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DIGGING INTO DRIVER DRUG USE

A new study found a higher rate of drug use by prospective drivers than was previously believed to be the case.

The driver of a tri-axle dump truck is facing third-degree murder charges after a June crash in Pennsylvania left three people dead, including a 4-year-old boy. Published reports indicate the driver had a cocaine derivative and powerful opioids in his system at the time of the crash. Witnesses reported seeing him weaving across lanes before he crossed the center line and slammed head-on into a pickup truck.

One safety-focused group of trucking and logistics companies believes such truck driver drug use is more prevalent than current federal drug-testing requirements would indicate.

“The trucking industry has no greater safety issue, than to aggressively address illegal drug use among commercial truck drivers.” That was the contention of the Alliance for Driver Safety & Security, common-



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ly known as the Trucking Alliance, in testimony to Congress.

During a June 12 hearing on “The State of Trucking in America,” held by the U.S. House Committee on Transportation and Infrastructure’s Sub-Committee on Highways and Transit, the Trucking Alliance presented the findings of a study comparing urinalysis testing and hair-testing results for pre-employment testing of more than 150,000 truck drivers at 15 trucking companies.

This first-of-its-kind study, the Alliance said, showed “compelling evidence that thousands of habitual drug users are skirting a system designed to prohibit drug use in transportation.”

What the study found

The Omnibus Transportation Employee Testing Act of 1991 requires drug and alcohol testing of “safety-sensitive” transportation workers, including truck drivers. The Department of Transportation administers the law, using drug-test guidelines approved by the Department of Health and Human Services.

Federal testing panels for drivers currently include urine testing for commonly abused substances such as marijuana, PCP, cocaine, and amphetamines. Four semi-synthetic opioids were added just last year — hydrocodone, hydromorphone, oxycodone, and oxymorphone (commonly known by brand names such as Vicodin, OxyContin, Lortab, Norco, and Percocet.)

DOT currently recognizes one drug test method — a urinalysis. But it allows employ-

“The trucking industry has no greater safety issue, than to aggressively address illegal drug use among commercial truck drivers.”

— The Alliance for Driver Safety & Security

ers to require additional drug-test methods as part of their hiring practices. A growing number of trucking company employers, including Trucking Alliance carrier members, require a second drug test — a hair analysis.

The Alliance survey compared the pre-employment drug test results of 151,662 truck driver applicants who were asked to submit to both urinalysis and hair analysis. Almost all applicants held an active commercial driver’s license. Ninety-four percent (94%) of the truck driver applicants tested drug-free.

However, thousands of applicants failed one or both drug tests.

The Alliance reported that urinalysis, the only method recognized by DOT and relied on by almost all trucking company employers, detected drugs in 949 applicants, less than 1%. That’s far fewer than the 8,878 truck driver applicants — 6.1% — who failed the hair test.

When you also add in the nearly 4,000 who refused to take the hair test (other than for medical or religious reasons), the Alliance said, that’s nearly 9%. “Put another way, the urinalysis missed 9 out of 10 actual illicit drug users,” said the Alliance in its testimony.

“Applicants who failed or refused the hair test were disqualified for employment at these companies, but likely obtained the same job elsewhere, at companies that administer only a urinalysis,” the Alliance added.

“Anecdotally, anyone around the trucking industry knows, and has known for years, that truck drivers were thought to take uppers or drugs to help them stay alert,” Lane Kidd, managing director of the Alliance, tells HDT. But society largely treated that knowledge with a bit of a wink and a nod.

“It’s only been in the last decade that it has taken a more serious tone, that in fact drug-impaired truck drivers are a public safety risk,” Kidd says. “But I don’t think we ever had definitive evidence of the extent to which the trucking industry may have a problem — until we released our drug test survey. I believe that has caught many sectors of the industry off guard.”

We’ll delve more into the issue of drug testing next month, but in the meantime, let’s take a closer look at the most common drugs reported in the Alliance study. Number one was cocaine, followed by opioids and marijuana. Last month we explored marijuana. This month we will look at cocaine and opioids — as well as the dangers of mixing these drugs.

Ray Kubacki is chairman and CEO of Massachusetts-based drug-testing provider Psychemedics, which works with a number of trucking companies using hair testing. He is able to provide some context for the Alliance study results versus the general workforce that Psychemedics also serves.

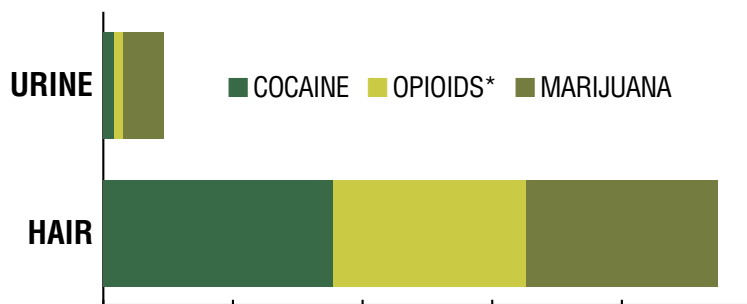
Looking at hair-testing results on a national scale across a variety of industries, he told HDT, marijuana is the number one drug, with cocaine a very close second and increasing, followed by opioids and amphetamines.

“Cocaine is up in trucking higher than the national numbers we have,” he says. “It’s double the national average if we look at our trucking clients.” On a national level, Kubacki says, Psychemedics is also seeing increased detection of cocaine and amphetamines. He believes that’s largely due to the clamp-down on opioids.

The resurgence of cocaine

Given the nature of long-haul driving, it’s not surprising that stimulants, or uppers, are a prime candidate for use by truck drivers

PRE-EMPLOYMENT TRUCK DRIVER TESTING: URINALYSIS AND HAIR ANALYSIS



*CODEINE, HEROIN, MORPHINE, HYDROCODONE, HYDROMORPHONE, OXYCODONE, AND OXYMORPHONE

The Alliance for Driver Safety & Security compared urinalysis testing and hair-testing results for pre-employment testing of more than 150,000 truck drivers at 15 trucking companies.

SOURCE: DATA FROM THE ALLIANCE FOR DRIVER SAFETY & SECURITY

PHOTO: GETTYIMAGES.COM/SHOTBYDAVE

in this segment of the industry. Cocaine is a stimulant, in the same family of drugs as amphetamines, and some drivers may use stimulants to help them stay awake while driving long shifts.

A 2013 study of truckers and their working conditions around the world, conducted by a Brazilian university, found that the “overall use of mind-altering substance was high,” typically due to the long hours and desolate nature of the job, according to American Addiction Centers, Brentwood, Tennessee, in an article on its website. “Drugs of choice tended to be amphetamines and cocaine, which stimulate drivers into staying awake for unnaturally long periods of time. However, side effects of their consumption include agitation, hallucinations, hypertension, and dependence, with impaired driving and death likely occurring as well.”

The National Institute on Drug Abuse says cocaine use causes drivers of all types of vehicles to be aggressive and reckless — hardly what you want in someone piloting an 80,000-pound rig.

Couple that with a resurgence in cocaine on a national level. According to the Drug Enforcement Administration’s 2018 National Drug Threat Assessment, a rise in cocaine use in recent years can be attributed to increases in availability, thanks to increased Colombian cultivation of coca and production of cocaine.

“Record levels of coca cultivation and cocaine production in Colombia, the primary source for cocaine seized and tested in the United States, has widened the cocaine market, leading to increased domestic abuse,” the report states. “Increased availability levels and concurrent lowered domestic prices will likely propel this trend through the near-term.”

Opioids

According to the National Institute on Drug Abuse, opioid use can cause dizziness, drowsiness, impaired thinking and judgment, and doubles the risk of having a crash. But when it comes to use by truck drivers and other safety-sensitive transportation employees, opioids that are legally prescribed, typically for pain, are something of a gray area.

“There are a lot of people in society on prescription meds, and drivers are no different,”



Regulations restrict what prescription drugs truck drivers may use. Some are discouraged and may only be used when medically necessary on a case-by-case basis with the approval of a DOT-certified medical examiner.

says Dave Osiecki, president, Scopelitis Transportation and Consulting, and previously a longtime safety and advocacy expert at the American Trucking Associations.

Some drugs are always illegal for truck drivers to use. These are classified as Schedule 1 drugs by the federal government, and include heroin, marijuana, peyote and other substances. There are no exceptions, notes Michael Megehee, a chiropractor on the National Registry of Certified Medical Examiners and president of TeamCME, an Oregon-based provider of driver medical testing that specializes in “Driver Helpful” CDL physicals, according to its website.

Non-Schedule 1 drugs, however, even though they may have side effects that can affect driving, can be considered for use in commercial driving on a case-by-case basis.

Non-Schedule I drugs may be used under an exception if the following is true, according to the DOT:

“Cocaine is up in trucking higher than the national numbers we have. It’s double the national average if we look at our trucking clients.”
— Ray Kubacki, *Psychomedics*

- If the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver’s medical history and assigned duties; and
- The licensed medical practitioner has advised the driver that the prescribed substance or drug will not adversely affect the driver’s ability to safely operate a commercial motor vehicle.

When it comes to getting the medical card that commercial drivers need to legally drive, also called a medical examiner’s certificate, the doctor who wrote that prescription for the driver does not have the final word. That’s up to the certified medical examiner, who has undergone additional training and certification to understand the specific demands of the job of a commercial driver and the regulations they operate under.

According to an Federal Motor Carrier Safety Administration FAQ, the prescribing doctor can write that the driver is safe to be a commercial driver while taking the medication. Then the medical examiner may certify the driver for a medical card — but he or she does not have to.

“Certain medications such as opioids like oxycodone may be difficult to get clearance from the prescribing provider,” Megehee explains. “When this occurs, there are two options. The first is for the driver to work with his provider to change to a safer medication. The second choice is for the driver to find a new medical provider” who will obtain a medical history showing treatment effectiveness and review any reports of safety-related side effects.

“Even medications where FMCSA guidance is that the driver be disqualified, there is a process that medical examiners should take that greatly increases the chance the driver can be issued a medical examiner’s certificate,” he says.

It’s understandable that doctors and trucking companies may be hesitant for truck drivers to take prescription drugs that could have safety-related side effects, even if they are prescribed for a valid medical reason. But the evidence for just how dangerous they might be appears to be mixed.

About five years ago, the FMCSA asked Acclaro Research Solutions to review the literature and research on the effect of legal use of Schedule II opioids on the risk of commer-



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cial motor vehicle crashes and indirect measures of driver performance. Acclaro found there is “moderate evidence to support the contention that licit [legal] use of opioids increases the risk of a motor vehicle crash,” as well as moderate evidence that legal use of opioids negatively impacts indirect measures of driver performance.

“Studies generally found indicators of impairment, especially for drug-naïve individuals. Impairment was most pronounced on psychomotor vigilance tasks related to pertinent driving skills such as attention, vision, auditory perception, and reaction time,” the researchers reported.

However, researchers said, fewer studies included driving simulators or roadside driving tests. Where those tests were included, findings tended not to be significant. And findings varied across drug and dose.

And, the study found, “consistent data suggest that the negative impacts of opioids on driving and driving related skills diminish over time when doses remain stable.”

Perhaps a more serious issue is that legal use of opioids can morph into addiction and illegal use. According to the National Institute on Drug Abuse, roughly 21 to 29% of patients prescribed opioids for chronic pain misuse them. Between 8 and 12% develop an opioid use disorder, and an estimated 4 to 6% who misuse prescription opioids transition to heroin. In fact, about 80% of people who use heroin first misused prescription opioids.

The use and availability of illegal opioids such as heroin and illicitly manufactured fentanyl continues to increase in the United States, according to the Drug Enforcement Administration’s 2018 National Drug Threat Assessment, published in October 2018.

“There are a lot of people in society on prescription meds, and drivers are no different.”

— Dave Osiecki, Scopelitis Transportation and Consulting

Speedball dangers

“There’s also what we at Psychomedics call the ‘new cocaine,’” Kubacki says — cocaine mixed with fentanyl, a powerful opioid 100 times the potency of morphine. “That’s where this is becoming even more dangerous where you see the trucking industry having cocaine as number one. The fentanyl is a phantom killer.”

Pharmaceutical fentanyl was developed for pain management treatment of cancer patients, applied in a patch on the skin, the DEA says in a fact sheet. But “because of its powerful opioid properties, fentanyl is also diverted for abuse.” Fentanyl use can result in an intense, short-term high; temporary euphoria; slowed respiration; reduced blood pressure; nausea; fainting; seizures; and death.

It may be consumed alone or in combination with other drugs. The DEA drug assessment reports that fentanyl is increasingly being deliberately mixed with cocaine to create a “speedball,” or with cocaine and heroin for a “super speedball.”

The presence of fentanyl-contaminated cocaine is also rising, says the DEA report. “Fentanyl/cocaine mixtures often target a user-base that is typically unaware it is consuming fentanyl and thus more likely to have an adverse reaction than one who intentionally sought out the opioid,” the report notes.

The increasing number of deaths associated with fentanyl has regulators and drug-testing

companies concerned, and federal officials have been evaluating whether to add fentanyl in the federal drug-testing program, according to the minutes of a December 2018 meeting of the U.S. Substance Abuse and Mental Health Services Administration’s Drug Testing Advisory Board. SAMHSA is part of the Department of Health and Human Services, which is responsible for issuing drug-testing guidelines for the government.

Wilbert Burnsworth of Connellsville, Pennsylvania, was the driver of that tri-axle dump truck who’s facing murder charges. According to published reports, he was found to have benzoyllecgonine, a derivative of cocaine, as well as fentanyl and norfentanyl in his system at the time of the crash.

A witness told state police that before the crash the tri-axle, loaded with coal, passed her and two vehicles in front of her “at a high rate of speed,” crossing the double yellow line several times, at one point completely in the opposing lane of traffic.

Burnsworth was charged with three counts each of third-degree murder, aggravated assault, homicide by vehicle while DUI, aggravated assault by vehicle while DUI, homicide by vehicle, DUI, involuntary manslaughter, recklessly endangering another person and aggravated assault by vehicle, and one count of risking catastrophe.

In 1973, Jim Croce wrote the song “Speedball Tucker,” about a trucker in a broken-down rig driving “with a cupful of cold black coffee and a pocketful of West Coast turn arounds [uppers].” But today’s version of “speedball” is far more dangerous. 🚚

BONUS: Watch for additional installments in this series at www.truckinginfo.com/undertheinfluence.

PRESCRIPTION DRUGS AND THE FEDERAL REGISTRY OF MEDICAL EXAMINERS

One of the longstanding concerns about prescription drugs and truck drivers “is whether the doctor who prescribed the drug really understands the role the driver plays and the safety rules around the driver,” says Dave Osiecki, president, Scopelitis Transportation and Consulting. However, Osiecki says, “The certified medical examiner process hopefully has cleaned some of that up.”

He’s referring to the National Registry of Certified Medical Examiners; a federal rule was published in 2012 setting up the system. The registry is a database of medical professionals who are certified by the Federal Motor Carrier Safety Administration

to perform medical examinations of commercial vehicle drivers.

A general medical practitioner may have skill diagnosing and treating disease, but may not fully understand DOT regulations, including those regarding drug use, nor all of the duties of a driver and how drugs may affect his or her job.

Medical examiners must now be trained on the FMCSA’s physical qualification standards by a nationally recognized medical-profession-accrediting organization and pass a certification test. They can then apply online and are included in the National Registry. Drivers must use providers on this registry for their physicals to get their required medical cards.

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