

◀ Some Alarming Facts and Trends ▶

- Americans spent \$348.4 billion on prescription medications in 2020 (CMS.gov National Health Expenditure)
- 62% of all Americans are currently taking a prescription medication (25% take four or more) (Kaiser Family Foundation, 2021)
 - 47% take 2 or more prescription medications
 - 25% are taking 4 or more prescription medications
- Most commonly prescribed medications are as follows (by percentage of US population): blood pressure (19.3%), antibiotics (13.6%), cholesterol (13.7%), pain/inflammation (13.7%), breathing (11%), stomach (6%), thyroid (6%), antidepressant (5.8%), diabetes (5.3%), diuretic (4.9%), seizures (3%) (US Agency for Healthcare Research and Quality, 2019)
- Almost 60% of US adults 40-59 had used a prescription medication in the last week (CDC, 2016)
- There were **91,799 fatal overdoses in the US in 2020**; 34,363 (37%) of those involved prescription medications (CDC, 2020)

Note: 52% of U.S. railroad workers are over 45 years old (US Bureau of Labor Statistics, 2021)

- 76% of consumers admit not following all of the directions when taking prescription drugs (National Medication Adherence Report —NCPA, 2013)
- Overdose deaths have increased over 600% from 2015 to 2020 (CDC, 2020)
- In 2019, an estimated 16.3 million people misused prescription drugs (without a prescription in their name) (SAMHSA, 2019)
- Every day, over 10,000 new people use prescription drugs without a prescription in their name (NCDAS, 2019)
- More than 50% of prescription misuse comes from drugs obtained from a friend or relative (SAMHSA—NSDUH, 2014)
- Drug overdoses were the leading cause of death for Americans age 44 or under in 2020—more than double the next cause, motor vehicle accidents (CDC, 2021)
 - 37% of these overdoses involved prescription drugs
- 59% of drivers seriously or fatally injured in car accidents in 2020 were positive for one or more substances (NHTSA Traffic Safety Facts, 2021)
 - Alcohol (26.3%); marijuana (28%); opioids (12.1%); stimulants (10.2%); sedatives (7.5%); anti-depressants (1%); OTC (2.3%); other (1.8%)

◀ Resources ▶

For information on potentially driver-impairing medications and other related topics, visit the NHTSA website at <https://www.nhtsa.gov/risky-driving>.

Look for the following publications on FRA's Drug & Alcohol Program site regarding prescription and over-the-counter medications and herbal remedies at <https://railroads.dot.gov/railroad-safety/divisions/drug-and-alcohol/drug-and-alcohol>.

- Prescription and Over-the-Counter Medication Training and Policy Toolkit
- FRA Letter—Chief Safety Officer to the Industry regarding Prescription and Over-the-Counter Medications
- FDA Warning Label Repository

Railroad Employee Use of Prescription and Over-the-Counter Drugs and Herbal Medications Pamphlet



U.S. Department of Transportation
Federal Railroad Administration



February 2023

◀ Background ▶

The Federal Railroad Administration (FRA) is continuously striving to improve the safety of railroad operations, which depend upon alert and fully functional professionals who are not adversely affected by drug use—even when that use is medically authorized. The problem of illicit drug use including prescription (Rx) misuse is a concern for FRA and the Department of Transportation (DOT). However, the ingestion of almost any medication or health-related product, and the underlying medical or personal reason you started taking it, has the potential for having an adverse impact on your ability to perform your job properly and safely.

FRA regulations (Title 49 Code of Federal Regulations (CFR) Part 219, Control of Alcohol and Drug Use) prohibit illicit drug use and the unauthorized use of certain controlled substances by regulated service employees—defined as covered service, maintenance-of-way, and mechanical employees. FRA is equally concerned, however, about the potential side effects of some prescription and over-the-counter drugs, particularly those with sedating and

impairing effects that may adversely affect an individual's ability to perform safety-sensitive functions. Note that the standard testing panel covers several commonly prescribed medications including amphetamines and synthetic opioid pain medications for which you would need a valid and verifiable prescription when speaking with the medical review officer (MRO) after laboratory analysis of your specimen.

FRA regulations require that a regulated service employee's physician, with knowledge of the employee's duties and medical history (including the employee's complete prescription and over-the-counter drug use), determine if the use of a substance is consistent with the safe performance of the employee's duties (49 CFR 219.103). However, many potentially impairing drugs, such as sedating antihistamines, don't require a prescription. Therefore, regulated service employees must be aware of the adverse effects of commonly used over-the-counter drugs, both singly and in combination with other over-the-counter and/or prescribed drugs.

◀ Regulation ▶

FRA regulated service employees are required to comply with 49 CFR 219.103

§219.103 Prescribed and over-the-counter drugs

(a) This subpart **doesn't prohibit** the use of a controlled substance (on Schedules II through V of the controlled substance list) prescribed or authorized by a medical practitioner, or possession incident to such use, if—

(1) The treating medical practitioner or a physician designated by the railroad has made a good faith judgment, with notice of the employee's assigned duties and on the basis of the available medical history, that use of the substance by the employee at the prescribed or authorized dosage level is consistent with the safe performance of the employee's duties;

(2) The substance is used at the dosage prescribed or authorized; and

(3) In the event the employee is being treated by more than one medical practitioner, at least one treating medical practitioner has been informed of all medications authorized or prescribed and has determined that use of the medications is consistent with the safe performance of the employee's duties (and the employee has observed any restrictions imposed with respect to use of the medications in combination).

b) This subpart **doesn't restrict** any discretion available to the railroad to require that employees notify the railroad of therapeutic drug use or obtain prior approval for such use.

◀ Federal Drug Schedules ▶

- **Schedule I.** Substances that have a high medical risk potential, high abuse potential, and no acceptable medical uses. All are illegal to use or possess under federal law.
Examples: heroin, LSD, MDMA (ecstasy), peyote/mescaline, marijuana, and many others
- **Schedule II.** Substances that have a high potential for abuse which may lead to severe psychological or physical dependence.
Examples: amphetamine (Adderall, Vyvanse), methamphetamine, morphine, oxycodone (Oxycontin, Percocet), hydrocodone (Vicodin), codeine, PCP
- **Schedule III.** Substances that have a potential for abuse less

- than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.
Examples: barbiturates (phenobarbital, secobarbital, butalbital), steroids, lesser potent formulations of codeine
- **Schedule IV.** Substances that have a low potential for abuse relative to substances in Schedule III.
Examples: benzodiazepines (Xanax, Ativan, Klonopin, Valium)
 - **Schedule V.** Substances that have a low potential for abuse relative to Schedule IV containing limited quantities of certain narcotics.
Example: less potent formulations of codeine

◀ State Marijuana Legalization ▶

As long as marijuana is categorized as a Schedule I controlled substance, it is illegal to use or possess it under federal law issued under the authority of the Controlled Substances Act (CSA), which cannot be superseded by state law. Therefore, Federal law and state medical marijuana laws remain in conflict. In other words, what is acceptable under state law may still subject you to consequences if you test positive for marijuana on a DOT test.

DOT regulations prohibit the use or possession of all Schedule I drugs, including marijuana, by any DOT safety-sensitive transportation employee, including regulated employees as designated and defined by FRA. This is true regardless of any state laws. So even though a Federally regulated employee could be approved for the use of marijuana under their state law, the Federal law supersedes (overrules) the state law. In addition, physicians don't **prescribe** marijuana under federal law because prescription medications are FDA-approved and may only be filled by pharmacies. Doctors can merely **recommend** marijuana to patients in states where medical marijuana is legal.

Use of marijuana is prohibited regardless of whether the use is while on the employee's own time or while on vacation in a State that has legalized marijuana. If a Federally regulated employee tests positive for marijuana on a DOT required drug test, regardless of when or how the marijuana was used, the employee is disqualified from performing Federally regulated service until they comply with the mandatory return-to-duty process. DOT's medical and recreational marijuana notices may be found at the following links:

- <https://www.transportation.gov/odapc/dot-recreational-marijuana-notice>
- <https://www.transportation.gov/odapc/medical-marijuana-notice>

◀ Common Sense Guidelines ▶

- Never use **someone else's prescription medication**
- Never use medication prescribed for you by an internet physician who has never examined you face-to-face
 - This **does not** mean a health care provider (HCP) who is on call for your own doctor or dentist
 - This **does not** mean your regular HCP who examines you through a visual internet connection (telemedicine)
- Never use prescription medication in **greater amounts**, at a **greater rate**, or for a **longer period** than you are directed by your HCP
- Never use over-the-counter products, dietary supplements, or herbal remedies in **greater amounts**, at a **greater rate**, or for a **longer period** than the manufacturer's recommendations
- Never use **expired** medication
- Never use "**left-over**" medication months or years after the original medical complaint is finished
- Never use a medication that was previously prescribed for you for another reason (i.e., tooth pain prescription for back pain)
- Regardless of the source, never use any "health"-related product or herbal mix for which you are not absolutely certain of what it contains
 - Nor if it is illegal to use or possess in some states (e.g., salvia divinorum)
- Avoid "health"-related, booster-type, or "specialty" products sold at convenience stores or "alternative" businesses
- Take cannabidiol (CBD) products at your own risk as manufacturer claims that the CBD product is THC-free are not verified by the FDA. Use of any CBD product is not an acceptable medical justification for an FRA regulated employee testing positive for marijuana.
- DOT's CBD Notice is available at <https://www.transportation.gov/odapc/cbd-notice>.