



Opioids and Other Drugs At Work: An Increasing Challenge for Employers



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Agenda and Objectives

- Identifying challenges HR managers may face in regards to illegal and illicit drug use or alcohol misuse
- Using Supervisor training to more readily identify and prevent workplace drug related incidents
- Insuring the privacy of employees and that their rights are protected
- Developing a plan to help employees get needed help before and after substance abuse issues arise



THE OPIOID EPIDEMIC BY THE NUMBERS

2016 and 2017 Data



130+

People died every day from
opioid-related drug overdoses³
(estimated)



11.4 m

People misused
prescription opioids¹



42,249

People died from
overdosing on opioids²



2.1 million

People had an opioid use
disorder¹



886,000

People used heroin¹



81,000

People used heroin
for the first time¹



2 million

People misused prescription
opioids for the first time¹



17,087

Deaths attributed to
overdosing on commonly
prescribed opioids²



15,469

Deaths attributed to
overdosing on heroin²



19,413

Deaths attributed to
overdosing on synthetic
opioids other than
methadone²

SOURCES

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System, Estimates for 2017 and 2018 are based on provisional data.

About the opioid crisis

- ❑ Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.⁶
- ❑ Between 8 and 12 percent develop an opioid use disorder.⁷⁻⁹
- ❑ **An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.**⁷⁻⁹
- ❑ About 80 percent of people who use heroin first misused prescription opioids.⁷
- ❑ Opioid overdoses increased 30 percent from July 2016 through September 2017 in 52 areas in 45 states.¹⁰
- ❑ The Midwestern region saw opioid overdoses increase 70 percent from July 2016 through September 2017.¹⁰
- ❑ Opioid overdoses in large cities increase by 54 percent in 16 states.¹⁰

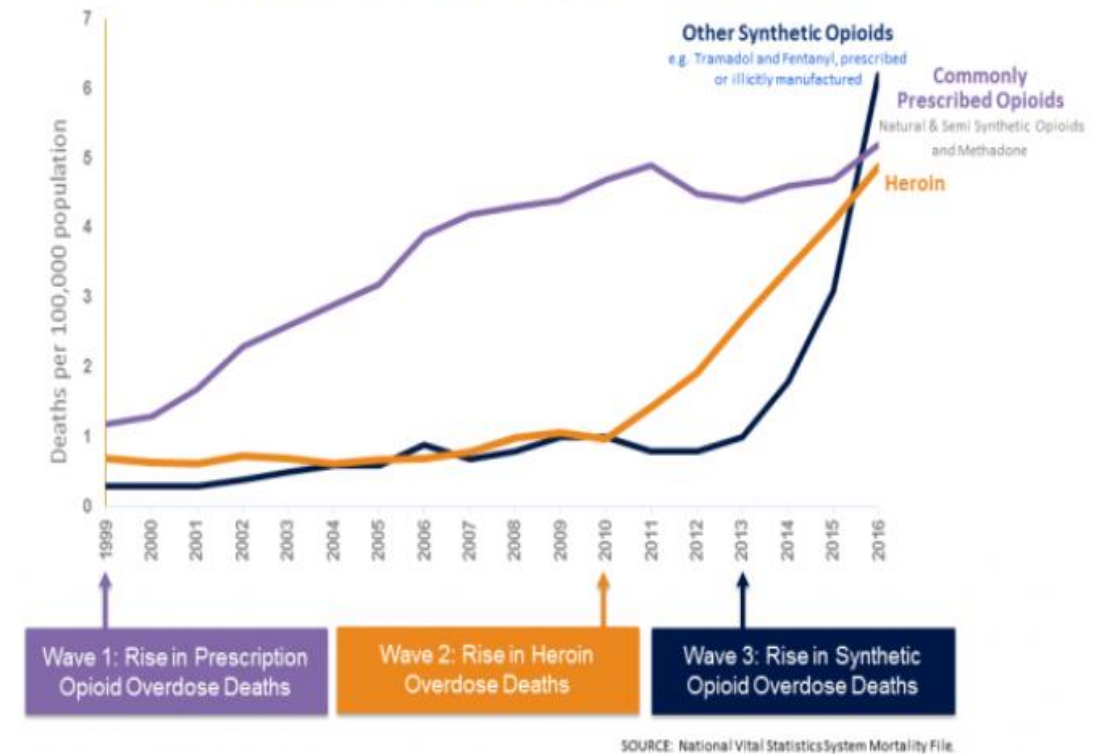


From 1999-2016, more than 350,000 people died from an overdose involving any opioid, including prescription and illicit opioids.²

This rise in opioid overdose deaths can be outlined in three distinct waves.

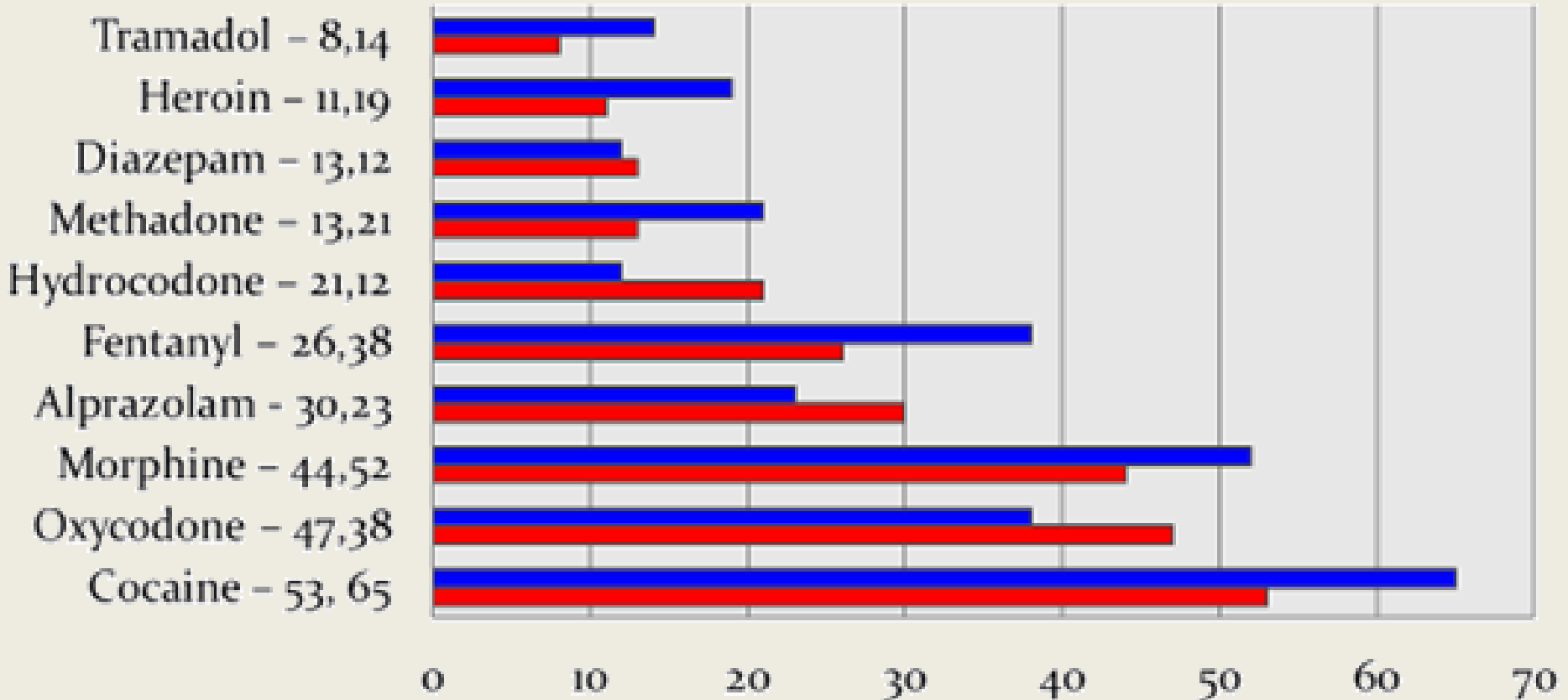
1. The first wave began with increased prescribing of opioids in the 1990s³, with overdose deaths involving [prescription opioids](#) (natural and semi-synthetic opioids and methadone) increasing since at least 1999.
2. The second wave began in 2010, with rapid increases in overdose deaths involving [heroin](#).
3. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids – particularly those involving illicitly-manufactured [fentanyl](#) (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.^{2,4}

3 Waves of the Rise in Opioid Overdose Deaths



Brevard County Overdose Deaths

2015 vs. 2016



Stats provided by Doctor's Goodwill Foundation



Employer Challenges

What to test for?



Finding Employees



Specimen Types



Medical Marijuana



Supervisor/Reasonable Suspicion Training

- *Supervisor training (drugs): One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. In addition, supervisors must receive employee training as defined above.*
- *Supervisor training (alcohol): One-hour of training is required. The training will assist supervisors in determining whether reasonable suspicion exists to require a DOT covered employee to undergo drug or alcohol testing.*
- *Reasonable recurrent training is also recommended.*



Supervisor Training

Indicators of Drug Use

Performance:

- Inconsistent work quality;
- Poor concentration;
- Lowered productivity;
- Increased absenteeism;
- Unexplained disappearances from the jobsite;
- Carelessness, mistakes;
- Errors in judgment;
- Needless risk taking;
- Disregard for safety; and
- Extended lunch periods and early departures.

Behavior:

- Frequent financial problems;
- Avoidance of friends and colleagues;
- Blaming others for own problems and shortcomings;
- Complaints about problems at home;
- Complaints and excuses of vaguely defined illnesses;
- Avoidance of supervisory contact, especially after lunch;
- Deterioration in personal appearance;
- The employee may be belligerent, argumentative, or short-tempered - especially in the mornings or after weekends or holidays



Supervisor Training

Reasonable Suspicion

MUST be Based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors.

- Immediate Action required – safety, risk
- Immediate Action not required – performance, attendance, tardiness issues



Supervisor Training Documentation

REASONABLE SUSPICION TESTING CHECKLIST

Employee Name: _____	Employee Job Title: _____
Facility: _____	Location of Event: _____
Observation Date: _____	Time: _____ a.m./p.m.
Was employee performing a safety-sensitive duty? Yes No	

The following observations were made of the employee identified above:

Check ALL **specific and contemporaneous** observations and **document** the following:

BEHAVIOR

- unsteady gait, stumbling
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

BODY ODORS

- alcohol
- marijuana

Other observations: _____

Supervisor Name (*print or type*) _____ Supervisors Signature _____ Date _____

Additional witnesses (optional)

Witness Name (*print or type*) _____ Witness Signature _____ Date _____

TEST DETERMINATION

- DOT NON-DOT NO Test Conducted
- Reasonable Suspicion Alcohol Test 8 hours elapsed for alcohol test
- Reasonable Suspicion Drug Test 32 hours elapsed for drug test
- No Test Required Employee transported for medical care
- Employee Refused Test Other (explain): _____

Employee transported to collection site by: _____
Time of transport: _____ a.m./p.m. Collection Facility: _____

“specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors”



Supervisor Training

SAP & EAP – 2nd Chance?

Employee Assistance Program

Companies with employee assistance programs have **21%** lower rates of absenteeism and **14%** higher productivity rates.

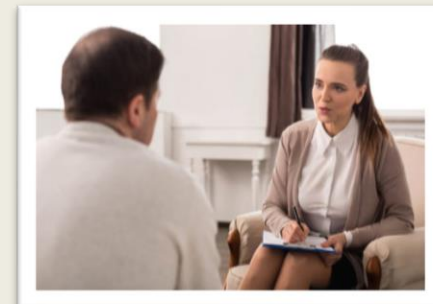
85% of **Fortune 500 companies** include employee assistance programs in their health and productivity management strategies.

The typical return on investment is **\$3** or more for every **\$1** invested in an employee assistance program.

Source: Department of Health and Human Resources



Substance Abuse Professional



PRIVACY CONCERNS

Employers/Employees

Invasion of Privacy – 4th and 14th Amendment

Challenges to workplace drug testing policies on grounds that they violate employees' privacy have not been successful. **But while drug testing itself usually does not violate an individual's rights, the manner in which the test was conducted (or its results utilized) may sometimes cross the line.**

For example, the U.S. Supreme Court has held that positive drug test results may not be used in subsequent criminal cases without the consent of the employee. Also, a drug test may be challenged on constitutional grounds **if the results are divulged indiscriminately, if the test is conducted in a way that disrespects the subject's privacy rights, or if drug testing is done excessively or otherwise inappropriately.**



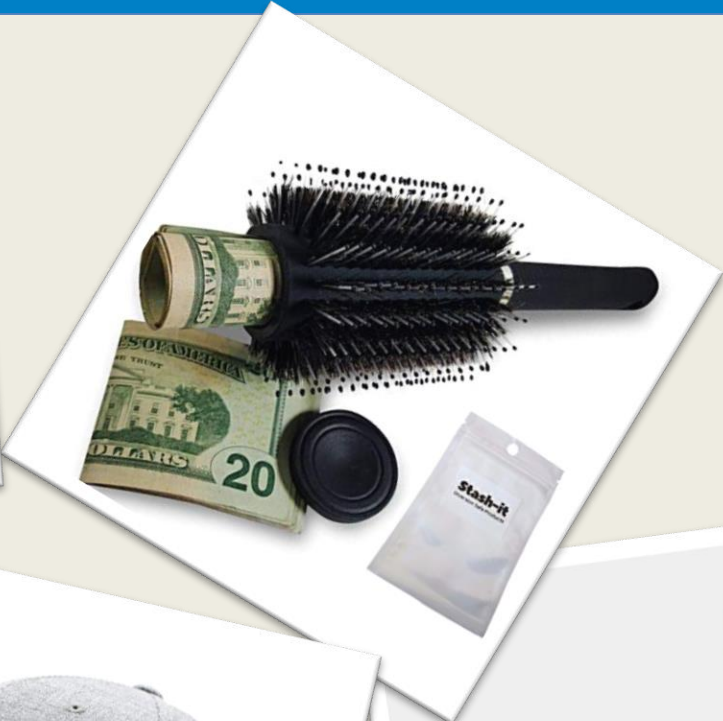
Problem Drug Testing Situations

- Monitored vs Direct Observed Collections
- Refusals to Test
- Temperature out of Range
- Shy Bladder/Shy Lung Situations
- Lab Levels
- Negative Dilute Specimens
- Random vs Reasonable Suspicion
- Alcohol Testing: Urine, Hair, Breath, Blood
- Fatal Flaws / Correctable

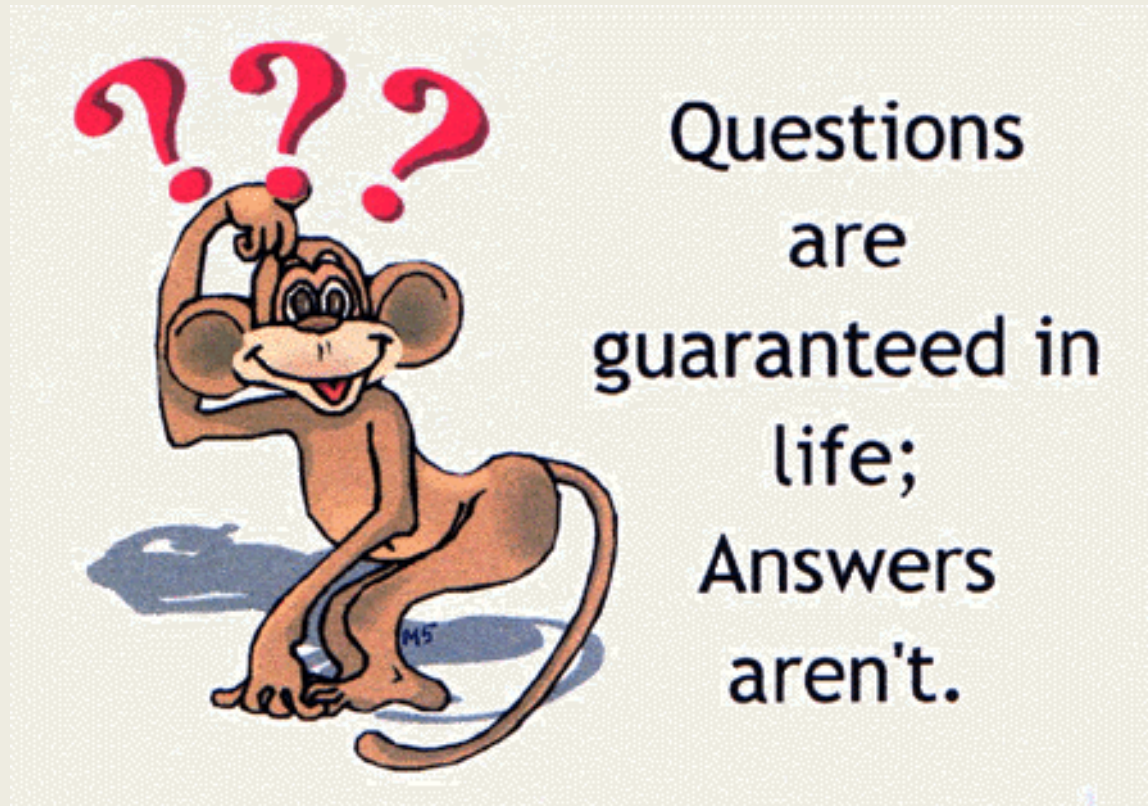
What Don't You Know?



What Don't You Know?



ASK NOW or STRUGGLE LATER





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<https://www.drugfreeworld.org/>

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<https://www.nationaldrugscreening.com>

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Find out the Truth about Drugs

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ENROLL NOW

<https://www.drugfreeworld.org>

<https://www.samhsa.gov/workplace/toolkit>





Thank You!



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BONUS SLIDES

- Signs & Symptoms – common drug panel
- Other Trainings Available from Tom – Live in-person or Live Stream Webinar
- Helpful Free Videos For Employers
- About Tom Fulmer





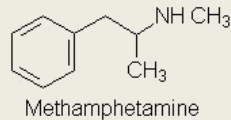
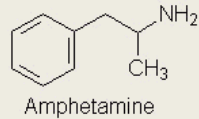
Marijuana

- Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant (*Cannabis sativa*).
- Schedule I
- Smoked – joints, bong, pipes, blunts, and mixed into food
- Short-term effects of marijuana include problems with memory and learning, distorted perception (sights, sounds, time, touch), trouble with thinking and problem solving, loss of motor coordination, increased heart rate, and anxiety.
- Long term - contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations.

Cocaine - Crack

- A drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs.
- Schedule II - Big C, Blow, Coke, Flake, Freebase, Nose Candy, Rock, Snow, White Crack
- Can be snorted or dissolved in water and injected. Crack can be smoked.
- Short term - constricted peripheral blood vessels, dilated pupils, increased temperature, heart rate, blood pressure, insomnia, loss of appetite, feelings of restlessness, irritability, and anxiety.
- Long term - High doses of cocaine and/or prolonged use can trigger paranoia and aggressive behavior. When addicted individuals stop using cocaine, they often become depressed





Amphetamine/ Methamphetamine

- Addictive stimulants that strongly activate certain systems in the brain.
- Schedule II – Speed, Chalk, Crank, Croak, Crypto, Crystal, Fire, Glass, Meth, Tweek, White Cross, *Ecstasy*
- Can be taken orally, injected, snorted, or smoked.
- Short term - Immediately after use a “rush” or “flash,” that lasts only a few minutes and is described as extremely pleasurable. Also, increased wakefulness and insomnia, decreased appetite, irritability/aggression, anxiety, nervousness, convulsions and heart attack.
- Long term – highly addictive, paranoia, hallucinations, repetitive behavior and delusions of parasites or insects crawling under the skin.

Opiates/Opioids



- A broad family of drugs derived from the processing of opium.
- Schedule I – heroin, codeine, morphine, Dope, Horse, Junk
- Can be taken orally, injected, snorted, inhaled or smoked.
- The short-term effects of opiate abuse—clouded mental functioning, nausea, and drowsiness—have clear implications and impact on the workplace.
- The most detrimental long-term effect of opiates is addiction. The addict's primary focus in life becomes acquiring and using the drug.



Phencyclidine (PCP)

- PCP, or phencyclidine, is a “dissociative” anesthetic that was developed in the 1950s as a surgical anesthetic.
- Schedule II – Angel Dust, Embalming Fluid, Killer Weed, Rocket Fuel, Supergrass, Wack, Ozone
- Can be snorted, smoked, injected, or swallowed
- Short term - can cause distinct changes in body awareness, similar to those associated with alcohol intoxication. Other effects can include shallow breathing, flushing, profuse sweating, generalized numbness of the extremities and poor muscular coordination.
- Some people have extreme reactions.
- Long term – PCP is addicting; that is, its repeated use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior.

Training Programs Available

Live In-person or Live via webinar

- What I learned From Medical Review Officer (MRO) Training
- Common Problems and Challenges in Drug Testing and How to Handle Them
- Designated Employer Representative Training For DOT Regulated Employers
- Supervisor Reasonable Suspicion Training
- Drug Testing Trifecta: DOT Changes, Opioid Epidemic, and MRO Challenges



Helpful Free Videos For Employers

Find more free videos at www.DrugTestVideos.com

Drug Testing Turnaround Times

<https://www.youtube.com/watch?v=5Sb9liSk5hU>

Medical Review Officer (MRO)- Frequently Asked Questions

https://www.youtube.com/watch?v=FA1a9zDWK_E

DER Part 3 Supervisor Training

<https://www.youtube.com/watch?v=RIGZOuPLnzo>

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About Tom Fulmer

Watch the Video: Meet Tom Fulmer :

<https://www.youtube.com/watch?v=kwXF2TQ1RF0>

Tom Fulmer Bio :

Tom Fulmer, CPCT, CHBC is the Vice President of Business Development for National Drug Screening, a nationwide leader in employer drug testing and top provider of drug testing, training, & TPA/Consortium software. Tom writes articles for National publications and presents at conferences. In 2017 and 2018, he won HR.com “Best Customer Service Leadership Training Program” awards and in 2018, he received a top 10 award for “Best Sales Leadership Training Program”. He also conducts training for collectors, employers, and sales and customer service teams. Tom currently serves on the SAPAA Board of Directors and is a previous Board member for several community, business, and industry organizations.

Prior to joining National Drug Screening, Tom built a few other companies including a corporate training company, marketing company, and mortgage company. He also owned a tennis shop and ran a tennis center while working as a tennis professional.

Additional info:

Prior to joining NDS, Tom was a professional speaker and owner of a corporate training company. He trained thousands of people across the country to communicate effectively under pressure and speak powerfully without becoming aggressive. Tom is also an entrepreneur who embraces change and new challenges. IN 1993 Tom Graduated from the University of Alabama with a degree in Accounting and then took the next logical step...he became a tennis pro. He played and coached tennis as a career until 2002 when he relocated to Florida and took on a new challenge in the Mortgage business. After a couple of years, he fully embraced his true passion of training and coaching. As a lifelong learner, Tom enjoys helping others grow personally and professionally and overcome the challenges that prevent many people from accomplishing great things.

[CPCT – Certified Professional Collector Trainer, CHBC - Certified Human Behavior Consultant]

