Alcohol, Drugs & Impairment Division

Alcohol, Drugs and Impairment Division – NATIONAL SAFETY COUNCIL

Position Statement

Laboratory Drug Testing and the Workplace

Position

Employers should establish a clear and comprehensive policy regarding drug testing. This policy should ensure consistency in application and adherence to recognized scientific, regulatory and legal standards. The policy should also recognize and protect employee rights, while ensuring transparency about procedures and expectations. Drug testing identifies substance use but does not, by itself, establish current impairment.

Employers bear a critical responsibility to safeguard employee well-being, protect the public and minimize environmental risks. To achieve this, employers should adopt a multifaceted approach to workplace safety, recognizing that drug testing is a critical tool in a broader safety strategy.

For drug testing programs to be effective an adequate scope of impairing drugs must be included and have sufficient analytical sensitivity to detect drug use.

The ADID supports clear, evidence-based recommendations for employers on selecting appropriate analytical scope and sensitivity for workplace drug testing.

Background

Workplace safety depends on proactive measures to manage risks associated with drug and alcohol impairment. Employers are encouraged to work closely with their human resources professionals, Medical Review Officers (MROs), legal representatives and other stakeholders to determine which drugs to include (i.e., scope of testing) and the degree of analytical sensitivity (i.e., detection limits) that are appropriate for their needs.

Factors influencing the choice of testing specimen, scope and sensitivity may include:

- Regional trends in substance use.
- Emergence of novel psychoactive substances.
- Safety or performance requirements of workplace roles.
- Reason for the test (e.g., pre-employment versus reasonable suspicion testing, etc.).
- Legal restrictions on increasing or decreasing scope (e.g., federal employers mandated to use certain guidelines).

Adherence to established guidelines promotes consistency, scientific validity and reliability in testing outcomes.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine (UrMG) or Oral Fluid (OFMG) should serve as the minimum standard for scope and sensitivity of testing when testing these specimens.

While there are currently no federally approved guidelines for hair testing, employers may consider the Society of Hair Testing's most recent consensus recommendations for hair testing[1].

The National Safety Council (NSC) recognized the importance of addressing these risks through its positions[2] on Workforce Drug Testing, Substance-Free Workplace Policies and Programs and Cannabis Impairment in Safety-Sensitive Positions. Further, the NSC Alcohol, Drugs and Impairment Division (ADID) issued a position on Performance Impairment in Safety-Sensitive Positions Related to Cannabis and Other Cannabinoids.

Position/Policy Statement #140: Substance-Free Workplace Policies and Programs emphasizes a comprehensive approach to substance-induced impairment, encouraging clear policies, employee education, supervisor training and access to resources like Employee Assistance Programs (EAPs). Transparent communication is highlighted as key to fostering workforce trust.

Position/Policy Statement #157: Workforce Drug Testing identifies drug testing as an essential tool for detecting and addressing impairment that can lead to workplace incidents, injuries and fatalities. The effectiveness of drug testing programs depends on thoughtful design, adherence to recognized standards and consistent implementation. Employers should ensure their policies respect employee privacy and uphold principles of fairness and non-discrimination.

Position/Policy Statement #153: Cannabis Impairment in Safety Sensitive Positions highlights the risks cannabis poses to cognitive and motor functions in safety-sensitive roles. It urges employers to implement testing protocols that detect substances like Δ9-tetrahydrocannabinol (THC) while addressing the challenge of linking test results to actual impairment.

ADID Position Statement: Performance Impairment in Safety-Sensitive Positions Related to Cannabis and Other Cannabinoids emphasizes that the use of cannabis, THC isomers and derivatives, and other impairing cannabinoids is incompatible with performance of safety-sensitive duties. Primary reasons include the poor correlation between THC concentrations in biological fluids and actual impairment and the need for extended abstinence periods before employees can be reliably considered unaffected by THC use. The statement advises employers to implement policies prohibiting such use in these roles and to consider reassigning workers who use cannabis or related products to non-safety-sensitive positions.

Collectively, these statements highlight the importance of implementing scientifically robust and well-designed workplace drug testing protocols, but they do not comprehensively address recommendations for minimum analytical scope and sensitivity.

The ADID supports clear, evidence-based recommendations for employers on selecting appropriate analytical scope and sensitivity for workplace drug testing. Effective testing programs should consider emerging drug trends, the specific safety demands of roles and the advantages and limitations of various specimen types including blood, urine, oral fluid and hair. By using laboratory testing procedures aligned with best practices employers can ensure their policies effectively enhance workplace safety while meeting scientific, regulatory and ethical obligations.

Selection of Drug Testing Program Details

Employers implementing drug-testing programs should tailor their policies to the specific needs and circumstances of their workplace. Selecting the appropriate specimen type and analytical

[1] At the time of this publication there is a proposed SAMHSA mandatory guideline for hair under review.

[2] See References section for further on NSC position statements and retrieval locations.

scope and sensitivity depends on the test purpose and context. Key considerations for employers to refine their approach include:

1. Test Purpose

- **Pre-Employment Testing** is a tool to ensure candidates meet the organization's safety and substance use standards. Longer windows of drug detection (hair or urine testing) may be appropriate, if necessary, to reduce risk and compliance management.
- **Reasonable Suspicion Testing** is utilized when an employer determines there is reasonable suspicion of employee drug impairment during work performance. Employers may choose to use an expanded testing scope. Consideration should be given to using matrices with shorter windows of detection (oral fluid or blood) to increase the likelihood of test results correlating with observed impaired behavior and parent drug presence, as opposed to metabolites.
- **Post-Incident Testing** helps determine if drugs or alcohol contributed to workplace incidents. Employers may choose to use an expanded testing scope. Testing matrices with shorter windows of drug detection (oral fluid or blood) may increase the likelihood of test results correlating with impairment. If circumstances result in delayed collection times, urine testing provides an increased detection window due to prolonged detection of metabolites.
- **Random Testing** deters substance use by providing ongoing monitoring at unpredictable intervals. Specimens that provide longer drug detection times may increase the deterrence effect of such programs.
- **Probationary/Adherence Testing** is used to monitor employees returning to work after a substance use violation or treatment program. Testing may focus on compliance with agreed-upon substance use policies and terms of the employee's return to work. Decisions on test specimen should be based upon the employer's intended detection times. Hair testing should be avoided in return-to-work scenarios to avoid risk of positive findings due to the long detection window of substances in hair that might include the time of substance use that led to the need for probationary/adherence testing.

The detection of a drug in a specimen indicates consumption prior to sample collection; it does not indicate impairment without other corroborating evidence. Scheduled drug testing is not recommended due to reduced substance use deterrence as employees may temporarily abstain from use. Scheduled testing may also increase likelihood of sample adulteration.

2. Selecting the Appropriate Specimen Type

The choice of specimen type for testing depends on the intended purpose, logistics of sample collection, cost of analysis, scope of detectable drugs, industry regulations (if applicable), desired drug detection window and other factors. Employers should consult with their MRO, legal counsel and other stakeholders when making this selection. Some considerations are listed below.

- **Blood (Whole Blood, Plasma, or Serum):** Blood is recommended for reasonable suspicion or post-incident testing. It is widely used in forensic settings but less commonly in workplace applications due to intrusive collection, cost, and storage and shipping requirements. Therapeutic drug concentrations are available for reference purposes.
- **Oral Fluid**[3]: Oral fluid is recommended for pre-employment, random, reasonable suspicion and post-incident testing. It is ideal for identifying recent use of many drugs. Oral

[3] Oral fluid, like other specimen types, can be utilized for either screening or confirmatory testing. Employers should be aware that rapid oral fluid tests are screening tests and also require laboratory confirmation before integration into formal workflows or potential adverse employment actions.

fluid and blood generally have similar windows of detection and shorter windows of detection than urine. Note: Many drugs have a higher concentration in oral fluid than blood, but some may be present in lower concentrations in oral fluid than blood, limiting detection (e.g., benzodiazepines).

- **Urine**: Urine is recommended for pre-employment and random testing. It has limitations in reasonable suspicion and post-incident testing. Urine is suitable for detecting substance use from hours to weeks, depending upon the substance involved, use patterns and other factors. Urine testing can be useful in maintaining zero-tolerance policies or when there is a substantial delay in specimen collection after an incident.
- **Hair**: Hair may be utilized for pre-employment testing and random testing in a deterrence program. It provides a wider detection window than urine or oral fluid, making it valuable for investigating compliance over weeks to months. Hair testing does not indicate recent drug use, as it takes extended time for drugs to be deposited in hair. Additionally, hair testing may not be suitable to detect infrequent use or single exposures to a drug. The potential for environmental contamination and interference from some hair treatments may present challenges.

4. Consideration of Forensic Recommendations

Employers may find the *Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2025 Update*[4] a valuable resource when developing or refining their workplace drug testing procedures. While the publication is intended for use in impaired driving cases, its detailed scope and prioritization of impairing substances into Tier I and Tier II categories can provide useful insights. These tiers reflect the prevalence and importance of various substances in impairment-related contexts, offering employers a framework for evaluating which substances to include in their testing programs. Employers should refer to the most current version of the document to ensure they are considering up-to-date recommendations.

It is important to note that the scope and cutoffs outlined in this publication may not align with traditional workplace urine testing, which is widely used by employers. The recommendations focus on blood and oral fluid, and the cutoffs may be lower than those typically offered in commercial occupational health testing. Despite these differences, the prevalence data, scope and prioritization can help inform decisions about testing matrices, substances included and detection thresholds in workplace settings.

References

1. U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. (2023). *Federal custody and control forms, HHS guidelines, and memos*. Retrieved, August 14, 2025, from https://www.samhsa.gov/workplace/forms-guidelines
2. U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. (2023). *Mandatory guidelines for federal workplace drug testing programs using urine*. https://www.federalregister.gov/documents/2023/10/12/2023-21734/mandatory-guidelines-for-federal-workplace-drug-testing-programs
3. U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. (2023). *Mandatory guidelines for federal workplace drug testing*

[4] The recommendations in this paper were developed by the National Safety Council's Alcohol, Drugs and Impairment Division (ADID) based upon laboratory surveys, drug-use patterns, epidemiological data and typical analytical capacity of laboratories conducting forensic analysis of specimens from impaired driving cases.

programs using oral fluid. https://www.federalregister.gov/documents/2023/10/12/2023-21735/mandatory-guidelines-for-federal-workplace-drug-testing-programs

4. Society of Hair Testing – Publications: https://www.soht.org/publications
5. Amanda L D'Orazio, Amanda L A Mohr, Ayako Chan-Hosokawa, Curt Harper, Marilyn A Huestis, Sarah Kerrigan, Jennifer F Limoges, Amy K Miles, Colleen E Scarneo, Karen S Scott, Barry K Logan, Recommendations for toxicological investigation of drug-impaired driving and motor vehicle fatalities—2025 update, *Journal of Analytical Toxicology*, 2025; https://doi.org/10.1093/jat/bkaf085
6. National Safety Council. (2019). *Position / policy statement 153: Cannabis impairment in safety-sensitive positions*. https://www.nsc.org/getattachment/e6e02b9a-2844-4a5d-b5b3-222fc03d5b70/w-cannabis-impairment-safety-sensitive-positions-153
7. National Safety Council. (2020). *Position / policy statement # 157: Workforce drug testing*. https://www.nsc.org/getattachment/c5a12103-0578-4458-9270-692819e4bfa0/w-workforce-drug-testing-157
8. National Safety Council. (2017). *Position / policy statement 140: Substance-free workplace policies and programs*. https://www.nsc.org/getattachment/7977ffe5-efc8-45fb-9169-9e6e59adfe0c/w-substance-free-workplace-140
9. National Safety Council Alcohol, Drugs and Impairment Division. (2024). *Position statement: Performance impairment in safety-sensitive positions related to cannabis and other cannabinoids.* https://www.nsc.org/getmedia/276e96cd-ae96-401c-996c-cfbacc9d6696/adid-cannabis-safety-sensitive-positions.pdf

Approved by Division Vote – 05/01/2026