



**ACCREDITED TRAINING FOR THE NATIONAL
REGISTRY OF CERTIFIED MEDICAL
EXAMINERS**

MODULE 8

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Welcome to the TeamCME accredited training for the National Registry of Certified Medical Examiners. This Module 8.



SCHEDULED DRUG USE



The Medication Standard

49 CFR 391.41(b)(12)

"A person is physically qualified to drive a commercial motor vehicle if that person- Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.

(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.

(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR part 1308 **EXCEPT** when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle."

The Prescription Exception:

Paragraph (b)(12)(ii) allows a driver to be medically qualified when using a Schedule II through V drug if it is prescribed by a licensed medical practitioner who:

- is licensed under applicable law to prescribe controlled substances and other drugs
- is familiar with the individual's medical history
- has advised the individual that the substance will not adversely affect the individual's ability to safely operate a commercial motor vehicle



This is the Medication Standard from the Code of Federal Regulations. It states that a person who has a prescription for a schedule II through V medication can be certified if the prescriber is licensed under applicable law to prescribe controlled substances and other drugs, is familiar with the driver's medical history, and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0044. Public reporting for this collection of information is estimated to average approximately 9 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-REA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



391.41 CMV DRIVER MEDICATION FORM

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period); straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.) The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns; adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver. There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching periods); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

CERTIFIED MEDICAL EXAMINER'S REQUEST FOR INFORMATION

Driver Name: _____ Date of Birth: _____

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. During the medical evaluation, it was determined this individual is taking medication(s) that may impair his/her ability to safely operate a CMV. As the certified Medical Examiner (ME), I request that you review the regulations as noted below, complete this form, and return it to me at the mailing address, email address, or fax number specified below. The final determination as to whether the individual listed in this form is physically qualified to drive a CMV will be made by the certified ME.

49 CFR 391.41(b), Physical Qualifications for Drivers: A person is physically qualified to drive a CMV if that person ... (12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug; (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a CMV.

Printed Name of Certified Medical Examiner: _____ Date: _____
 Street Address: _____ City, State, Zip Code: _____
 Email Address: _____ Fax Number: _____
 Signature of Certified Medical Examiner: _____

Use of this form by the certified medical examiner is voluntary.

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Obtaining Prescription Information

“One way for the medical examiner to obtain the information that shows the prescription exception is satisfied is to request a written communication from the prescribing licensed medical practitioner who satisfies the regulation’s requirements.”

The easiest way to accomplish this is to use the voluntary form created by FMCSA, titled 391.41 CMV Driver Medication Form, MCSA-5895.



One way for the medical examiner to obtain the information that shows the prescription exception is satisfied is to request a written communication from the prescribing licensed medical practitioner who satisfies the regulation’s requirements. The easiest way to accomplish this is to use the voluntary form created by FMCSA, titled 391.41 CMV Driver Medication Form, MCSA-5895.



When the prescribing provider will not provide medication clearance:

- Is a change of medication appropriate?
 - Medication Change Caution:
 - The driver's medical condition may become uncontrolled
 - ME should not "interfere" with the driver's treatment
- Driver may consider changing providers

If clearance is required but not obtained, disqualify the driver.



When medication clearance is required and the prescribing provider will not provide it, there are only a few options. The Medical Examiner may ask the prescribing provider if another medication would be available and appropriate. Make certain you are not interfering with the driver's medical treatment. If a change of medication occurs, Medical Examiners should consider whether the new medication will effectively treat the medical condition and may decide to issue a medical certificate for a limited time or delay issuing a medical certificate until it is determined that the new medication is effective. If all efforts to obtain clearance fail, the driver should be disqualified. The driver also has the option of switching to a different provider, but this may take some time before the new provider feels comfortable with the driver and the treatment plan.



Schedule I: These drugs have no currently accepted medical use in the United States under Federal law

- Includes many opiates, opiate derivatives, and hallucinogenics
 - Heroin and Marijuana

Schedule II: These drugs have a high abuse potential

- May lead to severe psychological or physical dependence
- Includes opioids, depressants, and amphetamines
- **Note: Methadone** has been removed from the Medical Advisory Criteria as a medication that precludes certification
 - The ME should obtain the opinion of the prescribing provider who is familiar with the driver's health history as to whether treatment with methadone adversely affects the driver's ability to safely operate a CMV

Schedules III-V: These drugs have a lower potential for abuse

- **Note: Suboxone** (a schedule III drug) and other drugs that contain buprenorphine and naloxone are not identified as medications that preclude medical certification
 - The ME should obtain the opinion of the prescribing provider who is familiar with the driver's health history as to whether treatment with Suboxone adversely affects the driver's ability to safely operate a CMV



Schedule I drugs have no currently accepted medical use in the United States under Federal law. They include many opiates, opiate derivatives, and hallucinogenics including Heroin and marijuana. Schedule II drugs have a high abuse potential that may lead to severe psychological or physical dependence. They include opioids, depressants, and amphetamines. Of note, Methadone has been removed from the Medical Advisory Criteria as a medication that precludes certification. The ME should obtain the opinion of the prescribing provider who is familiar with the driver's health history as to whether treatment with methadone adversely affects the driver's ability to safely operate a CMV. Of note, Suboxone (a schedule III drug) and other drugs that contain buprenorphine and naloxone are not identified as medications that preclude medical certification. The ME should obtain the opinion of the prescribing provider who is familiar with the driver's health history as to whether treatment with Suboxone adversely affects the driver's ability to safely operate a CMV.



Prescription & OTC Medication Use

“The **FMCSRs do not include a list of prohibited medications by name**. However, MEs may disqualify a driver who takes any medication or combination of medications and substances that may impair or interfere with safe driving practices.”

“All medications must be assessed to determine the potential risk of adverse side effects... and the direct impact the potential side effects have on CMV driving.”

“In addition, the ME may confer with the treating medical specialist(s) who is familiar with the driver’s health history.”



This statement was taken directly from the FMCSA Periodic Training, released in July of 2022. It states that the **FMCSRs do not include a list of prohibited medications by name**. However, a driver can be disqualified when taking any medication or combination of medications that may interfere with safe driving. The ME may confer with the treating medical specialist who is familiar with the driver’s health history but the final physical qualification determination of the driver rests with the certifying ME.



Marijuana, THC, & CBD

Marijuana and marijuana extracts containing greater than 0.3% delta-9-tetrahydrocannabinol (THC) are considered schedule I drugs.

- **Drivers using such substances cannot be physically qualified under any circumstance**
- Even if marijuana is legal in the State where the driver resides

The FDA does not currently determine or certify the levels of THC in products that contain cannabidiol (CBD)

- There is no oversight to ensure that the amount of THC claimed to be in CBD products is accurate
- Drivers who use these products do so at their own risk

MEs may request that drivers obtain and provide the results of a non-DOT drug test during the medical certification process.



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A driver presents the following list of medications: Zofran, Zoloft, Zolpidem, and Zithromax. Which of these medications is most concerning to the medical examiner?

- A. Zofran
- B. Zoloft
- C. Zolpidem
- D. Zithromax

The correct answer is **C**. The medication of greatest concern is Zolpidem (Ambien). It is a sleep aid prescribed for insomnia. It has a half-life of 2.5-3 hours. The medical examiner should verify from the prescriber that the condition is stable, and that the driver is not driving within at least 6 hours of taking the medication. Zofran (Ondansetron) is an anti-nausea medication that often causes drowsiness. Follow-up questions might include why they were prescribed the medication and how often they are taking it. A driver should not be operating a CMV when nauseated or while taking a medication that causes drowsiness. Zoloft (Sertraline) is an SSRI antidepressant with minimal side effects that are unsafe for driving. The concern here is whether the driver has had any severe depressive episodes and if the treatment is effective and the condition is stable. Zithromax (Azithromycin) is an antibiotic most prescribed for respiratory infections.



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Which of the following medications requires regular lab monitoring?

- A. Montelukast
- B. Lithium
- C. Coumadin
- D. Xarelto
- E. Both B and C

The correct answer is **E**. Lithium is used for mental health disorders and requires regular lab work. Coumadin is an anticoagulant that requires a monthly INR value of 2-3. Xarelto is an anticoagulant that does not require lab monitoring. Montelukast (Singulair) is used for the treatment of allergies.



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DRUG & ALCOHOL REGULATION





Testing is required for:

- All drivers with a CDL
- Drivers operating CMV over 26,000lbs
- Drivers transporting 16 or more passengers
- Drivers transporting hazardous waste on public roadways

Includes:

- Federal, State and local government
- Owner-operators
- Equivalently licensed drivers from foreign countries
- For-hire motor carriers



Medical examiners should be familiar with the FMCSA regulations for alcohol and drug testing. All drivers that have a CDL License, regardless of whether they are driving interstate or intrastate, must be in a federal drug testing program if they drive a vehicle that weighs over 26,000 pounds, or a vehicle that is placarded for hazardous waste, or vehicles transporting 16 or more passengers. This includes federal, state, and local government drivers, owner-operators and drivers that are CDL licensed drivers from Mexico and Canada.



Drug and Alcohol Use

A test for controlled substances is not required as part of the medical certification process, but MEs may use drug and/or alcohol abuse screening tests.

*Even in the absence of abuse, the **driver should be counseled** regarding interactions of other drugs and alcohol with medications.*



A test for controlled substances is not required as part of the medical certification process but the medical examiner may use a drug and alcohol abuse screening test if desired. Medical examiners should counsel the driver regarding interactions of drugs and alcohol with their other medications.



Drug Testing



- **Pre-employment** (alcohol test is optional)
 - If not in a random program the last 30 days, or if one year of past testing records are not available
- **Post-Accident**
 - Required if a fatality, or if the driver is cited and truck towed, or medical treatment occurs away from the accident site
- **Reasonable Suspicion** (one supervisor, manager)
- **Random**
- **Return to Duty**
- **Compliance with SAP requirements**
 - Conduct Follow-up testing (up to 5 years)

Employers are responsible for implementing and maintaining their own program.



Federal drug testing programs include more than just randomized testing. For a new employee, the driver must have a pre-employment drug test if they have not been in a randomized testing consortium in the last 30 days or if the motor carrier cannot obtain the driver's drug testing records for the last year. Because of the difficulty in obtaining past drug testing records, most companies require the driver to have a pre-employment drug test. Drivers cannot drive until the results of the drug test is obtained.

Before performing a DOT post-accident drug and alcohol test, it should be confirmed that the accident meets the DOT definition of an accident. An accident has occurred if there is a fatality or, when the driver was cited by law enforcement and a vehicle was towed away from the accident scene, or where the driver was cited by law enforcement and a person received medical treatment away from the accident scene.

Reasonable suspicion testing is the most litigated type of testing performed. It occurs when at least one supervisor who has had alcohol and drug abuse training to recognize signs of impairment requests that a test be performed. Follow-up testing is for drivers who have completed a substance abuse program and must have follow-up testing for up to five years.

Employers are responsible for implementing and maintaining the alcohol and drug testing program themselves or have it managed by a third-party administrator.



Drug Testing

Substance abuse may occur from:

- Illegal substances
- Prescription substances
- OTC substances
- Supplements and herbs

Information on drug abuse can come from:

- DER (Designated Employee Representative)
- MRO (Medical Review Officer)
- SAP (Substance Abuse Professional)



Alcohol and drug abuse can occur with substances such as prescription medications, over-the-counter medications, supplements, herbs, designer substances or chemical compounds. Information regarding a driver's drug abuse can come from a breath alcohol technician, the driver's designated Employee Representative, a Medical Review officer, or a Substance Abuse Professional.



Medical Review Officer (MRO):

A licensed physician (MD, DO) who receives and reviews laboratory results generated by a DOT drug test and obtains an explanation for certain results.

Substance Abuse Professional (SAP):

A person who evaluates drivers who have violated DOT drug/alcohol regulations and makes recommendations concerning education, treatment, follow-up testing and aftercare.



The medical review officer (MRO) is a licensed MD or DO who receives and reviews the results of drug tests of commercial drivers from the laboratory. Whenever a drug test indicates the presence of a controlled substance or an illicit drug, the MRO must determine if there is an allowable explanation for that result by contacting the driver for a list of medications that might be responsible for the positive drug test. The MRO reports these results to a third-party administrator and/or to the driver.

The substance abuse professional (SAP) evaluates the driver and makes recommendations concerning treatment, education, follow-up testing, and after care. They determine when a driver has completed the drug or alcohol abuse treatment program, allowing the driver to return to driving.



DOT-Qualified Substance Abuse Professional

The regulations pertaining to SAPs and the return-to-duty process are found in 49 CFR Part 40 Subpart O

DOT Qualified Substance Abuse Professionals (SAPs) have knowledge of not only the diagnosis and treatment of abuse-related disorders, but also of DOT drug and alcohol testing and return-to-duty processes as required by §40.281.

1. Evaluates driver who has violated DOT drug and alcohol regulations
2. Makes recommendations concerning education, treatment, follow-up testing, and aftercare
3. Once the education and/or treatment is successfully completed, they reassess the driver's condition
 - They complete a report and prescribe a series of follow-up tests covering a period of one to five years
4. Any motor carrier employing the driver during the prescribed period must complete the follow-up testing as specified by the SAP



The DOT-qualified substance abuse professional plays a large part in the certification process for drivers who have had a violation of DOT alcohol and drug policy. They initially evaluate the driver and make recommendations concerning education and treatment, follow up testing, and aftercare once the driver completes the recommended treatment and education program. The substance abuse professional then reassesses the driver and if satisfied with the driver's progress and compliance, they complete a report and prescribe a series of follow-up drug or alcohol testing, covering a period of 1 to 5 years. Any motor carrier who employs this driver must complete the follow up testing as recommended by the SAP. When the driver returns for a new or subsequent medical exams, the ME should verify the driver is compliant with their follow-up testing requirements.

When a driver has a positive result from a non-DOT drug test, this is not a violation of DOT alcohol and drug testing regulations. The ME should require the driver to be evaluated by an SAP, but it is not required for the SAP to be DOT-qualified.



Making the Physical Qualification Determination

Considerations:

- Is information available from the prescribing licensed medical practitioner who is familiar with the driver's medical history regarding whether any scheduled substances will adversely affect the driver's ability to safely operate a CMV?
- What is the underlying condition for which the medication is being prescribed? Medications are commonly used off-label.
- Are there side effects such as hypotension, sedation, depressed mood, cognitive deficits, decreased reflex responses, or unsteadiness present that will affect the driver's ability to safely operate a CMV?
- Does the driver have signs of drug abuse, such as tremors, needle track marks, or multiple skin eruptions?
- Has treatment with a scheduled substance been shown to be adequate, effective, safe, and stable?



The ME should consider the following when making a physical qualification determination:

- Is information available from the prescribing licensed medical practitioner who is familiar with the driver's medical history regarding whether any scheduled substances will adversely affect the driver's ability to safely operate a CMV?
- What is the underlying condition for which the medication is being prescribed? Medications are commonly used off-label.
- Are there side effects such as hypotension, sedation, depressed mood, cognitive deficits, decreased reflex responses, or unsteadiness present that will affect the driver's ability to safely operate a CMV?
- Does the driver have signs of drug abuse, such as tremors, needle track marks, or multiple skin eruptions?
- Has treatment with a scheduled substance been shown to be adequate, effective, safe, and stable?



Practice Scenario

A 59-year-old insulin-treated diabetic male relates that two days ago he was recently selected for a random DOT drug test. The test was positive for THC but the driver states that he does not use marijuana. He only takes CBD gummies every morning to help with the pain from his peripheral neuropathy. He remarks that the gummies' container states that the product does not contain THC. The driver presents the ME with an Insulin-Treated-Diabetes-Mellitus Assessment form completed 2 months ago. After reviewing the form, there does not appear to be anything that might cause disqualification. It was also noted that the driver did produce a record of the last 3 months of blood glucose monitoring to their treating provider. Also, while in the clinic the provider obtained an A1c on the driver which showed a result of 7.6%.

Physical Exam:

- UA glucose of 130mg/dL
- Decreased protective sensation with monofilament to both feet, from the ball of the foot and distally
- Light touch and position sense of the feet were normal
- The rest of the exam was unremarkable

**Should the driver be disqualified or certified to drive? Why? If certified, for how long?
Is there anything else needed such as other tests or documentation?**



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Physical Exam: Urinary glucose was 130mg/dL. The driver had decreased protective sensation with monofilament to both feet, from the ball of the foot and distally. Light touch and position sense of the feet were normal. The rest of the exam was unremarkable.

Should the driver be certified or disqualified to drive? Why? If certified, for how long? Is there anything else needed such as other tests or documentation?



Practice Scenario Answer

There are multiple issues in this scenario.

- The driver tested positive for THC. Regardless of the cause, the driver must complete a DOT-accredited substance abuse program. **They must be disqualified.**
 - Exactly what that program consists of is between the substance abuse professional and the driver
 - The driver cannot be certified until the ME receives documentation of completion of the recommended program from the substance abuse professional
 - The driver can then be certified for up to 2 years
- The driver's peripheral neuropathy does not appear to be very severe. He can still feel soft touch and position sense. As the musculoskeletal exam was reportedly unremarkable, the driver does not likely have any motor neuropathy. Drivers with any form of peripheral neuropathy should only be certified for a year.
- As for the insulin-treated diabetes, everything checks out, except that it has been **too long** from the time the treating provider completed the Insulin-Treated Diabetes Mellitus Assessment Form. A DOT physical exam *must be completed within 45 days* of this form being completed. **The driver must be disqualified.**

There are multiple issues in this scenario. The driver tested positive for THC. Regardless of the cause, the driver must complete a DOT-accredited substance abuse program. They must be disqualified.

Exactly what that program consists of is between the substance abuse professional and the driver. The driver cannot be certified until the ME receives documentation of completion of the recommended program from the substance abuse professional. The driver can then be certified for up to 2 years.

FMCSA recommends that drivers not use any type of CBD product for this very reason. Even when a product claims that there is no THC, every batch is different and there is the possibility of cross-contamination with other THC-containing products.

The driver's peripheral neuropathy does not appear to be very severe. He can still feel soft touch and position sense. As the musculoskeletal exam was reportedly unremarkable, the driver does not likely have any motor neuropathy. Drivers with any form of peripheral neuropathy should only be certified for a year.

As for the insulin-treated diabetes, everything checks out, except that it has been **too long** from the time the treating provider completed the Insulin-Treated Diabetes Mellitus Assessment Form. A DOT physical exam **must be completed within 45 days** of this form being completed. The driver must be disqualified.



ALCOHOL ABUSE



“A person is physically qualified to drive a commercial motor vehicle if that person has no *current clinical diagnosis of alcoholism*.”

- This is designed to encompass a current alcoholic illness where the driver’s condition has not fully stabilized
- **When in remission, a driver may be certified**
- The ME can require drivers to provide documentation from a qualified substance abuse evaluation professional
 - Should include an opinion concerning whether a current clinical diagnosis of alcoholism is present

When the driver discloses excessive use of alcohol, or signs of alcoholism are observed, *the ME can request a **non-DOT alcohol test** to aid in the qualification determination*

- Use of a certified substance abuse professional is not required



The regulations states, “A person is physically qualified to drive a commercial motor vehicle if that person has no *current clinical diagnosis of alcoholism*.” A current clinical diagnosis of alcoholism encompasses a current alcoholic illness where the driver’s condition has not fully stabilized. When in remission, a driver may be certified. The ME can require drivers to provide documentation from a qualified substance abuse evaluation professional. This should include an opinion concerning whether a current clinical diagnosis of alcoholism is present. When the driver discloses excessive use of alcohol, or signs of alcoholism are observed, *the ME can request a **non-DOT alcohol test** to aid in the qualification determination*. The use of a certified substance abuse professional is not required.



Driver History

Currently drink Alcohol?

Follow-up questions to medical history:

- Binge drinking or daily consumption
- Any DUIs not related to commercial driving
- Diagnosis of Alcoholism, Previous treatment, Current participation in program

FMCSA “trigger” for alcohol use is *14 or greater drinks per week*.
Have driver complete an alcohol questionnaire.

Standard screening questionnaires:

- CAGE
- AUDIT
- T-ACE



If a driver answers “yes” to the question “Do you Currently drink Alcohol” on page 2 of the exam form, the Medical Examiner should ask additional questions to determine if a SAP evaluation is needed. Does the driver’s drinking involve binge drinking or daily consumption, or mostly weekend consumption? Does the driver have any DUIs not related to commercial driving? Does the driver have a diagnosis of alcoholism? Has the driver been treated previously, or do they attend an abstinence program voluntarily? The FMCSA trigger is whether the driver consumes 14 or more drinks a week. If so, the Medical Examiners should take further action such as using the AUDIT, CAGE, or T-ACE questionnaires to determining whether further evaluation is required.



CAGE Questionnaire

CAGE is an acronym for the 4 questions asked.

- Have you ever felt you need to **C**ut down on drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt **G**uilty about drinking?
- Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?
 - This is the most important question

Two “yes” responses indicate the possibility of alcoholism.



This is the CAGE questionnaire. CAGE is an acronym which stands for cutting down, annoyed, guilty, and eye-opener. Two “yes” responses indicate the possibility of a current clinical diagnosis of alcoholism and the medical examiner may be prompted to order an evaluation from a substance abuse professional. The questions are, “Have you ever felt you need to cut down on drinking?” “Have people annoyed you by criticizing your drinking?” “Have you ever felt guilty about drinking?” And “Have you ever felt you needed a drink first thing in the morning to steady your nerves or to get rid of a hangover (otherwise known as an eye-opener)?”



Ongoing voluntary attendance at self-help groups:

- *Does not fulfill the requirement to complete SAP treatment program*
- Are not disqualifying when used for maintenance of recovery

Additional medical assessment may be required, secondary to a history of drug abuse and alcoholism (e.g., target organ damage, balance)

ME discussion with driver:

- Risks with combining medications and alcohol



Once a driver has returned to commercial driving, the driver may voluntarily attend self-help groups and not be disqualified from driving if the purpose for their voluntary attendance is to maintain the recovery. Voluntary attendance at a self-help group does not fill the requirement to complete a substance abuse professional treatment program or an evaluation for drivers that have a history of drug abuse and alcoholism. The medical examiner may want additional medical assessment subject to target organ damage, loss of balance or cognitive function. The medical examiner should discuss with the driver the risk with combining medications and alcohol use.



Practice Scenario

A 42-year-old female admits to having just completed her “first ever” 30-day alcohol rehabilitation that was court- mandated, after a reported DUI. She has a scheduled Alcoholic Anonymous meeting this evening.

- She has had no SAP evaluation but admits to seeing “rehab counselors” and an “alcoholic doctor” evaluation in the rehab facility

Should the driver be disqualified or certified to drive? Why?

Should the driver be able to drive herself home?

What documentation is required?



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She has had no SAP evaluation but admits to seeing “rehab counselors” and an “alcoholic doctor” evaluation in the rehab facility. Should the driver be disqualified or certified to drive? Why? Should the driver be able to drive herself home? What documentation is required?



Practice Scenario Answer

- Driver appears to have a current clinical diagnosis of alcoholism
- Pending additional information, including SAP evaluation, the driver should not be qualified to operate a CMV

Disqualify, awaiting an SAP evaluation



This driver appears to have a current clinical diagnosis of alcoholism. The best outcome for this driver would be for the medical examiner to disqualify the driver. Before being certified, additional needed information includes an evaluation by an SAP.



This is the end of Module 8.