Public Policy Statement on
Drug Testing in Workplace Settings

[Note: ASAM also has a Public Policy Statement addressing “Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in Other Clinical Settings”]

Background:

The collection and analysis of body fluids, especially urine samples, for the detection of alcohol, nicotine, other drugs, or their metabolites, is a common feature of many occupational medicine services. Saliva samples and hair samples have also been used for the detection of the presence of such substances, and other body fluids or tissues may become used in the future in efforts to detect the presence of certain substances in such fluids and tissues. Despite the widespread application of such techniques, there are controversies associated with collection and analysis of body fluids in non-clinical settings. For simplicity’s sake, this Policy Statement uses the term ‘drug testing’ as a general term for all such testing. This Policy Statement reviews the range of drug testing to guide physicians who may be asked to comment upon such testing. The detection of alcohol, nicotine, other drugs, or their metabolites in a patient’s urine or other body fluids or tissues can provide evidence of substance use; but it must be emphasized that usually information about substance use alone is insufficient for the diagnosis of addiction or for the determination of impairment. The range of substances which can cause a deterioration of mental or physical performance in workplace settings is broader than the subset of illegal drugs. Moreover, occupational drug testing generally determines only the presence of a substance, not whether or not a worker is experiencing performance impairments due to substance use.

Whereas the ordering of a workplace drug test is not a clinical action, and whereas procedures for collecting and measuring specimens of urine, saliva, or other body fluids or tissues can be established by non-medical personnel, the interpretation of drug test results is important for valid conclusions to be drawn about those test results. Interpretation of such laboratory analyses is a part of the practice of medicine and is described by the ASAM Public Policy Statement entitled ‘The Role of Medical Review Officers.’

Workplace settings in which non-medical uses of drug testing takes place with relatively little controversy include those in which employers are seeking to manage the risks associated with impaired performance by employees. These can include settings where workers perform hazardous tasks, such as the operation of heavy equipment or machinery; where workers perform tasks that could place other parties at risk, such as the operation of
passenger vehicles or other commercial vehicles; where workers perform medical or surgical procedures; in nuclear power generating facilities; or in public safety occupations such as police work or firefighting.

Workplace drug testing can take place in a variety of circumstances:

1. Specimens collected post-cause in a workplace environment, i.e., after a *bona fide* complaint has been made of impaired functioning in a workplace setting or after there has been a *bona fide* report from a coworker or supervisor of observed alcohol or other drug use. Post-cause testing is required of some employers after any workplace accident has occurred involving the employee, especially a vehicular accident in the workplace setting.

2. Specimens collected in a workplace environment after an employee’s period of absence from work or a time away from work due to illness.

3. Specimens collected during a pre-employment evaluation of a potential employee or a new hire.

4. Specimens collected periodically, without specific cause, from all workers in a workplace setting.

Pre-employment testing has become commonplace in America, and carries low liability exposure for employers (as the parties who are subjects of testing are not yet employees and thus not protected by usual employee rights). Some employers view pre-employment testing as an appropriate preventive measure to screen out potential employees who could present various problems for the employer were they added to the workforce. Pre-employment urine drug testing has been ruled by the courts to be a legal and acceptable practice.

Many employers desire to know the substance use status of workers or prospective workers and use urine drug testing as a means to obtain such knowledge. But the presence of a substance in a urine sample may or may not mean that the employee or candidate for employment has engaged in unauthorized use of a given substance, since many agents associated with addiction are also pharmaceutical products with legitimate medical uses. Ideally, employers who have urine drug testing programs contract for services from a credentialed Medical Review Officer (MRO) to interpret urine drug testing results. It is common practice in MRO settings that if employees refuse to provide urine samples upon demand, this is tantamount to a test interpreted as positive for substance use.

Employers may determine that workplace safety programs and workplace productivity programs require, or would be enhanced by, monitoring programs that detect the substance use status of workers. The knowledge of the employee of the potential to be asked to submit to urine collection for drug testing, has itself been shown to be a deterrent of worker substance use; this applies to workers within and outside of the health care field. Thus, workers or job applicants may decide not to use alcohol or other drugs, rather than use and risk the chance of a positive test. Moreover, workers confronted with positive drug testing results may seek addiction treatment services in the wake of the test results.

There are various methods for collecting, handling, and analyzing samples of urine or other body fluids for the purpose of detecting the presence of alcohol, nicotine, other drugs, or their
metabolites. These include witnessed or unwitnessed specimen collection, chain of custody specimen handling, and screening vs. confirmatory laboratory analysis methods. The methods used will differ based on the purposes and needs of the parties requesting the testing, be they employers, other organizations or institutions, medical review officers contracted with by employers, or physicians in occupational medicine roles. Whereas witnessed specimen collection and chain-of-custody specimen handling can increase one’s confidence in the validity of the test results, the logistical and economic considerations in employing such rigorous methodologies constitute legitimate pragmatic concerns.

ASAM recommends that:

1. A positive drug testing result should not be considered evidence of functional impairment nor evidence of addiction. Such results only provide evidence related to whether or not substance use has occurred.

2. Protocols for interpretation of workplace drug test results can be established by employers, and should involve the use of Medical Review Officers (MROs) in such interpretation. The use of qualified MROs minimizes the possibility of erroneous interpretations of test results. [See ASAM Public Policy Statement on “The Role of Medical Review Officers.”]

3. If there is concern about impairment, drug testing should include testing for legal drugs, including prescription medications, as well as testing for illegal drugs.

4. If a desired intent is to improve workplace safety, the use of real-time psychomotor testing or other assessments of a worker’s functional level is more appropriate than the use of drug testing alone.

5. Although adverse consequences resulting from positive drug tests may be specified by employers, it is up to those parties—not physicians acting in a clinical or medical review officer role—to specify workplace penalties. Additionally, if the imposition of penalties is to be linked to drug testing results, witnessed specimen collection, chain-of-custody specimen processing, and confirmatory methods of specimen analysis are recommended.

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