ACOEM Commercial Driver Medical Examiner Training Program

Module 8: Drug Abuse & Alcoholism, Medication Use


“A person is physically qualified to drive a commercial motor vehicle if that person —

- Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.
- Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

Alcoholism - 49 CFR 391.41(b)(13)

"Has no current clinical diagnosis of alcoholism."

Relevance to Driving

There is overwhelming evidence that drug and alcohol use and/or abuse interferes with driving ability. Although there are separate standards for alcoholism and other drug problems, in reality much substance abuse is polysubstance abuse, especially among persons with antisocial and some personality disorders.

Alcohol and other drugs cause impairment through both intoxication and withdrawal. Episodic abuse of substances by commercial drivers that occurs outside of driving periods may still cause impairment during withdrawal. However, when in remission, alcoholism is not disabling unless transient or permanent neurological changes have occurred.

Alcohol and other drug dependencies and abuse are profound risk factors associated with personality disorders that may interfere with safe driving. Even in the absence of abuse, the commercial driver should be made aware of potential effects on driving ability resulting from the interactions of drugs with other prescription and nonprescription drugs and alcohol (e.g., alcohol enhances hypoglycemic effects of sulfonylureas).

The Office of Drug & Alcohol Policy & Compliance oversees intermodal (e.g., Federal Motor Carrier Safety Administration (FMCSA), Federal Railroad Administration, Federal Transit Administration, and Federal Aviation Administration) drug and alcohol testing programs in accordance with the Omnibus Transportation Employee Testing Act of 1991.

See the FMCSA Drug and Alcohol Program Web page for more information about the regulations and guidelines governing CMV drivers.

Health History and Physical Examination

As a medical examiner, your fundamental obligation is to medically evaluate a driver to ensure that the driver has no medical condition that interferes with the safe performance of driving tasks on a public road. If a driver has a current drinking problem, clinical alcoholism, or uses a Schedule I drug or other substance such as an amphetamine, a narcotic, or any other habit-
forming drug, the effects and/or side effects may interfere with driving performance, thus endangering public safety.

The examination is based on information provided by the driver (history), objective data (physical examination), and additional testing requested by the medical examiner. Your assessment should reflect physical, psychological, and environmental factors.

Medical certification depends on a comprehensive medical assessment of overall health and informed medical judgment about the impact of single or multiple conditions on the whole person.

During the physical examination, you should ask the same questions as you would for any individual who is being assessed for psychological or behavior concerns. The FMCSA Medical Examination Report form includes health history questions and physical examination check lists. Additional questions should be asked to supplement information requested on the form. You may use drug and/or alcohol abuse screening tests.

NOTE: A test for controlled substances is not required as part of the medical certification process. The FMCSA or the employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The examiner must review and discuss with the driver any "yes" answers

Does the driver use:
- Alcohol, regularly and frequently?
- Narcotic or habit-forming drugs?

The examiner may ask:

Does the driver who uses alcohol:
- Have a consumption pattern that indicates additional evaluation may be needed based on quantity per occasion or per day/week?
  - Pass standardized screening questions (e.g., Alcohol Use Disorders Identification Test (AUDIT), CAGE, and T-ACE)?
  - Have a history of driver and/or family alcohol-related medical and/or behavioral problems?

Does the driver who uses narcotic or habit-forming drugs have:
- Therapeutic or habitual need?
- Goal to alter mood, affect, or state of consciousness?
- Goal to extend physical limits by use of stimulants?
- History of drug rehabilitation?

NOTE: Certification may require successful completion of a substance abuse professional (SAP)-required drug rehabilitation program.
- Participation in a self-help program cannot be substituted for completion of a SAP-required drug rehabilitation program.
- Voluntary, ongoing participation in a self-help program to support recovery is not disqualifying.

The examiner must evaluate whether on examination, does the driver have signs of alcoholism, problem drinking, or drug abuse, including:
• Tremor.
• Enlarged liver.

The examiner must document discussion with the driver about

• Any affirmative history, including if available:
  o Onset date, diagnosis.
  o Medication(s), dose, and frequency.
  o Any current limitation(s).
• Potential negative effects of medication use, including over-the-counter medications, while driving.
• Any abnormal finding(s), noting:
  o Effect on driver ability to operate a CMV safely.
  o Necessary steps to correct the condition as soon as possible, particularly if the untreated condition could result in more serious illness that might affect driving.
• Any additional drug abuse or alcohol screening tests and evaluation.

The Medical Review Officer oversees the drug and alcohol testing process. Medical fitness for duty includes the ability to perform strenuous labor and to have good judgment, impulse control, and problem-solving skills. Overall requirements for commercial drivers as well as the specific requirements in the driver role job description should be deciding factors in the certification process.

Alcoholism

Except where absolute criteria exist (i.e., a current clinical diagnosis of alcoholism), as a medical examiner, you make the final determination as to whether the driver meets the Federal Motor Carrier Safety Administration (FMCSA) medical standards for driver certification.

Use whatever tools or additional assessments you feel are necessary. If the driver shows signs of alcoholism, have the driver consult a specialist for further evaluation.

If you believe immediate testing for alcohol is warranted, contact FMCSA or contact the employer of the driver directly for information on controlled substances and alcohol testing under Part 382 of the Federal Motor Carrier Safety Regulations.

A driver MUST submit to alcohol testing if there is reasonable suspicion that the U.S. Department of Transportation (DOT) prohibitions concerning alcohol are violated. Suspicion MUST be based on specific observations concerning driver behavior, speech, or body odor.

Interpretation for 49 CFR 391.41

When an interstate driver tests positive for alcohol or controlled substances under Part 382, the driver is not required to be medically re-examined or to obtain a new medical examiner’s certificate provided the driver is seen by a SAP who evaluates the driver and does not make a clinical diagnosis of alcoholism. The SAP provides the driver with documentation allowing the driver to return to work.

If the SAP determines that alcoholism exists, the driver is not qualified to drive a commercial motor vehicle in interstate commerce. The ultimate responsibility rests with the motor carrier to ensure the driver is medically qualified and to determine whether a new medical examination should be completed.
**Drug Abuse**

All drug test results are reviewed and interpreted by a physician who is certified as a medical review officer (MRO). When there is a positive result, the MRO contacts the driver and conducts an interview to determine if there is an alternative medical explanation for finding drugs in the urine specimen. The MRO notifies the employer only after determining that a positive test result was caused by unauthorized driver use of a controlled substance.

All urine specimens are tested for:
- Marijuana.
- Cocaine.
- Amphetamines.
- Opiates.
- Phencyclidine (PCP).

A driver MUST be removed from safety-sensitive duty when the driver has a positive drug test result caused by the unauthorized use of a controlled substance. To be returned to safety-sensitive duties the driver MUST:
- Be evaluated by a substance abuse professional (SAP).
- Comply with recommended rehabilitation.
- Have a negative result on a return-to-duty drug test.

**Medication Use**

**Relevance to Driving**

The effects and/or side effects of medications may interfere with safe driving. The driver may experience an altered state of alertness, attention, or even temporary confusion. Other medications may cause physical symptoms such as hypotension, sedation, or increased bleeding that can interfere with task performance or put the driver at risk for gradual or sudden incapacitation. Combinations of medications and/or supplements may have synergistic effects that potentiate side effects, causing gradual or sudden incapacitation.

The demands of commercial driving may complicate adherence to prescribed dosing intervals and precautions. Irregular meal timing, periods of sleep deprivation or poor sleep quality, and irregular or extended work hours can alter the effects of medicine and contribute to missed or irregular dosing. Physical demands may increase pain and the need for medication.

Three types of medications may be used by the commercial driver:
- Prescription.
- Over-the-counter (OTC).
- Supplements and herbs.

Every year, more medications are available without prescription and provider supervision. Nonprescription medications are not necessarily safe to use while driving.

In the advisory criteria general information, you are instructed to discuss common prescriptions and OTC medications relative to the side effects and hazards of these medications while driving.

In addition, educate the driver to read warning labels on all medications.
Health History and Physical Examination

As the medical examiner, your fundamental obligation is to establish whether a driver uses one or more medications and supplements that have cognitive or physical effects or side effects that interfere with safe driving, thus endangering public safety.

The examination is based on information provided by the driver (history), objective data (physical examination), and additional testing requested by the medical examiner. Your assessment should reflect physical, psychological, and environmental factors.

Medical certification depends on a comprehensive medical assessment of overall health and informed medical judgment about the impact of single or multiple conditions on the whole person.

During the physical examination, you should ask the driver to provide a complete history of medication use, including OTC medications and food and herbal supplements. The FMCSA Medical Examination Report form includes health history questions and physical examination checklists. Additional questions should be asked to supplement information requested on the form. You may ask questions to ascertain the level of knowledge regarding appropriate use of the medication while driving.

The examiner must review and discuss with the driver any "yes" answers

Does the driver use medications to:
- Treat cardiovascular disease?
- Reduce hypertension?
- Control blood glucose level?
  - Oral hypoglycemics?
  - Insulin (regardless of route)?
- Control seizures or treat epilepsy?
- Treat nervous or psychiatric disorders?

Did the driver list all medications (including OTC medications) used regularly or recently?

The examiner may ask if the driver experiences:
- Dizziness or light-headedness?
- Hypotension?
- Sedation?
- Depressed mood?
- Cognitive deficit?
- Decreased reflex responses?
- Unsteadiness?

The examiner must evaluate on examination if the medication has:
- The desired effect on the underlying disease (e.g., blood pressure is lowered)?
- Side effects that interfere with safe driving (e.g., uncontrollable tremor or orthostatic hypotension)?

Does the medication:
- Indicate the presence of underlying disqualifying disease or injury?
• Effectively treat the disease or medical condition?
• Exhibit side effects that interfere with safe driving?
• Have side effects that interfere with lifestyle functions such that the driver may cease to comply with treatment (e.g., decreased libido).
• Have potential for gradual or sudden incapacitation, or exacerbation of underlying medical condition, due to missed dose (e.g., seizure, psychosis)?
• Require monitoring to maintain a therapeutic dose or prevent toxicity (e.g., Coumadin)?
• Interact with other drugs, food, and/or alcohol, interfering with the ability to drive?

Does the driver:
• Understand and comply with medication plan, including monitoring?
• Know what warning signs might indicate medication toxicity, interaction, etc.?
• Store medications properly when driving long haul or cross country?
• Read and understand warning labels on medications and supplements?
• Consult the treating healthcare professional and/or a pharmacist before using new medication or combining medications while driving.

The examiner must document discussion with the driver about
• Any affirmative history, including:
  o Onset date, diagnosis.
  o Medication(s), dose, and frequency.
  o Any current limitation(s).
• Potential negative effects of medication use, including OTC medications, while driving.
• Any abnormal finding(s), noting:
  o Effect on driver ability to operate a CMV safely.
  o Necessary steps to correct the condition if appropriate, or reasons for disqualification.
• Any additional tests and evaluation.

Medical fitness for duty includes the ability to perform strenuous labor and to have good judgment, impulse control, and problem-solving skills. Overall requirements for commercial drivers as well as the specific requirements in the driver role job description should be deciding factors in the certification process.

**Medications**

**Anticoagulant Therapy**
The most current guidelines for the use of warfarin (Coumadin) for cardiovascular diseases are found in the Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers.

Anticoagulant therapy may be utilized in the treatment of cardiovascular or neurological conditions. The guidelines emphasize that the certification decision should be based on the underlying medical disease or disorder requiring medication, not the medication itself.

**Anticonvulsant Therapy**
Anticonvulsant therapy is used to control or prevent seizures. Even with effective therapy there is still a risk for a seizure should the medication be missed inadvertently. Anticonvulsants are also prescribed for other conditions that do not cause seizures, including some psychiatric disorders (for antimanic and mood-stabilizing effects) and to lessen chronic pain.
Side effects may include:
- Depressed mood.
- Cognitive deficits.
- Decreased reflex responses.
- Unsteadiness.
- Sedation.

Small doses used for chronic pain are less likely to be associated with side effects that can interfere with safe driving than the doses used to treat other disorders.

**Antidepressant Therapy**
Guidelines recommend case-by-case assessment of drivers treated with antidepressant medication. Evidence indicates that some antidepressant drugs significantly interfere with skills performance and that these medications vary widely in the degree of impact. With long-term use of antidepressants, many drivers will develop a tolerance to the sedative effects. Your evaluation must consider both the specific medicine used and the pertinent characteristics of the patient.

First generation antidepressants have consistently been shown to interfere with safe driving. First generation antidepressants include tricyclics such as amitriptyline (Elavil) and imipramine (Tofranil).

Second generation antidepressants have fewer side effects and are generally safe; however, these medications can still interfere with safe driving and require case-by-case evaluation. Second generation antidepressants include selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) and sertraline (Zoloft); serotonin and norepinephrine reuptake modulators such as venlafaxine (Effexor); and unicyclic aminoketones such as bupropion (Wellbutrin). You should consider the underlying reason for treatment when determining certification.

**Antihistamine Therapy**
Both prescription and over-the-counter antihistamines are used to treat respiratory tract congestion.

First generation antihistamines have sedating side effects that may occur without the driver being aware. Many first generation antihistamines are available without prescription.

Second generation antihistamines have less incidence of sedating side effects and most do not interfere with driving. Some are available without prescription.

NOTE: You should discuss common prescriptions and over-the-counter medications relative to the side effects and the risks associated with using medications while driving. Educate the driver to read warning labels on all medications.

**Antipsychotic Therapy**
Antipsychotic drugs include typical and atypical neuroleptics. These agents are used to treat schizophrenia, psychotic mood disorders, and some personality disorders. Some cases of nausea and chronic pain are also treated with antipsychotic agents. Many of the conditions are associated with behaviors and symptoms such as impulsiveness, disturbances in perception and cognition, and an inability to sustain attention. Often the behaviors and symptoms are only partially corrected by neuroleptics.
Neuroleptics can cause a variety of side effects that can interfere with driving, such as motor dysfunction that affects coordination and response time, sedation, and visual disturbances (especially at night).

**Anxiolytic and Sedative Hypnotic Therapy**

Anxiolytic drugs used for the treatment of anxiety disorders and to treat insomnia are termed sedative hypnotics. Studies have demonstrated that benzodiazepines, the most commonly used anxiolytics and sedative hypnotics, impair skills performance in pharmacologically active dosages.

The effects of benzodiazepines on skills performance generally also apply to virtually all non-benzodiazepines sedative hypnotics, although the impairment is typically less profound. However, barbiturates and other sedative hypnotics related to barbiturates cause greater impairment in performance than benzodiazepines. Epidemiological studies indicate that the use of benzodiazepines and other sedative hypnotics are probably associated with an increased risk of automobile crashes.

**Central Nervous System Stimulant Therapy**

Psychiatric uses of central nervous system (CNS) stimulants (e.g., dextroamphetamine, methylphenidate, and pemoline) include primary treatment of narcolepsy and adult attention deficit hyperactivity disorder (ADHD), both of which are associated with psychomotor deficits related to sleepiness or hyperactivity. CNS stimulants may also be used as adjuncts to antidepressants.

CNS stimulants improve performance on simple tasks, but not on tasks requiring complex intellectual functions. For some conditions (e.g., fatigue, brain damage, adult ADHD), low doses of CNS stimulants can enhance:

- Vigilance and attention.
- Performance of simple tasks (not complex intellectual functions).

Before qualifying a driver with ADHD who is using a CNS stimulant:

- Request evaluation from the treating provider.
- Verify the diagnosis of adult ADHD.
- Use caution when determining the side effects of medication.

**Incretin Mimetic Therapy**

An incretin mimetic, such as exenatide (Byetta), is used to improve glycemic control in people with Type 2 diabetes by reducing fasting and postprandial glucose concentrations. An incretin mimetic is indicated as adjunctive therapy to individuals who are taking metformin or a combination of other oral agents. Use of an incretin mimetic in conjunction with a sulfonylurea has an increased risk of hypoglycemia.

Incretin mimetics are not insulin and can be used without an exemption.

**Insulin Therapy**
Individuals who require insulin for control of diabetes mellitus blood glucose levels also have treatment conditions that can be adversely affected by the use of too much or too little insulin, or food intake that is not consistent with the insulin dosage.

The administration of insulin is a complicated process requiring insulin, syringe, needle, alcohol sponge, and a sterile technique. Factors related to long-haul commercial motor vehicle (CMV) operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers. The Federal Motor Carrier Safety Administration (FMCSA) has consistently held that a driver with diabetes mellitus who uses insulin does not meet the minimum physical requirements of 49 CFR 391.41.

Some drivers with diabetes mellitus who use insulin may be medically certified if the driver:

- Has or is eligible to apply for a Federal diabetes exemption.
- Has an FMCSA-issued letter that states the driver may be qualified by operation of 49 CFR 391.64(a) (grandfathered status).

NOTE: Proof of grandfathered status is the original letter from 1996 granting the right to continue to drive as long as the driver can meet physical qualification requirements. If a letter is not provided, you may verify driver participation in the study program—and the driver can obtain a new copy of the letter—by calling the FMCSA Exemption Program Office at 703-448-3094.

**Lithium Therapy**

Lithium (Eskalith) is used for the treatment of bipolar and depressive disorders. Studies suggest that there is little evidence of lithium interfering with driver skill performance.

**Narcotic Antitussive Therapy**

Narcotic antitussives used to treat respiratory tract congestion can cause drowsiness. The medical examiner should advise the driver to refrain from driving for at least 12 hours after taking a narcotic antitussive.

**Oral Hypoglycemics**

Hypoglycemic drugs taken orally are frequently prescribed for persons with diabetes mellitus to help stimulate natural body production of insulin. If diabetes mellitus can be controlled by the use of oral medication and diet, an individual may be considered for driver certification using the physical qualification requirements of 49 CFR 391.41.

NOTE: If the driver with diabetes mellitus uses insulin, use the Federal Diabetes Exemption Program and insulin therapy guidelines to determine certification status.

**Controlled Substances and Alcohol Use and Testing - 49 CFR Part 382**

The purpose of this part is to establish programs designed to help prevent crashes and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles (CMVs).

Who must be tested?
• All drivers, including part-time, holding a commercial driver's license (CDL) and operating CMVs (greater than 26,000 combined gross vehicle weight rating, or transporting more than 16 passengers, or placarded hazardous materials) on the public roadways must be U.S. Department of Transportation (DOT) drug and alcohol tested. This means any driver required to possess a CDL, including:
  o Drivers employed by Federal, State, and local government agencies.
  o Owner operators.
  o Equivalently licensed drivers from foreign countries.
  o For-hire motor carriers.

NOTE: Drivers who only operate CMVs on private property not open to the public do not require testing.

When is drug and/or alcohol testing required?
• Pre-employment:
  o Drug testing is required; however, a driver may be exempted from testing if the driver was in a testing program within the last 30 days and tested within the last 6 months or in a program for the previous 12 months.
  o Alcohol testing is not required; however, the employer may require alcohol testing before the driver can perform safety-sensitive functions. The employer may make the job offer contingent upon passing an alcohol test.
• Post-accident drug and/or alcohol testing is required for all fatal crashes and when the driver is cited for a moving traffic violation.
• Reasonable suspicion testing is conducted when a trained supervisor or company official observes behavior or appearance that is characteristic of drug and/or alcohol misuse.
• Random drug and/or alcohol testing is conducted on a random, unannounced basis just before, during, or just after performance of safety-sensitive functions.
• Return-to-duty and follow-up testing is conducted when an individual who has violated the prohibited drug and/or alcohol conduct standards returns to performing safety-sensitive duties.

Employer responsibilities include:
• Implementing and conducting drug and alcohol testing programs.
• Providing a list of substance abuse professionals (SAPs).
• Ensuring that the driver who is returning to a safety-sensitive position has complied with SAP recommendations.
• Conducting follow-up testing to monitor that the driver is compliant with DOT alcohol conduct guidelines and abstaining from unauthorized drug use.

Employer responsibilities do not include:
• Providing SAP evaluations.
• Paying for driver SAP evaluation, education, or treatment.

For more information see Federal Motor Carrier Safety Administration Web site Alcohol and Drug Rules.

**Schedules of Controlled Substances - 21 USC Sec. 812**

49 CFR 391.41(b)(12) identifies driver use of Schedule I drugs as medically disqualifying. The 1970 Comprehensive Drug Abuse Prevention and Control Act provides the framework for the current Drug Enforcement Administration (DEA) drug schedules.
There are five schedules of controlled substances, I, II, III, IV, and V. The drug schedules are based on addiction potential and medical use but not on side effects. The lists are updated annually.

NOTE: The advisory criteria first directs you to 21 CFR 1308.11 TITLE 21 — FOOD AND DRUGS CHAPTER 13 — DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER I — CONTROL AND ENFORCEMENT Part B — Authority To Control; Standards and Schedules. This regulation describes the rules and procedures used to establish and maintain the 21 USC Sec. 812 controlled substance lists.

Schedule I - These drugs have no currently accepted medical use in the United States, have a high abuse potential, and are not considered safe, even under medical supervision. These substances include many opiates, opiate derivatives, and hallucinogenic substances. Heroin and marijuana are examples of Schedule I drugs. The exception criteria of 49 CFR 41(b)(12)(ii) does not apply to any Schedule I substance.

NOTE: The driver taking medical marijuana cannot be certified.

Schedule II - These drugs have currently accepted medical uses but have a high abuse potential that may lead to severe psychological or physical dependence. Schedule II drugs include opioids, depressants, and amphetamines. The opioids in Schedule II include natural opioids (e.g., morphine) and synthetic opioids (e.g., OxyContin).

NOTE: Interpretation for 49 CFR 391.41 - Methadone is a habit-forming narcotic which can produce drug dependence and is not an allowable drug for operators of commercial motor vehicles (CMV).

Schedules III – V - These drugs have decreasing potential for abuse than preceding schedules. Abuse may lead to moderate or low physical dependence or high psychological dependence. Schedule III drugs include tranquilizers. Schedule IV drugs include drugs such as chlorhydrol and phenobarbital.

Schedule V drugs have the lowest potential for abuse and include narcotic compounds or mixtures.

Side effects are not part of the DEA schedule rating criteria. Therefore, a substance can have little risk for addiction and abuse but still have side effects that interfere with driving ability.