



<https://www.nationalretailsystems.com/what-do-truck-drivers-need-to-know-about-allergy-meds/>

PRESCRIPTION DRUGS AND COMMERCIAL MOTOR VEHICLE OPERATION DO NOT ALWAYS MIX

Over the recent years we have seen numerous high-profile deaths occur using prescription drugs. For example, we have seen an actor who died of an overdose of prescription drugs and a doctor on trial for the death of a famous musician who died because of an overdose of a prescribed medication.

As managers of commercial drivers, we need to be aware of the medications that our drivers are taking as they may have a direct effect on their driving skills and operation of a CMV. Prescription medications have increased substantially in the last 50 years.

In 1950, on average each person had two prescriptions dispensed per year. In 1994, 7.9 was the average and in 2009 it increased to 12.6. It is also alarming to see that Hydrocodone, an opiate-based painkiller, was the largest single prescription dispensed in 2004 at 92.7 million prescriptions.

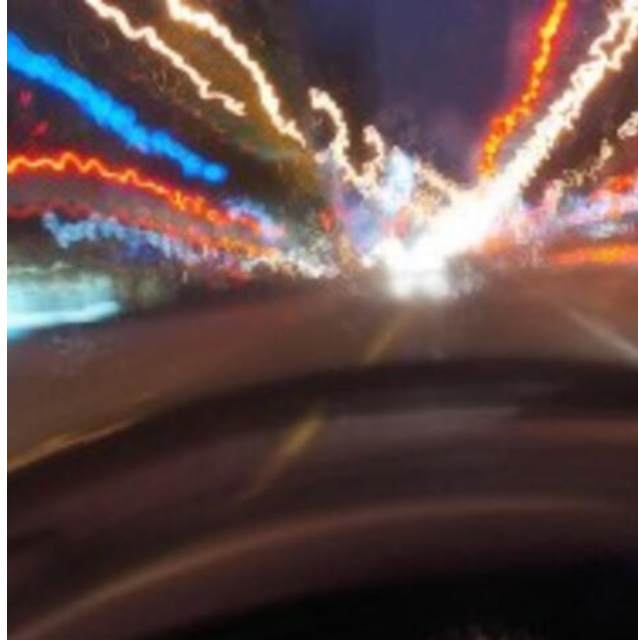
Incidentally, this is one of the five drug groups that are tested for in the [FMCSA Controlled substance-testing program](https://www.fmcsa.dot.gov/regulations/drug-alcohol-testing-program). (<https://www.fmcsa.dot.gov/regulations/drug-alcohol-testing-program>).

So, what can you do to guard against prescription drug use in your vehicles?

- Communicate with the drivers and be aware of their physical condition. If you know that a driver has been injured on or off work, talk to the driver to see if medications have been prescribed.
- In work related injuries, make sure the examining physician is aware that the employee operates a CMV as part of their entire job. Go to the examining physician's office with your employee.

- Contact your Medical Review Officer for your drug and alcohol-testing program for assistance in reviewing the prescription medication.
- Develop a relationship with your medical care providers so they understand your employee's job requirements.

Here is a partial list of legal drugs that can - in the right amount - impair your ability to drive.



Anti-anxiety medication
Amphetamines
Barbiturates
Stimulants
Narcotic pain medications
Allergy medicines
Blood sugar medicines
Antidepressants
Tranquilizers
Blood pressure medicines
Motion sickness medication
Ulcer medication
Antibiotics
Anti-seizure medicines
Paregoric
Anti-nausea medicine
Sedatives
Cough syrups
Alcohol-containing medicines
Caffeine-containing medicines
Decongestants

To avoid harming yourself or others, partner with your physician and pharmacist to learn information regarding your medication's side effects, and what drugs are usually safe to combine—especially behind the wheel. Never take more than the prescribed dose, or take anyone else's medicine. Ask for non-sedating forms of your prescriptions if you are a professional driver. Allow your body time to adjust to new medications before you drive. Most importantly, each of us is responsible for knowing the signs and symptoms of being drug impaired before we get behind the wheel of any vehicle.

[For more information including side effects of any drug, click here \(www.drugs.com\).](http://www.drugs.com)

Please see the following FAQs from the Federal Motor Carrier Safety Administration (FMCSA):

[What medications disqualify a CMV driver? \(http://www.fmcsa.dot.gov/faq/what-medications-disqualify-cmv-driver\)](http://www.fmcsa.dot.gov/faq/what-medications-disqualify-cmv-driver)

[Can a CMV driver be disqualified for using a legally prescribed drug?](http://www.fmcsa.dot.gov/faq/can-cmv-driver-be-disqualified-using-legally-prescribed-drug)

[Can a CMV driver be disqualified for using a legally prescribed drug? \(http://www.fmcsa.dot.gov/faq/can-cmv-driver-be-disqualified-using-legally-prescribed-drug\)](http://www.fmcsa.dot.gov/faq/can-cmv-driver-be-disqualified-using-legally-prescribed-drug)

[21 CFR 1308.11 \(Controlled Substance Schedule I\) \(http://www.ecfr.gov/cgi-bin/text-idx?SID=fb0b4afc84aef52755d6dff7b8880d&node=se21.9.1308_111&rgn=div8\)](http://www.ecfr.gov/cgi-bin/text-idx?SID=fb0b4afc84aef52755d6dff7b8880d&node=se21.9.1308_111&rgn=div8)

For further assistance, please contact the FMCSA's Physical Qualifications Division at fmcsamedical@fmcsa.dot.gov (<mailto:fmcsamedical@fmcsa.dot.gov>) or (202) 366-4001 (tel: (202)%20366-4001).

MROs may sound the alarm even if a DOT drug test is Negative.

The addition of four commonly prescribed opioids to the DOT drug testing panel effective January 1, 2018, has left some drivers and carriers with unanswered questions, especially when the Medical Review Officer (MRO) calls into question a driver's fitness for duty.

What drugs are prohibited?

Sections 382.213, 392.4, and 391.41(b)(12) state that any drug, including over-the-counter medications, that affects a driver's ability to safely operate a commercial motor vehicle (CMV) is strictly prohibited.

Schedule I drugs, such as marijuana, are strictly prohibited - even if permissible under state laws.

On the other hand, the regulations allow for the use of a non-Schedule I controlled substance, providing:

- It was legally prescribed to the driver, and
- The prescribing medical practitioner:
 - is aware of the driver's job duties, and

- has indicated it will not interfere with the driver's ability to safely operate a commercial motor vehicle.

CDL driver's opioid prescription

DOT testing procedures for safety-sensitive positions (i.e., CDL positions) recently added hydrocodone, hydromorphone, oxycodone, and oxycodone to the DOT testing panel. All are on Schedule II of Controlled Substances.

If a DOT urine collection reveals one of these four controlled substances, the MRO will verify that the prescription meets the exception in Section 382.213 by contacting the medical practitioner who wrote the script. The test is reported to the motor carrier as a negative. However, the story does not necessarily end there.

Recent changes to 49 CFR Part 40 now offer procedures for MROs who see continued use of the prescription as a safety risk. In such instances, the MRO will notify the driver that he or she has five days to arrange an alternative to the current medication. If the driver fails to act on this request and the five days elapse or the prescribing physician is unable to offer a suitable replacement, the MRO has been given the discretion to call the medication into question. He or she may contact the motor carrier, certified medical examiner (ME) that qualified the driver under the Federal Motor Carrier Safety Regulations, a Substance Abuse Professional evaluating the employee as part of the return-to-duty process, a DOT agency, or the National Transportation Safety Board in the course of an accident investigation.

What are an employer's options?

When a motor carrier is contacted by the MRO about the driver's prescription drug use, the motor carrier has not been given instructions on how to proceed.

The motor carrier has the option of sending the driver for a new DOT physical anytime his or her qualifications come into question. This is in accordance with Section 391.45(c). The driver, however, must be honest about his or her prescription drug use on the health history portion of the exam form. The ME makes the final determination.

The ME could:

- Use the exception and fully qualify the driver,
- Request another medication and withhold certification until it is rectified, or
- Medically disqualify the driver.

Since the test is negative (and the driver has a current medical card), the company, in theory, could opt to do nothing. But, the MRO may wind up contacting the company each time the driver has a drug screen since the safety risk, in the MRO's opinion, has not been resolved.

And, if this driver is in a serious crash, it could dredge up claims of negative entrustment since the motor carrier has knowledge of a potential safety risk.

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