



S3 Conference

Screening ❖ Safety ❖ Strategy

Hosted by DISA Global Solutions

Culture of Safety 2.0: Screening for the Next Wave of Risks

A Practical Guide for HR and Safety Leaders



HELLO!

I'm Colin Woods

Chief Strategy Officer
DISA Global Solutions, Inc.



01

Why Are We Here?

How big of a problem is drug abuse?



Inconsistent work **quality**



Poor concentration and **lack of focus**



Lowered productivity or erratic work patterns



Increased **absenteeism**



Carelessness, **mistakes**, or errors in judgement



Disregard for safety of self & others, on-the-job, off-the-job
accidents



Driver **accidents, injuries, or deaths**



- ❖ Substance abusers miss more work, ranging from **+3 to +23 additional days** per year.
 - Marijuana (**+3 days**), Opioids (**+15 days**), Multiple Drugs (**+23 days**)
- ❖ Substance abusers perform at only **67%** of their potential, or **1/3 less productive**.
- ❖ Substance abusers account for **40%** of all theft in the workplace.
- ❖ **10-20%** of all work-related fatalities in the U.S. test positive for drugs or alcohol.
- ❖ Substance abusers cause **38-50%** of all workers' compensation claims.
 - Claims involving opioids can cost **more than 3x** claims without opioids
- ❖ Substance abusers cost employers an additional **\$8,817** per employee, per year due to increased healthcare, absenteeism, and turnover costs.

In safety-sensitive roles, the cost is estimated to be 5x higher (\$44,000) due to the higher cost of downtime, injury, and loss of performance.

<https://www.nsc.org/newsroom/new-analysis-employers-stand-to-save-an-average-of>
<https://www.nsc.org/getmedia/c24045cd-9666-49a5-9295-bc2e6060536d/disability.pdf>
<https://stacks.cdc.gov/view/cdc/122067>

<https://www.psychemedics.com/wp-content/uploads/2025/02/Hidden-Costs-of-Substance-Abuse-in-Workplace-White-Paper.pdf>

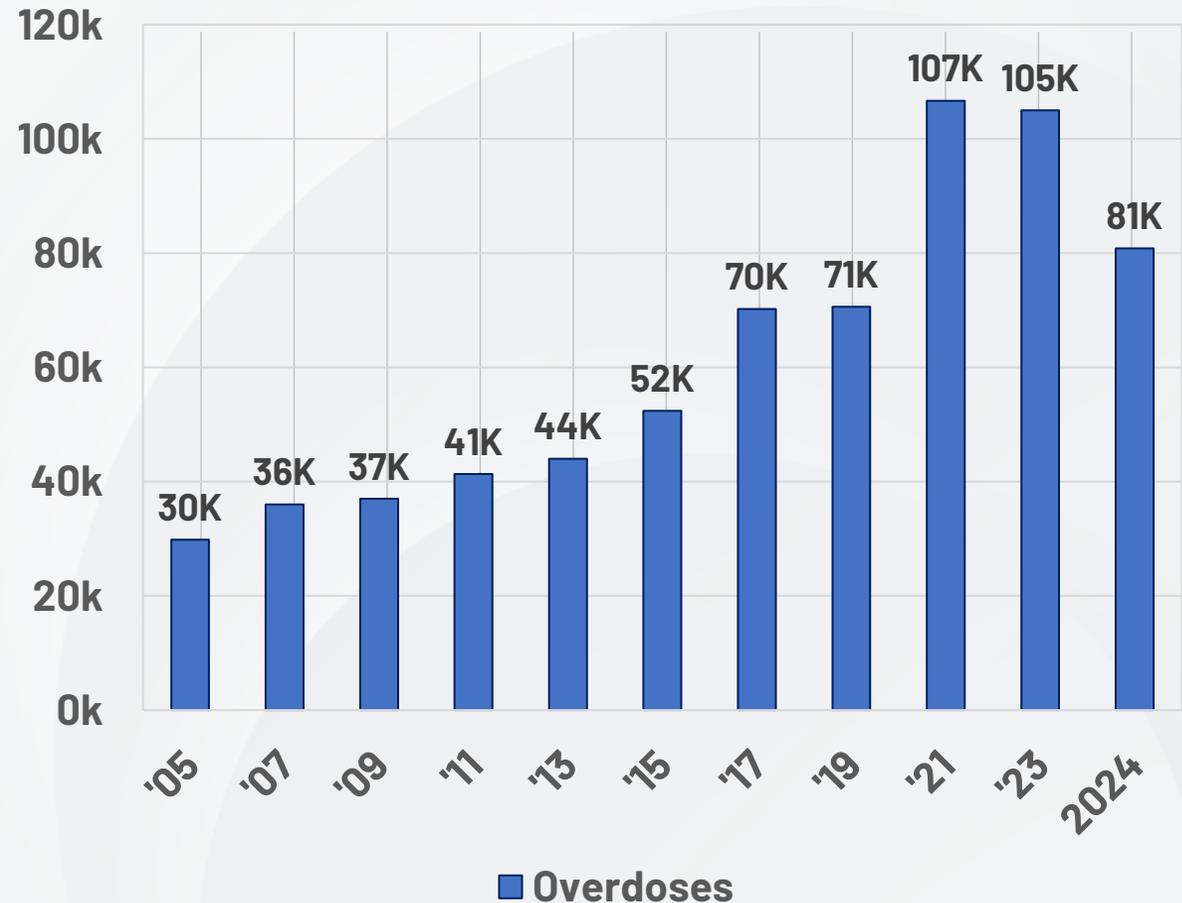
<https://occmcd.sanfordhealth.org/resources/article-library/value-of-drug-testing-for-employers#:~:text=Productivity:%20The%20average%20drug%20user,33%25%20less%20productive%20at%20work.>

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Overdose Deaths

- ❖ **81,000** overdose deaths in 2024
- ❖ **Up 171%** since 2005 (**29,800 deaths**)
- ❖ Synthetic opioids in **88%** of overdoses
- ❖ Fentanyl ODs are **trending down YoY**
 - 1. OTC Naloxone** first available for sale at pharmacies in September 2023
 - 2. Fentanyl Pills with a Lethal Dose**
 - 2023 - **7 of 10** pills
 - 2024 - **5 of 10** pills **↓ 29%**

Overdose Deaths by Year



The Role of Multiple Drugs in Overdoses



Overdoses by Drug Family	2003	2018	2023	% of All Deaths	5 Year Change	20 Year Change
Any Opioid <i>(incl. Fentanyl)</i>	18,294	42,518	75,493	78%	+78%	+312%
Cocaine	9,751	13,830	28,497	29%	+106%	+192%
Benzodiazepines	4,340	9,218	9,412	10%	+2%	+116%
Psychostimulants <i>(incl. Methamphetamines)</i>	1,008	12,147	33,965	35%	+180%	+3,269%
Cannabis <i>(Laced or taking multiple drugs)</i>	48	718	1,026	1%	+43%	+2,038%

Opioid Family	2023 Overdoses	% of All Deaths
Heroin	3,906	4%
Fentanyl	70,060	72%
Methadone	3,133	3%
Oxycodone	8,819	9%

Source:
<https://injuryfacts.nsc.org/home-and-community/safety-topics/drugoverdoses/data-details/>
<https://wonder.cdc.gov/mcd-icd10.html>



- ❖ In 2024, Fentanyl was the #1 cause of death for workforce-aged adults in the US (25-54), with nearly **48,900 deaths** in the US.
- ❖ **80 million counterfeit pills** were seized in 2023, up from 30 million in 2021.
- ❖ Lethality of fentanyl pills decreased in 2024 (**still extremely dangerous**).
 - 2021: 40% of pills seized by the DEA contained a lethal dose.
 - 2022: 60% of pills seized by the DEA contained a lethal dose.
 - 2023: 70% of pills seized by the DEA contained a lethal dose.
 - **2024: 50% of pills seized by the DEA contained a lethal dose.**

Source:

<https://www.dea.gov/es/node/220531>

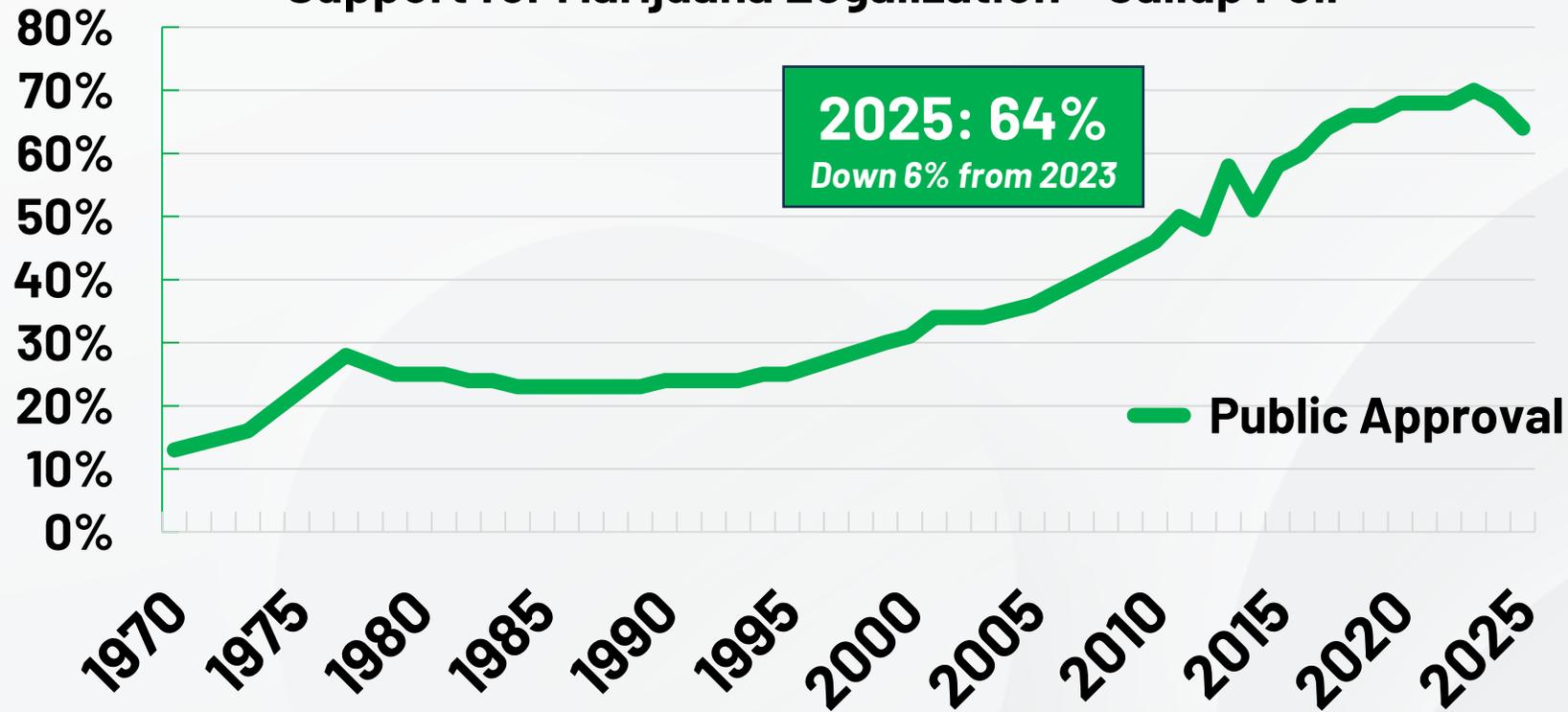
<http://wonder.cdc.gov/mcd-icd10.html>

https://public.tableau.com/app/profile/nsc.injuryfacts/viz/4_4_2DrugOverdose-2021data/Dashboard1

Marijuana Still Popular but Stalled



Support for Marijuana Legalization – Gallup Poll



In 1969, only 12% of all adults supported legalization. Since then, support for legalization has increased.

From **2023** to **2025**, public approval of marijuana legalization **decreased from 70% to 64%**.

2000: 31%

2010: 46%

2015: 58%

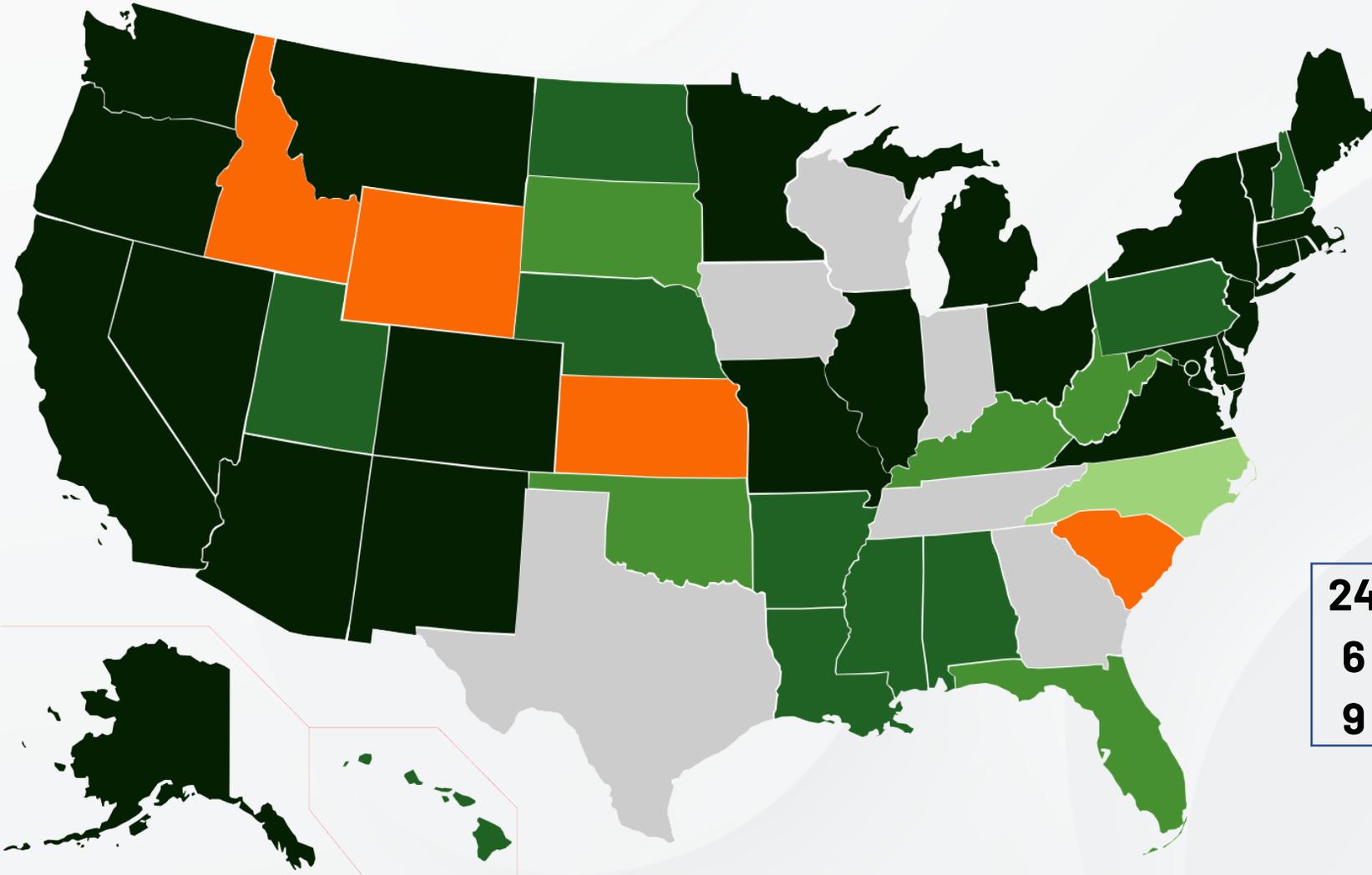
2020: 68%

2023: 70%
All Time Peak

2025: 64%
Down 6%



- ❖ From 2017 to 2024, positive marijuana tests for employees increased from 2.6% to 4.5% nationwide, **a 73% increase.**
- ❖ Marijuana general workforce positivity rates stayed flat from 2023 to 2024.
- ❖ Side effects of marijuana include but are not limited to:
 - Dizziness
 - Speech disorders
 - Muscle twitching
 - Numbness
 - Psychiatric issues
 - Euphoria
 - Dysphoria
 - Impaired memory
 - Acute psychosis
 - Attention disturbances
 - Disorientation/Confusion
 - Blurred vision



11 States with No Legal Access

- 1 Decriminalized
- 6 CBD Only
- 4 Fully Illegal

39 States with Legalized Access

- 24 Legalized
- 6 Medicinal & Decriminalized
- 9 Medical



Disclaimer: I am not a lawyer. This is not legal advice. You need to talk with counsel!

- ❖ Because Marijuana is very impairing for a user, especially in a safety-sensitive industry, DISA recommends employers test for THC when they legally can.
 - This varies by state and by test type
 - E.g., New York is a state that does not allow for THC testing. You would remove THC from panels.
- ❖ In states/situations you cannot test for Marijuana, DISA recommends removing THC from the panel.
- ❖ **New Federal Ban (Effective Nov 2026):** A new Nov 2025 law redefines hemp to include a "total THC" limit of 0.4 milligrams per container, which is expected to effectively ban most **Delta-8, Delta-10, and THCA products.**



Current State - Keep testing! *Nothing has changed*

More detailed insights later today!

1:45 pm

Cannabis at Work: Testing Rules, Rescheduling, and Safety

Marijuana rules keep shifting across states while federal rescheduling remains in play. This session maps what matters for programs: THC vs CBD and hemp derivatives, impairment vs presence, and DOT vs non-DOT differences.



Jo McGuire

Executive Director
**National Drug & Alcohol
Screening Association**

4:15 pm

From Risk to Ready: Your 2026 Drug Testing Plan

Prepare your program for 2026. This session covers likely rule shifts, state and federal tension on marijuana, testing methods on the rise, and policy moves for diverse worksites. You leave with a clear plan to align policy, training, and vendor oversight.



Faye Caldwell

Managing Partner
Caldwell Everson PLLC



» Past Threats

- ❖ **Bath Salts**
- ❖ **Synthetic THC**
- ❖ **Expanded Opioids**
 - Added to DCC in 2017
 - Recommended for Corporate Panels

» Present Threats

- ❖ **Fentanyl**
 - Rising concerns, availability, & risk
 - Added to DCC in Q4 2025
 - Recommended for Corporate Panels

» Future Threats

- ❖ **Kratom**

Sold in gas stations and smoke shops as "natural" remedies for pain, anxiety, or opioid withdrawal.
- ❖ **7-OH** (concentrated Kratom)

FDA recommended scheduling 7-OH under the Controlled Substances Act (CSA).

Info: disa.com/kratom
- ❖ **Nitazines**

Potent, synthetic benzimidazole opioids. An illicit and dangerous substitute for heroin and fentanyl.



02

Understanding Your Options

What you can test and when



2024 Positivity Rates

General U.S. Workforce	Pre-Employment	Random	#1 Drug
Quest DTI Urine	5.1%	6.3%	Marijuana
Quest DTI Oral	4.6%	5.4%	Marijuana
Quest DTI Hair	13.3%	22.5%	Marijuana

* Quest Drug Testing Metrics are Pre-MRO

DISA Contractor Consortium	Pre-Employment	Random	#1 Drug
DCC Urine	1.51%	0.64%	Marijuana
DCC Oral	0.75%	0.21%	Marijuana
DCC Hair	3.58%	0.79%	Cocaine*

2025 Positivity Rates by Program Type

- ❖ **Corporate Programs**
 Pre-Employment: **2.72%**
 Random Testing: **3.16%**
** Same spike in randoms as COVID*
- ❖ **DOT 5-Panel Urine**
 Pre-Employment: **1.10%**
 Random Testing: **0.51%**
- ❖ **DISA Consortium**
 Pre-Employment: **2.33%**
 Random Testing: **0.58%**



When to Test

- ❖ Pre-Employment
- ❖ Random Drug Testing
- ❖ Reasonable Suspicion
- ❖ Post-Accident Testing
- ❖ Wall-to-Wall Testing
- ❖ Return-to-duty Testing

What Drugs Get Tested For

5-Panel (*DOT Mandated*)

- ❖ Marijuana
- ❖ Amphetamines
- ❖ Cocaine
- ❖ Opioids
 - (*incl. synthetics*)
- ❖ PCP

10-Panel

(*incl. all 5-panel drugs*)

- ❖ Barbiturates
- ❖ Benzodiazepines
- ❖ Propoxyphene
- ❖ Methadone
- ❖ Methaqualone



- ❖ **Effective June 2023**, DOT approved oral fluid in Part 40, but it is blocked pending HHS Guidelines Pre-Requisites.
- ❖ **Go-live prerequisites:**
 - Two HHS-certified oral fluid labs (primary & split)
 - HHS/NLCP-approved collection device
 - Part 40 oral fluid collector qualification and training (separate from urine), with mock-monitor rules clarified in 2024
 - **2026 status:** No labs are certified, preventing collection device and collector training certifications.

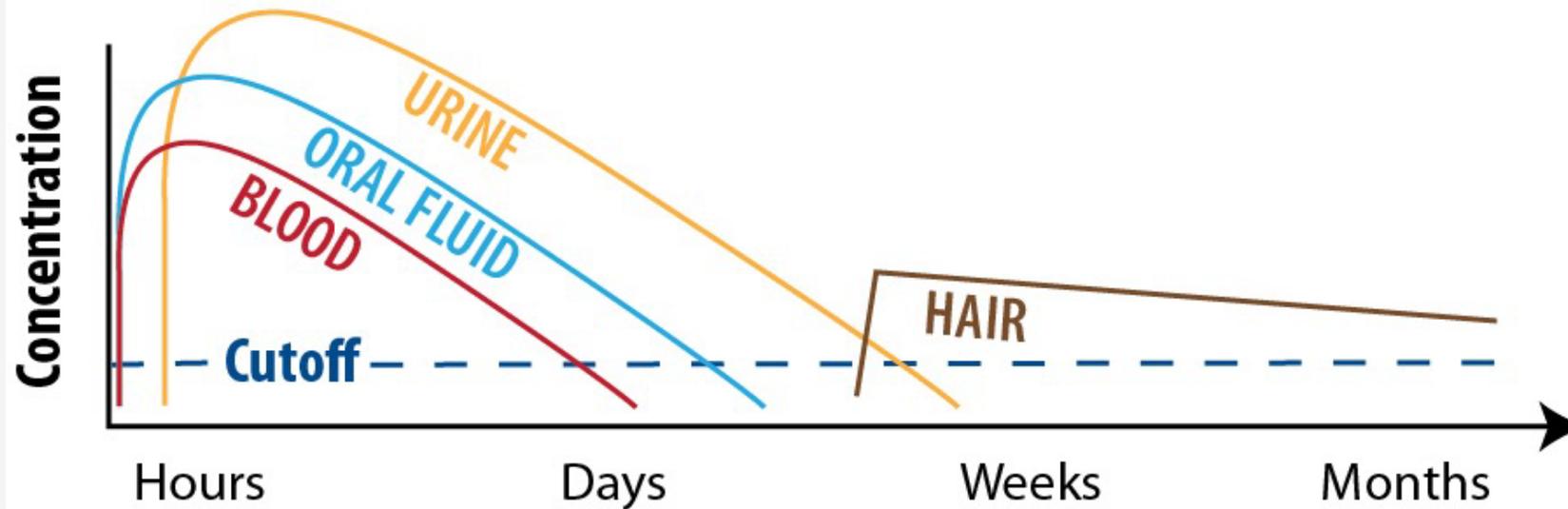
Oral fluid can make sense in SPECIFIC, NON-DOT use cases.

(e.g., THC drug testing in California)

5-Panel Lab-based **Urine** Testing (*DOT Mandated*)
10-Panel Lab-based **Urine** Testing

5-Panel Lab-based **Hair** Testing
11-Panel Lab-based **Oral Fluid** Testing

Windows of Detection



Close the gaps in your program by leveraging both a short-term methodology (Urine/Oral Fluid) with a long-term methodology (Hair)

Detection	Detection Window	Days	Weeks	Months
Short-Term »	Oral Fluid »	✓	✗	✗
	Urinalysis »	✓	✓	✗
Long-Term »	Hair »	✗	✓	✓
Short & Long-Term Methodology		✓	✓	✓



03

Building an Effective Policy

What your program should look like



Medical and Recreational Marijuana

- 37 states, 4 territories, and D.C. have medical marijuana laws
- 24 states, 3 territories, and D.C. have recreational marijuana laws
- Laws do not always address workplace use



Industry Specific

- Impact to certain industries
- Mining, public works, childcare, etc.



Case Law

- Many states, some with multiple cases
- Employer's risk adversity helps determine policy
- May still have local laws that must be considered



Workers' and Unemployment Compensation

- Unemployment comp denial – 49 states, 1 territory, D.C.
- Workers' comp denial – 46 states, 1 territory, D.C.
- Workers' comp premium discount – 12 states
- Legal Liability Protection (LLP)



REMEMBER!

Federal drug testing laws supersede state law for covered employees



- ❖ Determine and Document:
 - Methodologies used for testing (urine, hair, oral fluid)
 - When you're going to test (pre-employment, random, etc.)
 - Which panels you're using for each test
 - Which job roles you're testing
 - Do you have safety-sensitive carve outs
- ❖ Recommend SAMHSA certified laboratory when applicable.
- ❖ Recommend always using an MRO.
- ❖ Develop a policy for fitness for duty and return to work.
- ❖ Laws vary by state, unions agreements, etc.

"One Size Fits All" Doesn't Exist!

Step 2 (Document) – Clearly Document Policy or Policies



- ❖ Use standard legal language to define safety-sensitive positions and testing conditions
- ❖ Be clear in the policy regarding:
 - Prohibited behaviors
 - Drug testing (how, when, and for what)
 - Consequences for policy violations
 - Be clear an employee cannot possess or use marijuana in the workplace or be under the influence at work
 - Define “under the influence” in the policy
 - Detection of any amount is a violation of company policy
- ❖ Determine if you need a medical disclosure policy





- ❖ Train employees on the policy:
 - The prohibited behavior
 - The consequences of use, refusal to test, and positive drug tests
 - Test circumstances
- ❖ If you have a medical disclosure policy, train employees on their obligation to report:
 - Which medications require reporting
 - Not to report information about the specific drug or medical condition, only that they are taking a drug that requires reporting
 - Who they report the information to, program administrator or supervisor
- ❖ Train management and supervisors on the policy:
 - Workplace policy for illicit and prescription drug use
 - Signs and symptoms education
 - Post-accident and reasonable suspicion drug testing
 - Documentation and procedures
 - What to do if notified of a disability or medical condition, request for substance abuse treatment, or assistance



THANKS!

Any questions?

You can find me at

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