



A bold voice for transportation workers

IMPROVING DRUG AND ALCOHOL TESTING AND TREATMENT FOR THE TRANSPORTATION WORKFORCE

The United States is in the midst of an opioid epidemic, affecting hundreds of thousands of Americans across race, gender and socio-economic status, and the devastation to our communities has been profound. Transportation workers are not immune from drug and alcohol abuse and are rightfully held to higher standards through federal testing requirements because of the vast safety responsibilities inherent in the work. The Transportation Trades Department, AFL-CIO (TTD), our affiliated unions and their members are committed to keeping drugs and alcohol out of the nation's commercial transportation system and promoting the highest levels of safety.

To accomplish this, Congress and regulators must ensure that testing regimes are consistent with valid scientific standards, and treat workers fairly and with respect. Working people and their unions must be partners in combating illicit drug and alcohol use and not treated as adversaries in the pursuit of safety, or used as a political pawn in broader debates over drug policy. Substance abuse prevention and treatment programs are most effective when done collaboratively, and geared towards treatment rather than punishment.

In fact, transportation labor has a long history of leading on drug and alcohol safety. In the aviation sector, the Human Intervention Motivation Study (HIMS) program for flight crewmembers and the Flight Attendant Drug and Alcohol Program are gold standards in successful substance abuse programs. Both programs were developed and supported by labor in conjunction with the FAA, and have produced unrivaled results in returning aviation workers to their profession while maintaining the high level of safety this industry requires.

The International Association of Firefighters has long operated its own treatment facility, the Center of Excellence for Behavioral Health Treatment and Recovery. Created initially to assist firefighters suffering from PTSD, the Center has made significant strides in adding drug addiction and treatment programs to its repertoire, to great success.

In the railroad sector, we support the deployment of programs like Operation Red Block, a labor run and company-adopted drug and alcohol prevention and intervention program. When implemented correctly and with confidentiality, it has had great success in stopping safety incidents involving drugs and alcohol before they happen, as well as ensuring that employees receive the treatment they may need.

These are merely a handful of examples that demonstrates transportation labor's long-held commitment to combating drug and alcohol problems among our respective memberships. We will continue to be leaders and innovators in this arena because we know that early intervention and treatment can save lives.

Good faith efforts from labor require complimentary good faith efforts from the federal government. Legislators must not allow bombastic headlines to dictate policies that affect millions of workers. During recent consideration of the Transportation Workforce Recovery and Retention Act, a provision requiring the testing for fentanyl, a highly addictive opioid was included in an early version of the bill. Proponents of this requirement failed to seek input from testing professionals at the Department of Transportation (DOT) or Health and Human Services (HHS) on whether testing for fentanyl would be impactful, effective, or even possible. Ultimately, Congress correctly left the decision up to the scientists at HHS to make a decision on empirical merit.

Similarly, policy makers must reject new testing methods not based on sound science. For several years, HHS has been working towards producing a hair follicle drug-testing standard. TTD and our affiliates have been clear on this subject: current hair testing technology suffers from unresolved validity and accuracy shortfalls and is subject to producing disparate racial impacts. We are not alone in this opinion. Civil rights groups, worker advocacy organizations and even some federal and state courts have expressed concerns about the discriminatory results hair testing can produce. And in passing the Transportation Workforce Recovery and Retention Act, Congress specifically required HHS to eliminate the risk of false-positive test results due to external contamination, a major and unresolved concern with this testing method.

Further, since being directed to produce this standard by Congress in 2015 HHS has not done so, suggesting that guaranteeing that hair testing is a fair and unbiased medium is vastly more difficult than proponents might argue. Rejecting bad science and unfair practices like hair follicle testing continues to be a critical responsibility of the federal government.

As the country confronts and seeks to solve the opioid epidemic it has become clear that a large proportion of those who suffer from opioid addiction were first prescribed these drugs legally through a doctor. Indeed, opioids continue to be widely prescribed for pain management. As DOT and HHS increasingly add legal prescription drugs to testing panels, they must take steps to ensure that testing remains fair and valid. This should include substantial outreach and training for tested employees to understand exactly what they are allowed to take, when they can and cannot take it, and their rights and responsibilities during the process. As part of this process, Medical Review Officers (MROs) must receive updated and improved training on new regulatory requirements and expanded testing panels. DOT has not produced guidance materials for DOT MROs for over a decade and when an MRO's determination can dictate the fate of a transportation worker's career, it is negligent for MROs to be uninformed or unaware of new and developing issues. In addition to training for current MROs DOT and HHS must continue to require that any individual seeking to serve as an MRO is held to high standards of knowledge and qualification.

To this point, we remain concerned that MROs can make safety decisions concerning legal prescriptions outside a positive or negative result. The capability of an MRO to remove an employee from service with a legal prescription, who cannot effectively challenge the MRO determination, is deeply concerning. As the focus of HHS and DOT's drug testing program expands, requirements to preserve and promote fairness must evolve alongside it.

Transportation labor will continue to be a partner with the federal government in combating drug and alcohol abuse. In return, legislators and regulators must implement testing and treatment programs in a way that is respectful of worker rights, fair in its application, and most importantly geared toward health and safety. Only through cooperation and collaboration can we find the best paths forward to improving safety in the nation's transportation system.

Policy Statement No. W19-02
Adopted March 11, 2019