intervene when a worker is identified as having, or shows signs indicative of, substance abuse problems.

- Minimize negligent testing by adhering to the testing standards established by the U.S. Department of Health and Human Services.
- Conduct personal searches only on a limited basis, and obtain clear documentation of employee consent prior to conducting a search.
- Ensure that workers are not, or do not perceive that they are, being detained against their will in any workplace investigations of suspected drug or alcohol use or possession.
- Minimize breach of contract and wrongful discharge claims by following established policies and revising policies that lack sufficient flexibility to deal effectively with various confrontational situations.
- Establish your drug-and alcohol-free workplace policy in writing, and ensure that all employees receive and acknowledge (in writing) receiving a copy of it.

Q: What are the average drug testing detection time periods by drug and test type?

The detection period of any drug (illegal or prescribed) will vary significantly from person to person. The reasons for that could be any of the following features of the person being tested:

- Height, weight and amount of body fat (human metabolism slows with increased body mass, resulting in longer drug detection periods)
- The age and current health situation (deteriorating health and older age results in longer detection period)
- Frequency of use (quantity of drug use each time and how long consistent drug use prior to testing: Single, isolated, small doses are generally detectable at a lower boundary. Chronic and long-term use typically result in detection periods near or at the upper boundary.)
- Quality of drug used (Higher quality–potency–will stay longer in the system)
- Urine pH: (Urine pH can impact drug detection periods. Typically, highly acidic urine results in shorter drug detection periods)

The following chart gives some approximate detection periods for each substance by test type. Please keep in mind the above factors that affect the drug testing detection times.

Substance	Saliva	Urine	Hair
Amphetamine	2-3 days	2-4 days	N/A
Barbiturates	N/A	2-20 days	N/A
Benzodiazepines	N/A	2-40 days	N/A
Marijuana (light use)	1-2 days	2-4 days	up to 90 days
Marijuana (heavy use)	2-4 days	up to 90 days	up to 90 days
Cocaine	2-3 day	4-5 days	up to 90 days
Opiates (Heroin)	2-4 days	2-4 days	up to 90 days
Methamphetamine	3-4 days	3-5 days	up to 90 days
PCP	3-4 days	3-7 days	up to 90 days

Q: What causes false positives on urine drug tests?

Most drug test processes (whether instant or lab-based) are not completely free from error. Some over-the-counter medication and certain foods can cause you to drug test “positive” for different drug types. The metabolism of the person, the amount and time of medication (food) taken will all determine the possibility of the false positive in drug tests. However when you test positive then the specimen can be retested by various different methods to confirm without error for the false positive. So if you have not used the given drug and still got positive result in the initial test (whether instant or lab-based) you don’t

have to worry. A non-negative confirmation done at a lab – GC/MS Test (Gas Chromatograph/Mass Spectrometer) – without error will find that you are drug free.

However, if you want to avoid even the temporary false-positive drug test result, here are some of the over-the-counter medications and certain foods that you need to watch for:

- **Marijuana (THC):** Ibuprofen based medication (like Advil, Motrin, Nuprin, Excedrin), Naxprofen (Aleve). Even though EMIT (an immunoassay test) was changed to use a different enzyme to eliminate false positives due to Ibuprofen, still very high doses could still effect the test result.
- **Opiates (Morphine – Heroin):** Poppy Seeds, Tylenol and cold remedies with codeine, Most Painkillers, Dextromethorphan, Some Cough Suppressant s. Vicks Formula-44, Demerol, Mydol, Primat ene-M and common prescription antidepressants such as Elavil and Tofanil can also show up as positive for opiates.
- **Amphetamines: Ephedrine (Ephedra)** has a chemical structure which is closely related to amphetamine, and can reportedly give a false positive for amphetamines. Some common over the counter cold, asthma (Marax, Bronkaid, Primatine), and allergy remedies and diet pills (such as Dexatrim, Accutrim) and Nyquil can also show up as false positive for amphetamines.

Some other reported false-positive reasons are:

- Valium reportedly can produce erroneous indications of PCP (Phencyclidine), and other cold remedies can apparently produce false reports of methamphetamine usage.
- If marijuana is smoked nearby, even if you do not partake, the second hand marijuana that you might inhale may give your test a positive result for several days.
- Certain newly developed antibiotics may cause positive samples urine tests. Ampicillin is suspect. Amoxicillin has caused positives for cocaine.
- Few people excrete large amounts of certain enzymes in their urine which can result in a positive drug test. Dr. John Morgan of the Dept. of Pharmacology of New York City University writes: "A false positive test could occur in some individuals because they excrete unusually large amounts of endogenous lysozyme or malate dehydrogenase." Dr. Morgan judges that natural enzyme interference may run as high as 10% of positive samples.

Q: What is NIDA 5 Drug Categories?

Federal government guidelines by NIDA (The National Institute on Drug Abuse) and SAMHSA (The Substance Abuse and Mental Health Services Administration) require that companies which use commercial class drivers, specified safety sensitive transportation and/or oil and gas related occupations, and certain federal employers, test them for the presence of certain drugs. These test classes were established decades ago, and include five specific drug groups. They do not, unfortunately account for current drug usage patterns. For example, the tests do not include some substances that are highly abused in US, such as oxycodone, oxymorphone, hydrocodone, hydromorphone, MDMA, benzodiazepines and barbiturates.

NIDA 5 Drug Categories:

- THC (Marijuana)
- Cocaine (Crack)
- Amphetamines (Speed)
- Opiates (Heroin)
- Phencyclidine (PCP)

Q: What is a Medical Review Officer (MRO)?

A medical review officer is a licensed physician who is also an expert in drug and alcohol testing and the Federal regulations governing such testing.

On 2010, the fifth revision to the Mandatory Guidelines for Federal Workplace Drug Testing Programs was release, which includes the revised standards for Medical Review Officers (MRO). The Department of Health and Human Services (HHS) requires the Medical Review Officer (MRO) to fulfill this important function.

The HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) define an MRO as a licensed physician holding either a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) degree who has:

- Knowledge regarding the pharmacology and toxicology of illicit drugs;
- Training in the collection procedures used to collect Federal agency specimens; the interpretation of test results reported by laboratories; chain of custody, reporting, and recordkeeping requirements for Federal agency specimens; the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; and procedures for interpretation, review, and reporting of results as specified by the Federal agency or agencies for which the individual may serve as MRO; and
- Satisfactorily passed an examination administered by an HHS-approved organization (i.e., a nationally recognized entity that certifies MROs or a subspecialty board for physicians performing a review of Federal employee drug test results). HHS publishes an annual list of approved organizations in the Federal Register.
- The MRO serves as the common point of contact between all participants in a drug test (i.e., the donor, the collector, the test facility, and the Federal agency's designated representative). The MRO may be an employee or a contractor for a Federal agency; however, the following restrictions apply:
 - The MRO must not be an employee or agent of or have any financial interest in an instrumented initial test facility (IITF) or laboratory for which the MRO is reviewing drug test results, and
 - The MRO must not derive any financial benefit by having an agency use a specific test facility or have any agreement with an IITF or laboratory that may be construed as a potential conflict of interest.
- The purpose of these prohibitions is to prevent any arrangement between an IITF or laboratory and an MRO that could possibly influence the MRO and prevent him or her from reporting a problem identified with the test results or testing procedures.
- The MRO has the following responsibilities:
 - Review all specimens reported as positive, adulterated, substituted, invalid, or rejected for testing, and report the verified result to the Federal agency;
 - Ensure that specimens reported as negative or as negative and dilute are properly reviewed (i.e., at least 5% personally and the remainder by staff under the MRO's direct, personal supervision) and reported to the Federal agency;
 - Review the results of all Federal agency blind samples and perform the initial investigation into discrepant results;
 - Discuss potential invalid results with the laboratory to determine whether further testing at another HHS-certified laboratory is warranted;
 - Conduct or facilitate a medical evaluation of the donor when a collector reports that the donor was unable to provide a urine specimen;
 - Perform an initial investigation of problems identified in the drug testing process and notify the appropriate regulatory authority of findings;
 - Monitor the frequency of errors and notify responsible parties to take corrective action to prevent recurrence; and

- Maintain records and confidentiality of drug test information.

HHS recommends that each MRO use the information contained in this manual to ensure consistency and to improve the overall quality of the MRO review process.

The MRO Review and Reporting Process

The MRO must review all positive, adulterated, substituted, and invalid test results before reporting the results to the Federal agency's designated representative. Staff under the direct, personal supervision of the MRO may review and report negative and negative-dilute specimen results. The MRO must review at least five percent of the specimen results reported by staff to ensure that staff are properly performing the review process.

The MRO process consists of:

- Administrative review of documents,
- Interview with the donor (as required),
- Handling split specimen (Bottle B) test requests (as required),
- Result interpretation and verification, and
- Reporting the drug test to the Federal agency's designated representative.

Additional MRO Responsibilities

Additional responsibilities of an MRO include the following:

- Federal Agency Blind Samples
- Insufficient Specimen
- Occupational and Public Safety
- Donor Rights to Information
- Q: How Common is Workplace Drug Testing Programs?

According to the 2004 American Management Association's Workplace Testing Survey: Medical Testing, nearly 63% of U.S. companies surveyed require medical testing of current employees or new hires. This figure is down from 68% in 2001 and from 70% in 2000 when AMA conducted similar medical testing surveys.

Medical tests of all newly hired personnel or job applicants are required in 47.5% of surveyed firms, and an additional 12.8% test new hires in selected job categories. For current employees, the figures are lower: 7.4% of companies report that all employees are subject to periodic medical examinations, and an additional 23.6% require periodic exams of employees in selected job categories. Drug testing remains the primary reason for workplace medical testing - practiced by 61.8% of U.S. firms surveyed.

	1999	2000	2001	2004
All New Hires	50.9%	51.7%	51.7%	47.5%
Selected New Hires	17.4%	15.2%	13.6%	12.8%
Total New Hires	68.3%	66.9%	65.3%	60.3%
All Employees	8.3%	6.3%	5.7%	7.4%
Selected Employee	33.2%	30.3%	28.5%	23.6%
Total Employees	41.5%	36.6%	34.2%	31.0%

Total Medical Testing	74.0%	70.0%	68.4%	62.6%
------------------------------	-------	-------	-------	-------

The American Management Association's 2004 Workplace Testing Survey: Medical Testing was issued to AMA members and customers in July 2004. The current dataset is based on 503 usable responses. The margin of error is 4.5%.

AMA did not conduct its Workplace Testing Survey: Medical Testing in 2002 and 2003. In 2004, there was a sharp increase in the number of small businesses that participated in the survey, which may reflect the growing number of small businesses in AMA's membership and customer base. (<http://www.amanet.org/training/articles/2004-Medical-Testing-Survey-17.aspx>)

Business Industries	1999	2000	2001	2004
Manufacturing	44.1%	50.3%	51.0%	30.8%
General Services—for profit	24.3%	12.4%	9.5%	2.8%
General Services—nonprofit	17.4%	10.9%	12.0%	5.2%
Business & Professional	4.5%	8.3%	8.6%	7.0%
Financial Services	2.4%	7.5%	7.7%	6.8%
Wholesale & Retail	5.0%	8.5%	8.3%	5.2%
Public Administration	1.2%	1.9%	2.5%	2.8%
Other/Not reported	1.1%	2.0%	0.3%	39.6%

Q: If Having Drug Testing Programs at the Workplace is so important and affects the overall productivity and success of the companies, why not all large US companies do it?

One reason is that some companies are reluctant to put together a drug testing program in place and then administer it. However, with outside professional help and services, it is not really hard or costly to put these policies in place anymore. Companies like TestCountry make this process much smoother and less costly for putting together a drug testing policy and administer it. Another reason drug testing is not used by some employers is the cost. One large electronics manufacturer estimated that the cost of finding each positive result was \$20,000. After testing 10,000 employees they only found 49 positive results. A congressional committee estimated that the cost of each positive in government testing was \$77,000 because the positive rate was only 0.5%. However these estimated high average costs per positive result is all because of using more expensive and time costly lab-based drug testing. The convenient instant drug testing kits that are only sent to lab for non-negative confirmation will bring significant savings both in testing dollars and employee time spent.

Q: What are the average positivity rates for drug testing in federal and private US workforce?

According to the recent data released by Quest Diagnostic (the nation's leading provider of drug testing services), the overall recent drug use in the combined U.S. workforce has sustained a 19-year decline since Quest Diagnostics first published the Drug Testing Index in 1989. In 2008, 3.6 percent of the combined U.S. workforce tested positive in a urine drug test compared to 3.8 percent in 2007.

Testing Category	2008	2007	2006	2005	2004
Federally Mandated, Safety-Sensitive Workforce	1.6%	1.8%	2.0%	2.3%	2.3%
General U.S. Workforce	4.2%	4.4%	4.4%	4.5%	4.9%
Combined U.S. Workforce	3.6%	3.8%	3.8%	4.1%	4.5%

Q: What are the positivity rates for drug testing by testing reason?

The table below shows the positivity rates by testing reason for Federally Mandated, Safety-Sensitive Workforce from January – December 2008:

Testing Reason	2008	2007	2006	2005	2004
Follow-Up	2.2%	2.8%	3.0%	3.1%	3.3%
For Cause	9.9%	11.1%	12.4%	13.4%	14.1%
Periodic	0.71%	0.75%	0.59%	0.76%	0.51%
Post-Accident	2.3%	2.6%	2.7%	3.0%	2.9%
Pre-Employment	1.7%	2.0%	2.3%	2.6%	2.7%
Random	1.4%	1.5%	1.5%	1.8%	1.8%
Returned to Duty	3.1%	3.3%	3.2%	3.0%	2.9%

The table below shows the positivity rates by testing reason for the General U.S. Workforce from Jan – Dec 2008:

Testing Reason	2008	2007	2006	2005	2004
Follow-Up	7.6%	7.7%	7.4%	9.6%	10.0%
For Cause	22.0%	19.2%	18.1%	28.3%	27.8%
Periodic	1.4%	1.4%	1.9%	2.4%	1.9%
Post-Accident	5.6%	5.8%	5.7%	5.8%	5.7%
Pre-Employment	3.6%	3.9%	3.9%	3.9%	4.1%
Random	5.3%	5.7%	5.5%	6.6%	7.1%
Returned to Duty	5.3%	5.6%	5.8%	6.0%	5.5%

Q: As an employer, which drugs should I be worried about more in my workplace? What are the most popular drugs by the US workforce today?

Although the positivity rates for drug testing in the US workforce have significantly declined in the recent years, several of the most commonly abused substances in the society remain to be the drugs of choice to some US workers. The data below shows the summary of the 7.3 million urine drug test results of the U.S. workforce by drug category from January to December 2008.

Drug Category	2008	2007	2006	2005	2004
Amphetamines	0.43%	0.40%	0.39%	0.46%	0.49%
Barbiturates	0.25%	0.24%	0.23%	0.25%	0.27%
Benzodiazepines	0.70%	0.67%	0.62%	0.58%	0.58%
Cocaine	0.39%	0.55%	0.69%	0.69%	0.70%
Marijuana	1.8%	2.0%	2.0%	2.3%	2.6%
Methadone	0.22%	0.23%	0.22%	0.23%	0.21%
Opiates	0.34%	0.32%	0.28%	0.29%	0.29%
Oxycodones	0.83%	0.88%	0.64%	0.56%	
PCP	0.02%	0.02%	0.02%	0.02%	0.02%
Propoxyphene	0.56%	0.58%	0.55%	0.57%	0.63%
Overall	3.6%	3.8%	3.8%	4.1%	4.5%

Annual Positivity Rates For Combined U.S. Workforce (from January to December 2008)

Year	Drug Positive Rate
2008	3.6%
2007	3.8%
2006	3.8%
2005	4.1%
2004	4.5%
2003	4.5%
2002	4.4%
2001	4.6%
2000	4.7%

ADDITIONAL RESOURCES & INFORMATION

Prescription Drugs Abuse

Prescription drugs are licensed medicines that are given to patients for treatment of specific medical conditions like depression, ADHD, chronic pains and so on. These medications are supposed to be obtained with a prescription from a professional doctor to help the patient live a more productive life and free from the symptoms of such medical conditions. Although it is very clear that prescription drugs are only taken with the supervision of a doctor, many people intentionally use them without proper guidance resulting to abuse.

Several studies have shown that teenagers are likely to abuse prescription drugs. According to the National Institute of Drug Abuse, 1.9 million youth age 12 to 17 abused prescription drugs in 2008 alone. Of this figure, 1.6 million are abusing a prescription pain medication – making painkillers one of the most commonly abuse drugs by teens after tobacco, alcohol, and marijuana. In a separate survey – the 2009 New Hampshire Youth Risk Survey – about 10% of teens were reported to be using prescription drugs illegally in the past month and 20% have tried it.

In the United States, prescription drugs abuse remains a significant problem among adolescents and adults alike. The National Institute of Drug Abuse released a document on December 2010, which revealed that in 2009 approximately 7.0 million (M) persons reported past month non-medical use of psychotherapeutic drugs. The figure translates to about 2.8 percent of the U.S. population.

The class of prescription drugs is broadly described as those targeting the central nervous system, including drugs used to treat psychiatric disorders (NSDUH, 2009). The medications most commonly abused are:

- Pain relievers - 5.3 million
- Tranquilizers - 2.0 million
- Tranquilizers - 2.0 million
- Tranquilizers - 2.0 million

Among adolescents, prescription and over-the-counter medications account for most of the frequently abused drugs, following marijuana (excluding tobacco and alcohol). When asked how prescription narcotics were obtained for nonmedical use, 59% of 12th graders said they were given to them by a friend or relative. The number obtaining them over the internet was negligible.

Prescription drugs are intended to be taken under the direction of a doctor. Unfortunately, because of misinformation and lack of parental guidance some teenagers abuse them or easily obtain them over the counter for habitual use. Among the most popular prescription drugs by brands are Xanax, Vicodin, Vallium, Adderall, and so on. Each of the prescription drugs poses some side effects which commonly include drowsiness, constipation, increased blood pressure and heart rate, and slow breathing.

What Make a Prescription Drugs Harmful?

Prescription drugs are extremely helpful when used according to the direction of the doctor prescribing the medication. The only instance they become detrimental to the overall health of the user is when it's being taken without prescription and for the sole purpose of experiencing a certain "high."

What is driving the increasing prevalence of prescription drug abuse?

The National Institute of Drug Abuse has concretely summarized the factors that contribute to the surging prevalence of prescription drugs abuse, such as:

Misperceptions about their safety. Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances. This is not the case: prescription drugs act directly or

indirectly on the same brain systems affected by illicit drugs; thus their abuse carries substantial addiction liability and can lead to a variety of other adverse health effects.

Increasing environmental availability. Between 1991 and 2009, prescriptions for stimulants increased from 5 million to nearly 40 million, an 8-fold increase, and opioid analgesics increased from about 45 million to approximately 180 million, more than a 4-fold increase.

Varied motivations for their abuse. Underlying reasons include: to get high; to counter anxiety, pain, or sleep problems; or to enhance cognition (although they may, in fact, impair certain types of cognitive performance).

Risks of Commonly Abused Prescription Drugs

1. Opioids (used to treat pain):

- Addiction. Prescription opioids act on the same receptors as heroin and therefore can be highly addictive. People who abuse them sometimes alter the route of administration (e.g., snorting or injecting vs. taking orally) to intensify the effect; some even report moving from prescription opioids to heroin.
- Overdose. Abuse of opioids, alone or in combination with alcohol or other drugs, can depress respiration. Overdose is a major concern: the number of fatal poisonings involving prescription pain relievers has more than tripled since 1999.
- Heightened HIV risk. Injecting opioids increases the risk of HIV and other infectious diseases through use of unsterile or shared equipment.

2. CNS Depressants (used to treat anxiety and sleep problems):

- Addiction and dangerous withdrawal symptoms. These drugs are addictive and, in chronic users or abusers, discontinuing them absent a physician's guidance can bring about severe withdrawal symptoms, including seizures that can be life-threatening.
- Overdose. High doses can cause severe respiratory depression. This risk increases when CNS depressants are combined with other medications or alcohol.

3. Stimulants (used to treat ADHD and narcolepsy):

- Addiction and other health consequences. These include psychosis, seizures, and cardiovascular complications.

For additional readings about prescription drugs abuse, you may visit http://kidshealth.org/teen/drug_alcohol/drugs/prescription_drug_abuse.html
<http://www.cdc.gov/nchs/fastats/drugs.htm>
www.drugabuse.gov

Synthetic Drugs Abuse

The term "Synthetic" – as used in the National Drug Control Strategy (NDCS), the National Synthetic Drugs Action Plan, and the 2006 Synthetic Drug Control Strategy – refers to drugs whose origins are produced via chemical synthesis as opposed to concocting organic ingredients. Among the popular synthetic drugs that have a widespread record of misuse are amphetamines, methamphetamines, ecstasy pills and LSD.

Methamphetamine is a central nervous system stimulant with serious health implications that include violent behavior, extreme paranoia, and other psychotic episodes. The drug is clandestinely manufactured in crude laboratories primarily by street chemists referred to as "cooks." Prior to 2005, the

majority of these labs were located in the United States. However, with the passage of the Combat Methamphetamine Epidemic Act (CMEA), domestic access to required precursor chemicals like pseudoephedrine and ephedrine has been restricted and the number of clandestine labs in the United States has fallen by 70% since 2004.

Amphetamines, on the other hand, is a synthetic stimulant used to suppress the appetite, control weight, and treat disorders like narcolepsy and attention-deficit hyperactivity disorder (ADHD). Although the Chinese physicians were among the first health care experts to explore the use of amphetamine compound for more than 5,000 years through their native plant called Ma huang (*Ephedra sinica*), it wasn't until 1887 when amphetamines were first synthesized by the drug company Smith, Kline and French. The peak of amphetamine's popularity came in the 1960s where young people have been forging the prescriptions of the stimulant and consequently led to more young people suffering from heart attack and strokes.

Commonly referred to as Ecstasy or XTC, MDMA is a psychoactive substance with both stimulant and mild hallucinogenic properties. MDMA is most often found in tablet form, although it is occasionally distributed as a crystalline powder. Taken orally, the health risks include severe hyperthermia, dehydration, and long term learning impairment. MDMA is manufactured in laboratories located in Western Europe and Canada.

Sadly, despite the non-stop efforts and advocacies aimed towards banning the availability of synthetic drugs to people, the production and trafficking of the substances remain a global problem. In October 2004, the Federal Government released the National Synthetic Drugs Action Plan, the first comprehensive national plan to address the problems of synthetic drugs, including the illegal use and trafficking of pharmaceuticals. This was followed by the release of the Synthetic Drug Control Strategy on June 1, 2006, which is a companion document to the National Drug Control Strategy, and a follow-up to the progress made by the National Synthetic Drugs Action Plan.

The strategy sets goals of 15 percent reductions in methamphetamine use and prescription drug abuse over the next three years and a 25 percent reduction in domestic methamphetamine labs. These goals will be pursued using a three-tiered approach to the United States' international efforts: improving intelligence and information on the global market for precursor chemicals; effective implementation of the Combat Methamphetamine Epidemic Act; and strengthening law enforcement and border security cooperation, particularly with Mexico.

Synthetic Cannabinoids

In the early 2000s, a new breed of herbal product in the name of K2 and Spice went on sale and marketed as "herbal incense" products. Although they are marked "not for human consumption" it didn't take long before people start using them because of the "high" they produce that are similar to marijuana. JWH-018 and JWH-073 are the two most common synthetic cannabinoids which are sprayed in various herbal products marketed as incense, such as K2 and Spice.

The signs and symptoms of using synthetic cannabinoids or K2/SPICE include the following:

- Hallucination
- Seizures/Tremors
- Vomiting
- Increased respiration rate
- Numbness/Tingling
- Elevated blood pressure (reported up to 200/100 – medically dangerous)
- Elevated heart rate (reported up to a rate of 150 – medically dangerous)
- Increased level of anxiety
- Panic attacks

- Dilated pupils
- Coma/Unconsciousness
- Confusion
- Perception disorders
- Altered mood
- Dry mouth
- ECG changes
- Dizziness
- Red Conjunctiva

Synthetic cannabinoids are marketed under various names, such as K2, Spice, Pep Spice, Spice Silver, Spice Gold, Spice Diamond, Moon Rocks, Serenity Now, Fire & Ice, Blue Lotus, Synthetic Marijuana, Smoke, Skunk, Yucatan Fire, Genie & Zohai Orange Dragon Smoke, Black Mamba, Buzz, Voodoo, Chill X, Algerian Blend, Dragon's Slice, Tropical Synergy, Spice 99, Mojo, Pot-pourri, Pulse, Hush, Earthquake, Blaze, Red X, and Dawn.

Many European nations already have banned some or all of K2/Spice products. In the US, Kansas was the first state to pass a law banning the sale of the products. Similar laws have been proposed in Missouri and Tennessee. New York, Texas, and New Jersey are reportedly considering legislation, too. In Arizona, an organized effort is currently getting underway to explore the possible ban of K2/Spice products. And in Michigan, a new law went into effect on October 1, 2010 that bans the sale, purchase, and possession of synthetic marijuana.

Steroids Abuse

The use of steroids was once associated with athletes, bodybuilders, and fitness buffs. In the passing of years, evidence shows that more and more adolescents and adults are abusing the substance to enhance their physical appearance and increase their alertness. Although statistics show that adolescents or the younger generation of athletes are most likely to abuse steroids, people outside the muscular fitness and performance are likewise beginning to use steroids to increase their productivity. Workers with physically-demanding jobs like those in the construction have the potential to use or even abuse steroids to get ahead of their work.

Steroids are synthetically produced variants of the naturally occurring male hormone testosterone. The full name for this class of drugs is androgenic (promoting masculine characteristics) anabolic (tissue building) steroids (the class of drugs). However, most published literatures refer to them as anabolic steroids.

In the 2005 Monitoring the Future study, a NIDA-funded survey of drug use among adolescents in middle and high schools across the United States, it was reported that the past year use of steroids decreased significantly among 8th- and 10th-graders since peak use in 2000. Among 12th-graders, there was a different trend—from 2000 to 2004, past year steroid use increased, but in 2005 there was a significant decrease, from 2.5 percent to 1.5 percent. Although this can be regarded as good news, the fact remains that there are still a great number of people who refuse to stop using or worst, abusing steroids.

The commonly abused steroids have been classified in the 2006 U.S. Drug Enforcement Administration's research report "Anabolic Steroid Abuse" into two groups as shown in the table below:

Commonly Abused Steroids	
Oral Steroids	Injectable Steroids
Anadrol (oxymetholone)	Deca-Durabolin (nandrolone decanoate)
Oxandrin (oxandrolone)	Durabolin (nandrolone phenpropionate)
Dianabol (methandrostenolone)	Depo-Testosterone (testosterone cypionate)
Winstrol (stanozolol)	Equipoise (boldenone undecylenate)
	Tetrahydrogestrinone (THG)

Possible Health Consequences of Anabolic Steroid Abuse

Anabolic steroids were developed in the late 1930s primarily to treat hypogonadism, a condition in which the testes do not produce sufficient testosterone for normal growth, development, and sexual functioning. The primary medical uses of these compounds are to treat delayed puberty, some types of impotence, and wasting of the body caused by HIV infection or other diseases. During the 1930s, scientists discovered that anabolic steroids could facilitate the growth of skeletal muscle in laboratory animals, which led to abuse of the compounds first by bodybuilders and weightlifters and then by athletes in other sports.

Steroids are taken legitimately with the direction of a professional medical doctor. The lack thereof leads to abuse and results to several side effects, such as:

Hormonal system

Men

- Infertility
- Breast development
- Male-pattern baldness

Women

- Enlargement of the clitoris
- Excessive growth of body hair
- Male-pattern baldness

Musculoskeletal system

- Short stature (if taken by adolescents)
- Tendon rupture

Cardiovascular system

- Increases in LDL; decreases in HDL
- High blood pressure
- Heart attacks
- Enlargement of the heart's left ventricle

Liver

- Cancer
- Peliosis hepatitis
- Tumors

Skin

- Severe acne and cysts
- Oily scalp
- Jaundice
- Fluid retention

Infection

- HIV/AIDS
- Hepatitis

Psychiatric effects

- Rage, aggression
- Mania
- Delusions

Nicotine Dependence

A person experiencing nicotine dependence has an addiction to tobacco products and can't stop smoking even if it's already causing them harm. Apart from drug abuse, cigarette smoking continues to be the leading cause of preventable morbidity and mortality in the United States. According to the Centers for Disease Control and Prevention, in 2008 alone an estimated 20.6% (46.0 million) of U.S. adults were current cigarette smokers; of these, about 79.8% (36.7 million) smoked every day, and 20.2% (9.3 million) smoked some days.

Variations in smoking prevalence in 2008 also were observed by education level. Smoking prevalence was highest among adults who had earned a General Education Development certificate (GED). Smoking prevalence was lowest among adults with a graduate degree (5.7%). The prevalence of current smoking was higher among adults living below the federal poverty level (31.5%) than among those at or above this level (19.6%). Smoking prevalence did not vary significantly for adults aged 18--24 years (21.4%), 25--44 years (23.7%), and 45-64 years (22.6%); however, smoking prevalence was lower for adults aged >65 years (9.3%)

What is Nicotine?

Nicotine refers to the psychoactive drug in tobacco products that produces dependence. In the US, nicotine is the most common form of dependence and existing studies and research suggest that nicotine is as addictive as heroin, cocaine, or alcohol. Nicotine is responsible for increasing the release of brain chemicals called neurotransmitters, which help regulate mood and behavior. One of these neurotransmitters is dopamine, which makes the smoker feel good. Getting that dopamine boost is part of the addiction process.

How would you know someone is nicotine dependent or tobacco dependent?

There are obvious signs that can tell whether or not a person is nicotine dependent, including:

- The person can't stop smoking. This is despite making one or more serious, but unsuccessful, attempts to stop.

- The person experiences withdrawal symptoms when s/he tries to stop. The attempts at stopping have caused physical and mood-related signs and symptoms, such as strong cravings, anxiety, irritability, restlessness, difficulty concentrating, depressed mood, frustration or anger, increased hunger, insomnia, and constipation or diarrhea.
- The person keeps smoking despite health problems. Even though the person starts developing problems with the lungs or the heart, that person will continue smoking.
- The person gives up social or recreational activities in order to smoke. This could mean that the person may stop going to smoke-free restaurants or stop socializing with certain family members or friends because s/he can't smoke in these locations or situations.
- What are the complications of nicotine dependence?
- While smoking is capable of making the smoker feel good, it can also be a silent killer that can victimize not only the principal smoker but also second-hand smokers or those people that inhale tobacco smoke.

The negative health effects include:

- Lung cancer and other lung diseases. Smoking causes nearly 9 out of 10 lung cancer cases, as well as other lung diseases, such as emphysema and chronic bronchitis. Smoking also makes asthma worse.
- Heart and circulatory system problems. Smoking increases your risk of dying of cardiovascular disease, including heart attack and stroke. Even smoking just one to four cigarettes daily increases your risk of heart disease. If you have cardiovascular illness or heart failure, smoking worsens your condition. However, stopping smoking reduces your risk of having a heart attack by 50 percent in the first year.
- Other cancers. Smoking is a major cause of cancers of the esophagus, larynx, throat (pharynx) and mouth and is also related to cancers of the bladder, pancreas, kidney and cervix, and some leukemias.
- Physical appearance. The chemicals in tobacco smoke can change the structure of your skin, causing premature aging and wrinkles. Smoking also yellows your teeth, fingers and fingernails.
- Infertility and impotence. Smoking increases the risk of infertility in women and the chance of impotence in men.
- Pregnancy and newborn complications. Mothers who smoke while pregnant face a higher risk of miscarriage, preterm delivery, decreased birth weight and sudden infant death syndrome (SIDS) in their newborn. Low birth weight babies are more likely to die around the time of birth (perinatal period) or have learning and physical problems later in life.
- Cold, flu and other illnesses. Smokers are more prone to respiratory infections, such as colds, flu and bronchitis.
- Diabetes. Smoking increases insulin resistance, which can set the stage for the development of type 2 diabetes. If you have diabetes, smoking can speed the progress of complications, such as kidney disease and eye problems.
- Weakened senses. Smoking deadens your senses of taste and smell, so food isn't as appetizing.
- Risks to your family. Spouses and partners of smokers have a higher risk of lung cancer and heart disease, compared with people who don't live with a smoker. If you smoke, your children will be more prone to sudden infant death syndrome, asthma, ear infections and colds.

What are the health benefits of breaking free from nicotine dependence?

In reality, quitting the habit of smoking is difficult and may require several attempts. On the other hand, breaking free from nicotine dependence can help a person prolong his/her life and reduce the risk of contracting deadly diseases:

Smoking cessation is associated with the following health benefits:

- Smoking cessation lowers the risk for lung and other types of cancer.
- Smoking cessation reduces the risk for coronary heart disease, stroke, and peripheral vascular disease. Coronary heart disease risk is reduced within 1 to 2 years of cessation.
- Smoking cessation reduces respiratory symptoms, such as coughing, wheezing, and shortness of breath. The rate of decline in lung function is slower among persons who quit smoking.
- Smoking cessation reduces the risk of developing chronic obstructive pulmonary disease (COPD), one of the leading causes of death in the United States.
- Smoking cessation by women during their reproductive years reduces the risk for infertility. Women who stop smoking during pregnancy also reduce their risk of having a low birth weight baby.

What are the effective methods of quitting nicotine dependence?

The Center for Disease Control and Prevention has outlined some extremely helpful information on how to effectively quit tobacco dependence.

- Effective treatments that can increase the chances of successful cessation include the following:
- Brief clinical interventions (i.e., when a doctor takes 10 minutes or less to deliver advice and assistance about quitting)
- Counseling (e.g., individual, group, or telephone counseling)
- Behavioral cessation therapies (e.g., training in problem solving)
- Treatments with more person-to-person contact and intensity (e.g., more time with counselors)
- Cessation medications found to be effective for treating tobacco dependence include the following:
- Over-the-counter and prescription nicotine replacement products (e.g., nicotine gum, inhaler, nasal spray, lozenge, or patch)¹
- Prescription nonnicotine medications, such as bupropion SR (Zyban®)⁵ and varenicline tartrate (Chantix®).

The combination of medication and counseling is more effective for smoking cessation than either medication or counseling alone.

Alcohol Dependence

Alcohol dependence or alcoholism is defined by the American Medical Association (AMA) as "a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations." It is characterized by:

- A prolonged period of frequent, heavy alcohol use.
- The inability to control drinking once it has begun.
- Physical dependence manifested by withdrawal symptoms when the individual stops using alcohol.
- Tolerance or the need to use more and more alcohol to achieve the same effects.
- A variety of social and/or legal problems arising from alcohol use.

According to the University of Maryland Medical Center, there are about 18 million people in the United States who abuse alcohol, and estimates suggest that more than 70 million Americans have dealt with alcoholism in their family. Consequently, alcohol is regarded as the third leading cause of preventable death in the United States – after smoking and obesity – and is responsible for about 85,000 deaths annually, about half from injury and half from disease. Alcoholism is involved in about 30% of homicides and 22% of suicides.

The Signs and Symptoms of Alcoholism

The symptoms of alcoholism as outlined by the University of Maryland Medical Center include the following:

- Drinking by yourself or in secret
- Craving alcohol
- Not being able to control the amount you drink
- Blackouts (not remembering events or conversations)
- Becoming irritable when you can't get a drink at your regular time
- Having legal problems or an inability to sustain a relationship or a job
- Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when you stop drinking
- Needing more alcohol to feel its effects
- Liver disease

The Risk Factors of Alcoholism

According to the National Institute on Alcohol Abuse and Alcoholism, an estimate of at least 6.6 million children under age 18 live in households with at least one alcoholic parent and that before age 18 about 25% of children are exposed to family alcohol dependency or alcohol abuse. Other risk factors include:

- Having 2 or more adverse events during childhood
- Beginning to drink early, by age 16 or sooner
- Drinking more than 1 - 2 drinks per day
- Smoking cigarettes (particularly teenagers)
- Being under a lot of stress
- Having a pre-existing psychiatric disorder (such as depression or anxiety)
- Men have higher rates of alcoholism than women
- Broken homes

The Effects of Long-term Chronic Alcoholism

The long-term use of alcohol can damage practically every organ in the body:

- Nervous system. An estimated 30-40% of all men in their teens and twenties have experienced alcoholic blackout from drinking a large quantity of alcohol. This results in the loss of memory of the time surrounding the episode of drinking. Alcohol also causes sleep disturbances, so sleep quality is diminished. Numbness and tingling (paresthesia) may occur in the arms and legs. Wernicke's syndrome and Korsakoff's syndrome, which can occur together or separately, are due to the low thiamine (a B vitamin) levels found in many alcohol-dependent people. Wernicke's syndrome results in disordered eye movements, very poor balance, and difficulty walking. Korsakoff's syndrome affects memory and prevents new learning from taking place.
- Gastrointestinal system. Alcohol causes loosening of the muscular ring that prevents the stomach's contents from re-entering the esophagus. Acid from the stomach flows backward into the esophagus (acid reflux), burning those tissues, and causing pain and bleeding. Inflammation of the stomach also can result in ulcers, bleeding, pain, and a decreased desire to eat. A major cause of severe, uncontrollable bleeding (hemorrhage) in an people with alcoholism is the development of enlarged (dilated) blood vessels within the esophagus, which are called esophageal varices. These varices develop in response to liver disease, and are extremely prone to bursting and hemorrhaging. Hemorrhaging varices are often fatal. Diarrhea is a common symptom, due to alcohol's effect on the pancreas. In

addition, inflammation of the pancreas (pancreatitis) is a serious and painful problem in many people who abuse alcohol. Throughout the intestinal tract, alcohol interferes with the absorption of nutrients, which can result in a malnourished state. Alcohol is broken down (metabolized) in the liver and interferes with a number of important chemical reactions that occur in that organ. The liver begins to enlarge and fill with fat (fatty liver). Fibrous scar tissue interferes with the liver's normal structure and function (cirrhosis), and the liver may become inflamed (hepatitis).

- **Blood.** Alcohol may cause changes to all the types of blood cells. Red blood cells become abnormally large. White blood cells (important for fighting infections) decrease in number, resulting in a weakened immune system. This places alcohol-dependent individuals at increased risk for infections and may account in part for the increased risk of cancer faced by people with alcoholism. Platelets and blood clotting factors are affected, causing an increased risk of bleeding.
- **Heart.** Small amounts of alcohol cause a drop in blood pressure, but with increased consumption, alcohol raises blood pressure into a dangerous range (hypertension). High levels of fats circulating in the bloodstream increase the risk of heart disease. Heavy drinking results in an increase in heart size, weakening of the heart muscle, abnormal heart rhythms, a risk of blood clots forming within the chambers of the heart, and a greatly increased risk of stroke due to a blood clot entering the circulatory system and blocking a brain blood vessel.
- **Reproductive system.** Heavy drinking has a negative effect on fertility in both men and women. It decreases testicle and ovary size and interferes with both sperm and egg production.

NATIONAL HOTLINE NUMBERS

Alcohol and Drug Referral Hot Line	1-800-252-6465
Child Help's - National Child Abuse Hot Line	1-800-422-4453
National A.I.D.S. Hot Line	1-800-342-2437
National Cocaine Hot Line	1-800-262-2463
National Hepatitis Hot Line	1-800-223-0179
National Runaway Switchboard and Suicide Hot Line	1-800-621-4000
National Sexually Transmitted Disease Hot Line	1-800-227-8922

NATIONAL ASSISTANCE GROUPS

Alcoholics Anonymous	1-800-344-2666
Food and Drug Administration	1-301-443-1240
M.A.D.D.	1-800-438-6233
Narcotics Anonymous	1-818-780-3951
AL-ANON Family Group Headquarters	1-800-356-9996
Nat'l Institute of Drug Abuse, Drug Info, Treatment	1-800-662-4357
Families Anonymous	1-800-736-9805
S.A.D.D.	1-508-481-3568
Tough Love	1-800-333-1069
American Cancer Society	1-800-227-2345
Council of Compulsive Gambling	1-800-426-7711

FINAL NOTE

We hope that the information we've provided here has helped you to create a drug free workplace. If you have any further questions, TestCountry is always happy to provide support. You may contact our customer service via email at info@testcountry.com or through our toll free number (1) 800-656-0745.

About TestCountry

Drug testing employees at your workplace, drug testing your teenagers at home with a variety of home drug testing such hair or saliva drug tests, or testing for HIV AIDS virus, fertility (ovulation, pregnancy or male sperm count) should not be difficult, inconvenient and expensive. This is the reason why TestCountry started in 2001.

At TestCountry.com we offer a wide variety of home and workplace test kits like urine, hair and saliva drug testing kits, HIV testing kits, home testing kits for thyroid (TSH Tests) and prostate cancer (PSA Tests), home fertility tests (male sperm count tests or ovulation tests), test kits for nicotine (tobacco), alcohol testing kits, even alcohol digital detectors and more.

TestCountry home testing kits provide the accurate results you are looking for. Most of the test kits and testing services are either FDA approved, FDA cleared, CLIA Waived Drug Tests, done by a CLIA accredited laboratory or approved by a respectable organization or agency. All our tests are developed and manufactured by reputable companies in this industry so you don't get inaccurate results for the critical things you are testing for.

Contact Us

Within the United States, call us at (858) 784 6904 or toll-free (866) 237-7976 or (800) 656-0745
If calling internationally, dial +1 858 784 6904.

Customer Service Hours

Monday - Friday 8.00am - 5.00pm PST (except for public holidays)

Mailing Address:

Global Business Support Systems, Inc. DBA TestCountry
6370 Nancy Ridge Dr. #104
San Diego, CA 92121

Fax: (630) 566-0708

E-mail: info@testcountry.com

Disclaimer:

The policies and procedures included herewith are purely informational and that no direct or indirect representation is being made, nor any warranty given to the contents. The Reader recognizes that the law with respect to drug testing varies by jurisdiction and is therefore the Reader's responsibility to comply with the law surrounding the specific jurisdiction. Qualified legal counsel should be consulted with regard to the use or implementation of these policies and procedures.

This white paper is sold/distributed with the understanding that the Publisher is not engaged in rendering legal, accounting, or other professional service. This product is not a substitute for a professional legal advice, but instead serves as a guide to help your organization create and implement a solid drug testing policy. The Reader assumes all risk of use.

The publisher disclaims all responsibilities for any loss, injury, claim, liability, or damage of any kind resulting from, arising out of or any way related to any errors in or omissions from the policies and procedures included herewith – including but not limited to technical inaccuracies and typographical errors. The information contained in this product is not guaranteed to be complete or current.