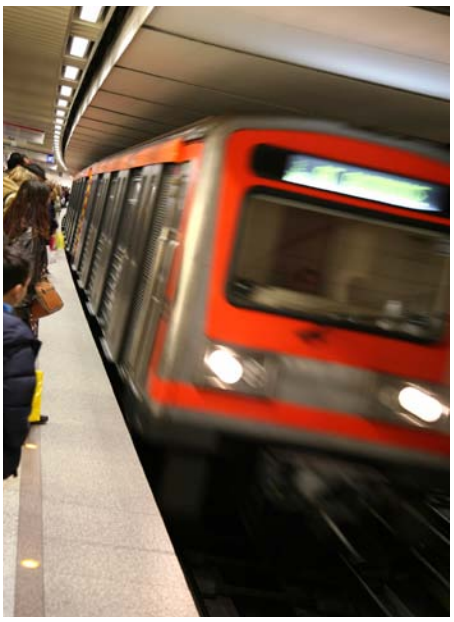
FTA Drug and Alcohol
REGULATION UPDATES
ISSUE 50

Random Selections Needed Prior to Beginning of Testing Period

The FTA regulation (§655.45) requires random testing of drugs and alcohol for all safety-sensitive employees. Employees must use a scientifically valid, random-number selection method to select safety-sensitive employees for testing. Random selections must be conducted no less frequently than quarterly; a best practice is to conduct those more frequently if possible. Prior to the selection process, the random pool should be updated with new entries added into the safety-sensitive workforce, and those that have left the safety-sensitive ranks should be removed.

Once the numbers are selected, the random tests must be scheduled by the Drug and Alcohol Program Manager (DAPM) in a manner that ensures there is no predictable pattern. Specifically, the tests must be spread throughout the year, testing period, day of week, and time of day. The spread of tests throughout all times when safety-sensitive functions are performed prevents employees from coordinating their drug and alcohol use to the random testing schedule. To be effective, employees should be aware (as demonstrated) that a random test can be conducted at any time. This is especially important in order to deter alcohol misuse.



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Many transit systems have had difficulty achieving the necessary distribution, in part, due to issues associated with standard operating procedures of their Third Party Administrators (TPAs) or their random selection providers. Specifically, transit systems often do not get their random selection lists until after the testing period has commenced, sometimes weeks, if not months later. The result is that no random tests can be performed during the first part of the testing period, and consequently there are predictable gaps in the random testing program. (Continued on page 2)

DAMIS Packages Mailed in December

Reminder! Drug and Alcohol Management Information System (DAMIS) packages will be sent out in late December for 2012 annual reporting. MIS reports are due March 15th, 2013 and every effort to report online at https://damis.dot.gov should be made. New user names and passwords for Federal Transit Administration (FTA) grantees will be included. If you are an FTA grantee and do not receive your reporting package by January 7th, please contact the FTA Drug and Alcohol Project Office at fta.damis@dot.gov or 617-494-6336. *Please note: user names and passwords change each year.*

IN THIS ISSUE

U.S. Department of Transportation
Federal Transit Administration

Random Testing Rates for 2013

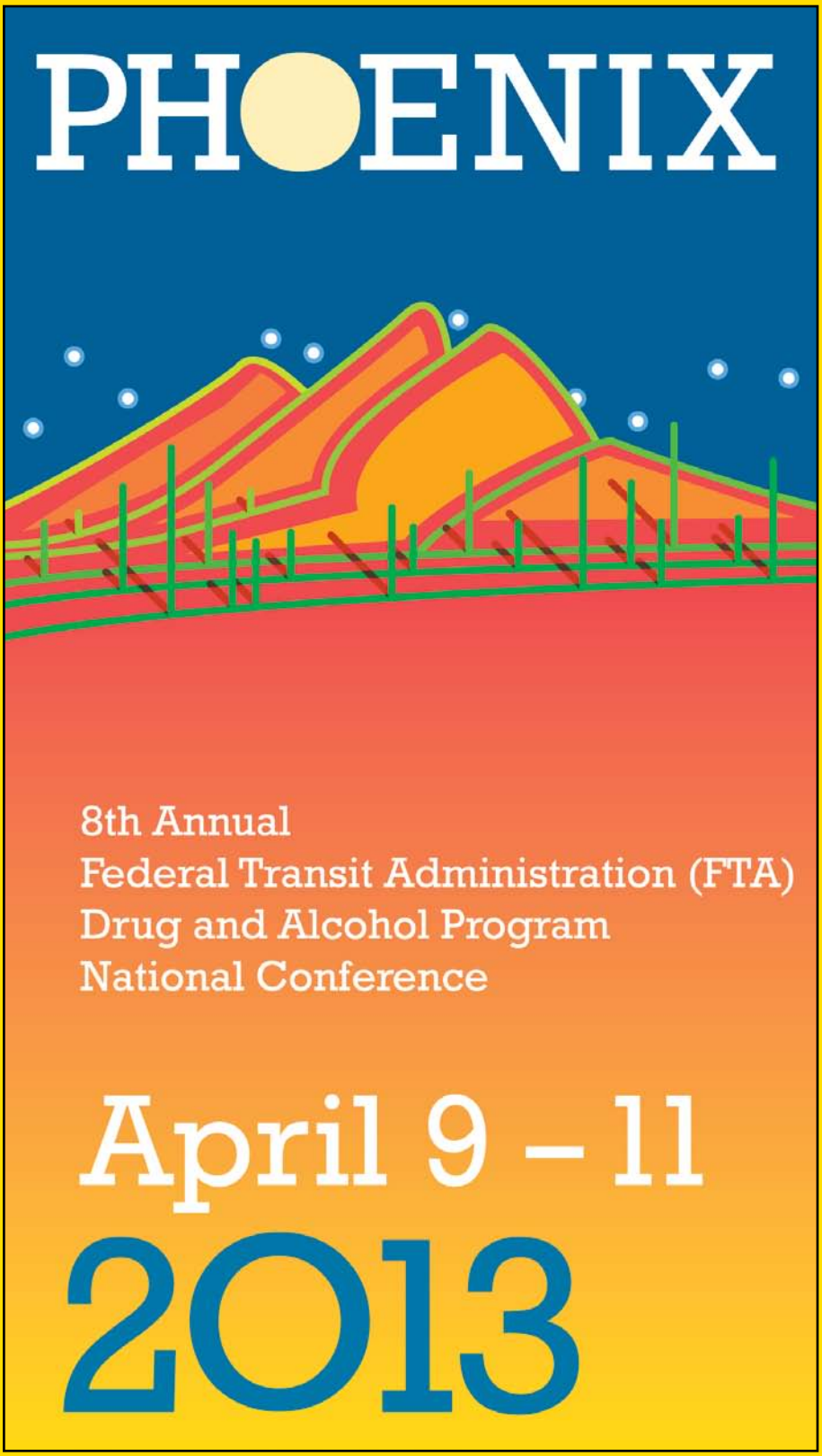
FTA's minimum random drug and alcohol testing rates will remain at 25 and 10 percent for the upcoming 2013 calendar year. All transit systems must ensure that at least 25 percent of the average number of safety-sensitive individuals they employ over the year are sent for random drug tests, and that at least 10 percent of such employees are sent for random alcohol tests.

Section 655.45(f) allows individual systems that are part of a consortium to form a unified random testing pool. The number of employees tested at an individual employer may fall below FTA's minimum rates for drug and alcohol tests, as long as the consortium itself meets this requirement. Drug and alcohol program managers are responsible for ensuring that their consortium tests at appropriate rates and should seek annual confirmation as part of their oversight responsibilities.

Random Selections

(Continued from page 1) It is imperative that the pool be updated, random numbers drawn, and the employer notified of the selections prior to the beginning of the period so that random tests can be scheduled in an unpredictable manner.

In addition, TPAs have been known to suspend selections late in the year if an employer has reached their annual random testing minimums. Employers should work with their TPA/random number selectors to modify the process as necessary. If the TPA is unwilling or unable to accommodate the request, the employer should seek alternative options.



Save the date! The 8th Annual Federal Transit Administration (FTA) Drug and Alcohol Program National Conference dates have been set: April 9 – 11, 2013 at the Hyatt Regency Phoenix, AZ.

Look to our website for more information on this free conference and to register! http://transit-safety.fta.dot.gov/DrugAndAlcohol

Transmission of "non-negative" results

The Department of Transportation (DOT) defines the Designated Employer Representative (DER) as the individual authorized by the employer to perform two key functions: first, that individual must be empowered to "take immediate action(s) to remove employees from safety-sensitive duties," and second, to "receive test results and other communications for the employer" (§40.3).

(In the transit industry, the DER is usually also referred to as the Drug and Alcohol Program Manager.)

These two activities are directly linked and highlight the importance of the "chain of custody" in DOT testing. When a safety-sensitive employee has a non-negative drug or alcohol test, the DOT employer's first order of business is to immediately remove that person from the performance of safety-sensitive functions. The importance of this action is highlighted throughout DOT's procedural rule, 49 CFR Part 40. For each stakeholder involved in the chain of custody — collection site, laboratory, Medical Review Officer (MRO), etc. — ensuring the timely and secure processing of the test and test results is paramount.

After a testing sequence is initiated, the DER's function with regard to that test is to actively await the secure transmission of the verified result. For non-negative results, this transmission happens in two ways: 1) for an alcohol test, Part 40 requires that the breath alcohol technician ensures that the result is "immediately received by the DER" (§40.255(a)(5)(i)), and 2) for drug tests, DOT describes the transmittal requirements in section 40.167.

(© iStockPhoto/Dean Bertoncelj)

Both employers and their service agents (mainly MROs and TPAs) have often been vexed by one particular clause in this sec- tion. Section 40.167(b) directs the MRO/ TPA to transmit verified non-negative test results to the DER on the same day as verification, or on the next business day. Section 40.167 (b)(1) sharpens this require- ment by stating that "direct telephone contact with the DER is the preferred method of immediate reporting."

As electronic communication becomes the norm in the United States, DERs and their service agents often bristle at the requirement to resort to the use of the telephone to exchange this critical information. Email, facsimile, and Internet systems frequently allow for information transmittal that is as fast or even faster than verbal (i.e., telephonic) transmittal.

The security and integrity of the chain of custody is something that DOT considers to be of great importance, as every citizen engaged in safety-sensitive work is entitled to a fair and confidential interaction with the federal requirements. DOT highlights the importance of security and confidentiality in its discussion of the transmittal of non-negative test results. Section 40.167(b)(2) reminds the vendor transmitting these results: "you are responsible for identifying yourself to the DER, and the DER must have a means to confirm your identification."

One of the most common audit findings for (Continued on page 4)

"When a safety-sensitive employee has a non-negative drug or alcohol test, the DOT employer's first order of business is to immediately remove that person from the performance of covered functions."

Transmission of "non-negative" results

(Continued from 3) DAPMs and MROs is that they do not have a secure mechanism in place for the exchange of drug test results. Most often, these parties rely on simple "voice recognition" to secure this information, a practice that is not compliant with Section 40.167(b) (2). Because the security requirement adds a (critically important) layer to the trasmittal process, many DAPMs and their service agents would prefer to implement electronic proceses, where security is usually built in. If drug test results can be communicated to the employer immeditely (§40.167(b)) and securely (§40.167(b)(2)), then electronic methods would certainly appear to be ideal.

FTA has often found that electronic reporting mechanisms can be flawed. One example that confounds the security requirement is the "secure" fax machine that is, in fact, accessible by unauthorized employees. An example that shows how the immediacy requirement can be disrupted arises from email transmissions: if the DAPM is away or not checking their email consistently, days can go by beore they receive notice of a non-negative test (notice, that is, to immediately remove the covered individual from safety-sensitive duties). In each of these cases, the unintended — yet serious — lapse would be remedied by a process that adheres to the specific guidelines set forth in section 40.167: immediate and secure verbal notification.

Given these considerations, "direct, telephone contact" remains the preferred method for the communication of a non-negative test from the MRO/TPA to the DAPM. FTA will accept electronic communication methods if the DAPM and their service agent can show how their process meets the two vital requirements of immediacy and security.

Drug and Alcohol Training Schedule

The FTA will sponsor the following training sessions to provide essential information to facilitate covered employers' compliance with the drug and alcohol testing regulations (49 CFR Parts 655 and 40). These free one-day training sessions are available on a first come, first served basis and is led by FTA Drug and Alcohol Audit Program Team Leaders.

Location	Date*	Location	Date*
Chapel Hill, NC	January 16, 2013	Everett, WA	May 1, 2013
Flint, MI	February 20, 2013	Boone, NC	May 14, 2013

For schedule information and to register for this training session go to: http://transit-safety.fta.dot.gov/DrugAndAlcohol/Training. If you are interested in hosting a one-day training session contact the FTA Drug and Alcohol Project Office at: fta.damis@dot.gov or (617) 494-6336 for more information.

Transit Safety Institute (TSI) Training Schedule

FTA's strategic training partner, the Transportation Safety Institute (TSI) will offer the following upcoming courses:

- Substance Abuse Management and Program Compliance (2 ½ days – DAPM/DER training).
- Reasonable Suspicion Determination for Supervisors (½ day).

These courses will be offered on a cost-recovery basis. To receive more information about the courses, please call (405) 954-3682. To register go to: http://www.tsi.dot.gov or http://transit-safety.fta.dot.gov/DrugAndAlcohol/Training.

Title	Location	Date*
Reasonable Suspicion Determination for Supervisors Seminar	Atlanta, GA	January 11, 2013
Substance Abuse Management and Program Compliance	Sioux Falls, SD	March 12 - 14, 2013
Substance Abuse Management and Program Compliance	Baltimore, MD	May 21 - 23, 2013
Reasonable Suspicion Determination for Supervisors Seminar	Baltimore, MD	May 24, 2013
Reasonable Suspicion Determination for Supervisors Seminar	Grand Rapids, MI	June 14, 2013
Substance Abuse Management and Program Compliance	Jackson, MS	June 25 - 27, 2013
Reasonable Suspicion Determination for Supervisors Seminar	Jackson, MS	June 28, 2013
Substance Abuse Management and Program Compliance	Birmingham, AL	July 16 - 18, 2013
Reasonable Suspicion Determination for Supervisors Seminar	Birmingham, AL	July 19, 2013
Substance Abuse Management and Program Compliance	Weslaco, TX	August 20 - 22, 2013
Reasonable Suspicion Determination for Supervisors Seminar	Weslaco, TX	August 23, 2013

** Schedule Subject to Change*

When Is a Self-Referral **Too Late?**

Many transit systems have a self-referral policy, whereby an employee may proactively come forward to the employer to seek help with substance use or abuse. Because FTA's regulations do not address self-referrals, each program is under the sole authority of the transit system, and the structure is dictated by the employer's policy.

When an employee requests assistance, they are often referred to the company's employee assistance program (EAP), or to an external service. This is an appropriate and accepted element of employer wellness programs and is supported by FTA as a key in fostering a culture of safety within a transit employer.

Any legitimate self-referral program must require that the self-referral occurs before notification of a federally required test. An employee may not request help from the transit system for substance use in order to avoid submitting to a drug or alcohol test. Understanding when a self-referral is valid and when a refusal can occur is critical to the concept of administering tests in such a program.

The first opportunity to refuse a test usually occurs when the company official notifies the employee that they are required to report for testing. When the employee learns that they are to report for a test, a refusal can occur immediately with the employee resigning or just walking off of the job. The regulations describe the additional ways that a refusal can happen and when, but for the purposes of this analysis, the first possible refusal in the testing sequence generally occurs at notification.

For reasonable suspicion tests, a refusal to test may actually occur before the verbal notification that testing is required. The reasonable suspicion testing process begins at the occurrence of the trigger — the event that caused the initial suspicion — and can precede the evaluation. Once the supervisor initiates the investigation, the process has begun because it has entered into the sequence of a test under US DOT jurisdiction.

It is important to understand when in the reasonable suspicion testing process, a refusal can occur. If an employee realizes that they are being evaluated for reasonable suspicion, and they feel that if tested a positive result is likely, they may attempt to neutralize the process by self-referring to the EAP (if the transit system policy allows for self-referral).

The employee may be deemed to have refused the test if they become uncooperative at the onset of the investigation (or at any time during the investigation). Likewise, once the investigation has begun, the employee's attempt to self-refer to an EAP may not prevent the test, if the trained supervisor deems the test appropriate. The employee must fulfill the testing requirement, and requesting EAP assistance by admitting a problem with substance use may not be used as an alternative. Understanding that the self-referral program may not subvert the testing process must be combined with an understanding of when a refusal may first possibly occur. A trained supervisor or company official must ensure that once the investigation begins, it is completed, ending with either a reasonable suspicion test or releasing the employee to return to their duties.

The employee may be deemed to have refused the test if they become uncooperative. Likewise, once the investigation has begun, the employee's attempt to self-refer to an EAP may not prevent the test, if the trained supervisor deems the test appropriate.

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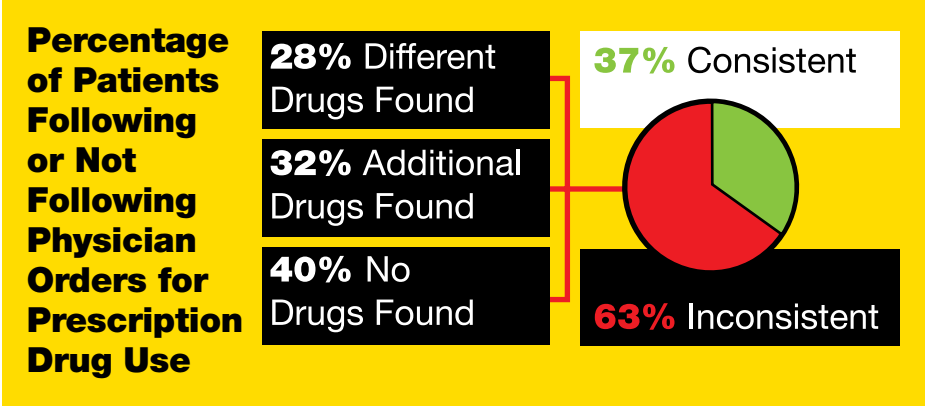
Report Provides Disturbing Insight into Rx Misuse

In response to the national health epidemic associated with the inappropriate use or diversion of prescription drugs, Quest Diagnostics conducted a study to identify trends in prescription drug use and misuse. Quest Diagnostics is a leading diagnostic testing company with a long-standing emphasis in workplace drug testing programs for employers, including a comprehensive prescription drug testing program. Quest Diagnostics maintains the largest private clinical laboratory database in the United States with de-identified data on more than 1.5 billion patient encounters.

The study assessed a national sample of 75,997 de-identified urine specimen results reported in 2011 to determine the scope and demographic correlations with prescription drug misuse in America. The sample included specimen analysis for people of all ages (10 years and older), both genders, and a geographic cross section of the country. Also, the sample focused on the use of 26 commonly prescribed and abused drugs including pain medications, central nervous system medications, amphetamines, and illicit drugs such as marijuana and cocaine. The study compared the drug test results with the specific physician ordered prescriptions to determine if patients took the prescribed medicine as directed, failed to take the medication at all, took the prescribed medication with other drugs, or took drugs not indicated by the physician.



(Source: Quest Diagnostics, January – Decemter 2011)

Based on the analysis, the study concluded the following:

- The majority of patients tested misused their prescription medications--63 percent of patients did not take their prescription medications as ordered by their physician, potentially putting their health at risk.
- Misuse of all commonly prescribed, controlled substances was found — 44 percent for pain medications, 50 percent for central nervous system medications, and 48 percent for amphetamine medications.
- The majority of patients (60 percent) took additional or combined drugs without physician knowledge or oversight resulting in potentially dangerous combinations — 32 percent had evidence of at least one additional drug, while 28 percent tested positive for a drug, but not the one that was prescribed.
- In contrast, 40 percent of the patients failed to take their prescription medications at all leaving the authors of the study to conclude that this was possible due to daunting cost of the medications, poor compliance, or illegal sale to others.

The results also indicated that the risks of prescription misuse were universal — men and women of all ages regardless of income level or health plan membership were at risk. ●

Pass-Through Agencies May Not Be Required to Have Policy

As defined in 49 CFR Part 655.3, the FTA drug and alcohol testing regulation applies to all recipients and subrecipients receiving Federal assistance under 49 U.S.C. Section 5307, Section 5309, and Section 5311 or 23 U.S.C. 103(e)(4), and contractors that stand in their shoes to provide safety-sensitive functions. Occasionally, covered recipient/subrecipients "pass through" grant funds to other agencies that actually manage and operate the public transportation services. In these cases, recipients/subrecipients perform administrative duties, but all of the safety-sensitive functions are performed by the agency to which the funds have been passed.

Even though the recipients/subrecipients are responsible for ensuring the public transportation system is in compliance with the regulations (since they do not have any safety-sensitive employees themselves), they are not required to have their own policy or comply with the program requirements defined in §655.12. Recipients/subrecipients; however, must perform due diligence to ensure the pass-through entities meet all Part 655 regulatory requirements, including appropriate contractual language and a thorough oversight/monitoring program. ●

How to Find a Qualified MRO and SAP

Medical Review Officers (MROs) and Substance Abuse Professionals (SAPs) play very important roles in the Department of Transportation's (DOT's) drug and alcohol testing program. Each is essential to the successful implementation of a compliant program that effectively deters and detects drug use and alcohol misuse among safety-sensitive transportation employees. Each employer covered by the FTA drug and alcohol testing regulation (49 CFR Part 655) is required to have a qualified MRO and a qualified SAP to perform the tasks needed to comply with the DOT testing regulation (49 CFR Part 40).

The MRO is a licensed physician responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The MRO is an independent and impartial "gatekeeper" advocating for the integrity of the drug testing process and ensuring that employees are not falsely accused of illegal drug use. Qualified MROs are licensed physicians with: basic knowledge and clinical experience in controlled substance disorders, knowledge of alternative medical explanation for laboratory confirmed drug test results, knowledge of issues related to non-negative test results, and knowledge of the regulations. In addition, MROs must receive qualification training and complete an examination that meets the requirements specified in §40.121(c). MROs are not required to be in proximity to the employer, and thus can be located anywhere throughout the country.

A SAP is responsible for conducting face-to-face clinical assessments and evaluations of covered employees who have qualification training, successfully completed an examination, and completed 12 professional development hours relevant to SAP functions every three years. SAPs should be within reasonable proximity to the employer to ensure that they are accessible to employees who require SAP assessments.

Both the MRO and the SAP are specialists within their own field, and each must make a concerted effort to obtain and maintain the necessary credentials. Some transit systems have had difficulty identifying qualified MROs and SAPs. Most often MROs can be found through TPAs that bundle MRO services with collection site and laboratory services. Another source of MROs is to go directly to the websites of the organizations that provide qualification training and administer the corresponding tests. These sites will often allow you to locate MROs by name or state. The Office of Drug and Alcohol Policy and Compliance (ODAPC) provides information on MRO services at the following website: www.dot.gov/odapc/MRO. Employers may also find it useful to speak with their peers in the transit industry or other DOT-covered employers in their community (i.e., school bus operators, trucking companies, government entities that have drivers with Commercial Driver's Licenses) to identify who they are using and if they are happy with the services provided.

Both the MRO and the SAP are specialists within their own field.

The ability to find SAPs is more difficult since they have to be within reasonable proximity to the employer. Many employers have zero-tolerance policies that result in little, if any, actual use of SAP services so there may be little motivation for individuals to obtain/maintain the necessary credentials. Also, unlike MRO services, it is not common for TPAs to provide SAP services leaving most employers on their own to find a SAP. ODAPC also has a list of SAP association/industry links available at the following website www.dot.gov/odapc/sap. Please be advised, however, that any contacts taken off these lists must be scrutinized closely to ensure that they have the correct credentials as specified in §40.281 and have good references. A best practice is to contact peers in the transit industry that are in proximity or peers in your local community as discussed above for MROs. Especially if you have a zero-tolerance policy and don't expect to use the services of a SAP very often, it might be most prudent to see if you can piggyback on another larger transit system's (within your region) contract with a qualified SAP.

Regardless of the method you use to identify an MRO or SAP, be sure to check their references and credentials to ensure they are qualified and maintain these records on file. If you are not satisfied with the services that you are receiving, you do have options. With a modicum of effort, you will be able to find qualified service agents that can meet your needs and help you maintain a compliant drug and alcohol testing program.

What Happens When You Have a Re-Collect Negative Dilute

(© iStockPhoto/Amanda Rohde)

A dilute specimen is a specimen with creatinine and specific gravity values that are lower than expected for human urine. On occasion, an employer may be notified by their MRO that a specimen was dilute. If the MRO indicates that the test had a positive dilute result, the employer should treat the test as a verified positive with no provision for a re-collection.

If the MRO indicates that a test had a negative dilute result and directs the employer to immediately re-collect a specimen under direct observation because creatinine concentrations were very low (equal to or greater than 2mg/dL, but less than or equal to 5 mg/dL) as defined in §40.155(c), the employer must ensure the re-collection is performed as soon as possible as per §40.67(a)(3). If the MRO indicates that a test had a negative dilute result with creatinine levels greater than 5 mg/dL, the employer must send the employee for a re-collection if required in the employer's policy as per §40.197(b)(2). In this case, the re-collection is not conducted under direct observation. The re-collect should be conducted the next time the employee is on duty after information on the dilute specimen is received by the employer's Designated Employer Representative (DER).

In either case, MRO-directed or employer policy-directed, if the re-collect of the negative dilute specimen is also negative dilute, the test should be considered negative and is the test result of record. No other attempts should be made to re-collect. Even though the re-collected specimen also resulted in a negative dilute result, this result cannot be considered positive, nor should it be considered a violation of this regulation. The employer must treat the test result as a negative in the same manner that any other negative would be addressed according to the employer's policy.

Dissemination of Pre-Employment Positives

The FTA requires in 49 CFR Part 655 that an individual who applies for a safety-sensitive position submits to a DOT drug test with a negative result before being permitted to perform a safety-sensitive function (this is known, of course, as the "Pre-employment" test). If the test result is positive, the individual must be referred to a SAP, and cannot be considered eligible for safety-sensitive duties until he or she successfully completes the SAP-directed referral, evaluation, and treatment process required by Subpart O of DOT's 49 CFR Part 40.

While the aforementioned situation is quite straightforward, suppose for a moment that the employer that receives the positive pre-employment result knows that the individual currently performs safety-sensitive work for a contractor: Does this employer have the authority — without requesting the applicant's consent — to inform the contractor of the failed pre-employment test? Conversely, suppose that the potential employer is a contractor, and knows that the applicant currently works — in a safety-sensitive position — for the grantee: Does this private employer have the right to inform that grantee about the test result?

FTA addressed this second circumstance in the 2001 revision of its rule by explicitly authorizing the contractor to communicate information about the failed pre-employment test "upward" to the grantee or state recipient who has oversight responsibility. 49 CFR Part 655.73 states:

§655.73 Access to facilities and records (i) An employer may disclose drug and alcohol testing information required to be maintained under this part, pertaining to a covered employee, to the State oversight agency or grantee required to certify to FTA compliance with the drug and alcohol testing procedures of 49 CFR Parts 40 and 655.

As for the first circumstance, FTA addresses this concern by requiring that the employer (grantee or state recipient) safeguards the public trust and public safety by recognizing its own ongoing oversight responsibility. This requirement is identified in Section 655.81, which states:

§655.81 Grantee oversight responsibility A grantee shall ensure that the recipients of funds under 49 U.S.C. 5307, 5309, 5311 or 23 U.S.C. 103(e)(4) comply with this part.

In conjunction, these two regulatory clauses perform a "handshake" function that warrants the exchange of result information across employer lines wherever oversight is a recognized component of the contractual relationship. It is imperative to note, at the same time, that FTA's regulation does not provide for the transmission of result information to a party other than a direct grantee or contractor. For example, even if the potential employer knows that the applicant works for another grantee "across town," there is no provision within the FTA or DOT regulatory frameworks that allows for the dissemination of that information.

If you have any questions about specific instances in which you believe it may be appropriate to transmit test result information, please do not hesitate to contact FTA Drug and Alcohol Program Manager, Jerry Powers at (617) 494-2395. ●

Are Employees of Armored Car Guards Performing a Safety-Sensitive Function?

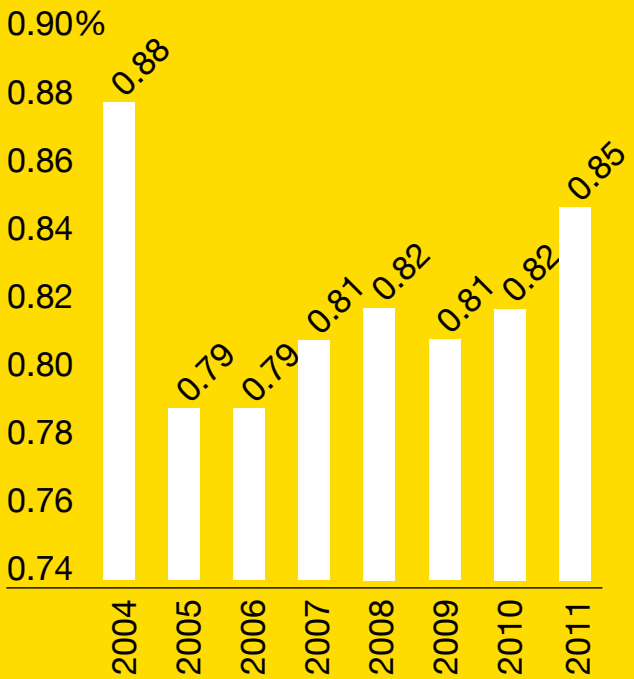
There are five categories of employees who provide safety-sensitive functions, the fifth being those who are "(5) Carrying a firearm for security purposes." (49 CFR Part 655 Definitions.) This safety-sensitive function is covered when performed by employees of recipients, subrecipients, operators, or contractors.

"Carrying a firearm for security purposes" is most commonly used to describe the function performed by transit police and armed security personnel onsite at the transit system. However, many, perhaps most, transit systems contract with an armored car service to collect money from kiosks and terminals. It is FTA's position that if the Armored Car Guard, in the performance of their duties, is in the vicinity with transit patrons, as with terminals and stations, they would be considered safety-sensitive FTA-covered employees. Armored car guards who provide services at strictly administrative or maintenance facilities, with no contact with patrons in the normal use of transit operation, would be exempt. ●

2011 Positive Rate Climbs to 0.85 Percent

The transit industry's random drug testing positive rate for 2011 is 0.85 percent. It is the second straight year that the positive rate has increased, and is the largest single year increase in what has become a trend of increases, albeit small. The first year for the collection of FTA drug testing results was marked in 1995, with a random positive rate of 1.76 percent. Since that year, the positive rate has steadily declined, reaching a low in 2005 of .787 percent. The reason for the increase is speculative at this point, but a likely factor is the DOT regulation that went into effect October 1, 2010. That rule added MDMA (ecstasy) to the list of amphetamines to be tested for, and lowered the initial and confirmatory cutoff levels for amphetamines and cocaine. Lending credence to this theory is the fact that the number of reported verified cocaine positives is at their highest level in four years, and verified amphetamine positives are at their highest level since the required minimum for random drug testing was lowered to 25 percent.

Transit Industry's Random Drug Testing Positive Rates



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Daylight Savings Time: Make Sure Clocks were Changed!

Ensure your Breath Alcohol Technicians changed the clock on their Evidentiary Breath Testing device to reflect the end of Daylight Savings Time on November 4, 2012.

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Posted in the Federal Register on Wednesday, October 3, 2012 is a Department of Transportation Final Rule:

Procedures for Transportation Workplace Drug and Alcohol Testing Programs:

6-Acetylmorphine (6-AM) Testing

This rule adopts as final, without change, a May 4, 2012, Interim Final Rule which no longer requires laboratories and MROs to consult with one another regarding the testing for the presence of morphine when the laboratory confirms the presence of 6-acetylmorphine (6-AM). Also, laboratories and MROs will no longer need to report 6-AM results to the Office of Drug and Alcohol Policy and Compliance. The rule also responds to comments on the IFR.

You can find this rule at: http://www.gpo.gov/fdsys/pkg/FR-2012-10-03/pdf/2012-24337.pdf.