

CRS Report for Congress

Drug-Testing in the Workplace: An Overview of Private Sector Employee and Employer Interests

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DRUG-TESTING IN THE WORKPLACE AN OVERVIEW OF PRIVATE SECTOR EMPLOYEE AND EMPLOYER INTERESTS

SUMMARY

Employer concerns about workplace drug-abuse have been growing in recent years. In response, more and more private sector employers have instituted employee testing programs. The most extensive survey of employer drug-testing policies to date is a survey of 7,500 private nonagricultural businesses, conducted by the Bureau of Labor Statistics (**BLS**) in the summer of 1988. **BLS's** survey indicated that about 20 percent of private nonagricultural employees work for an employer with some sort of drug-testing program. Employers contend testing is necessary to control employee **drug-abuse** and its deleterious effects on workplace productivity, safety, and security. Unions and other opponents of testing contend drug-testing violates employee privacy, does not measure impairment, and they contend, employers do not always enforce drug-abuse regulations uniformly.

Since drug-testing has become more widespread, data indicate that the percentage of employees testing positive has declined. Smith-Kline **Beecham** Clinical Laboratories, a national drug-testing laboratory which has tested approximately six million private and public sector employees for drug use since 1987, reports annually on positive test results. Smith-Kline found the percentage of both employees and job applicants testing positive to have fallen for the fifth straight year in 1991, to 8.8 percent.

Many statistics on the costs of workplace drug-abuse have been published and circulated; whether these statistics are an accurate measure of these costs is the subject of heated controversy. Some studies have indicated that **drug-users** are less productive, have more workplace accidents, have more health problems, and have higher rates of absenteeism than other workers. - Critics argue that some of these studies overestimate the costs of workplace drug-abuse.

Legislation affecting private sector workplace drug-abuse policies include the Drug-Free Workplace Act of 1988 (**P.L.** 100-690, Title V, Subtitle D) which requires recipients of Federal grants and contracts **to certify** that they are maintaining a drug-free workplace; and, the Department of **Transportation** and Related Agencies Appropriations Act, 1992 (**P.L.** 102-143) which mandates **drug-** and alcohol-testing of safety-sensitive transportation workers. Safety-sensitive transportation workers have been subject to drug-testing following the Department of Transportation issuance of testing regulations in November, 1988. However **P.L.** 102-143 also requires alcohol-testing, provides for coverage of intrastate commercial motor vehicle **operators**, and provides a legislative mandate for testing of employees in mass transit, which earlier court rulings had called into question.

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DRUG-TESTING IN THE WORKPLACE: AN OVERVIEW OF PRIVATE SECTOR EMPLOYEE AND EMPLOYER INTERESTS

Employer concerns about workplace drug-abuse have been growing in recent years. In response, more and more private sector employers have instituted employee testing programs. The American Management Association (AMA) has been surveying its membership regarding drug-testing since 1987. In 1991, the AMA survey found that 63 percent of respondent companies tested employees for drugs, a 200-percent increase from the 21.5 percent of companies that tested in 1987.

The most extensive survey of employer drug-testing policies to date is a survey of 7,500 private nonagricultural businesses, conducted by the Bureau of Labor Statistics (BLS) in the summer of 1988. BLS's survey indicated that about 20 percent of private nonagricultural employees work for an employer with some sort of drug-testing program. In addition, the survey results indicated that large employers are much more likely to conduct drug-testing or have voluntarily implemented an employee assistance program (EAP) than are small employers. Thus, 43 percent of large businesses (those with more than 1,000 employees) had drug-testing programs compared to only 2 percent of small businesses (those with fewer than 50 workers). For EAPs, the figures were 76 percent for large businesses versus 9 percent for small businesses. Employers are more likely to conduct drug-tests on job applicants than current employees; and, job applicants are more likely to test positive than current employees. BLS's survey found 85 percent of those employers who tested for drug-use were testing applicants, and 64 percent were testing current employees. Twelve percent of the tested applicants had positive drug-tests compared to 9 percent of current employees.

In support of drug-testing, employers and other proponents argue: (1) workers who abuse drugs have lower productivity (2) drug-users have more health problems, and hence generate higher employer insurance premiums; (3) drug-users have higher rates of absenteeism and on-the-job accidents; (4) drug-users may be responsible for lawsuits against the employer by employees or customers who are injured by drug-abusers; and, (5) drug-users may steal from their employer to support their drug habit or disclose confidential information in exchange for money or drugs.

However, unions, employees and other opponents of employee drug-testing argue: (1) drug-tests violate the Fourth Amendment prohibition against unreasonable searches and seizures by the Government (2) the tests may be inaccurate; (3) a positive test indicates only the presence of certain quantities of drug residue — it is not evidence that an individual is impaired in his/her job performance; (4) there is potential for abuse of the information revealed through

the test by an **employer**; and, (5) employers do not always enforce drug-use regulations **uniformly**.

The role of **Congress** in private sector testing has recently increased with passage of legislation mandating drug- and alcohol-testing of all safety-sensitive transportation workers. This report examines some of the controversial issues surrounding private sector drug-testing including test and laboratory accuracy, costs and benefits of drug-testing, the role of collective bargaining in private sector drug-testing, the existing Federal framework affecting private sector testing as well as the requirements of new transportation **industry** legislation mandating drug- and alcohol-testing for **all** safety-sensitive transportation workers.

DRUG-TESTS: WHAT ARE THEY AND WHAT CAN THEY DO?

The three main drug tests currently in use are: (1) enzyme multiplied immunoassay technique (EMIT); (2) **radioimmunoassay (RIA)**; and, (3) gas chromatography-mass **spectrometry (GC-MS)**. Although each involves a different testing technique, all three tests are based on detecting metabolites that are broken down by the body when drugs are ingested or inhaled.

The EMIT is one of the most common tests used to screen urine for drug residues because it is relatively inexpensive. The most common problem with this test is the so-called "false positive" problem, i.e., detecting the presence of illegal drugs when they are not present. **This** problem occurs because, in the EMIT test, over-the-counter and prescription drugs may appear as illegal substances,

The **RIA** test uses a radioactive element in testing. A license from the Nuclear Regulatory Commission is required for persons administering this test. Experts voice the same concerns about the accuracy of the **RIA** test as are raised regarding the EMIT test.

The **GC-MS** is asserted by many experts to be a more accurate drug-test than the EMIT and **RIA**. Peter **Bensinger**, a former administrator of the Drug Enforcement Agency, says this test is close to 100 percent accurate. However, the **GC-MS** is quite expensive and is rarely used except to check positive results obtained via one of the less expensive tests.

There is more controversy about laboratory standards than there is about actual test accuracy. There have been widely publicized examples of laboratory mismanagement of drug samples ranging from outright fraud (such as the disclosure that the Civil **Aeromedical** Institute, used by the Department of Transportation (DOT) to evaluate some railroad employee drug-tests, reported positive results for tests that had never actually been performed), to errors in laboratory procedures or reporting methods. In order to try to ensure that such problems do not occur, **P.L. 102-143**, which mandates drug- and alcohol-testing of safety-sensitive transportation workers, requires laboratories conducting drug- and alcohol-tests to meet Department of Health and Human Services

guidelines already in place; and, it requires that confirmatory tests be **performed** and that confidentiality of test results be protected.

Irrespective of the drug-test technique used, there is currently no scientific method to determine the level at which drug residues actually begin to impair activity. This problem is particularly serious with tests for **marijuana**, since residues can remain in the urine for weeks after use. Further, there is some evidence that even passive inhalation of **marijuana** smoke can cause positive drug-test results. On the other **hand**, cocaine may leave the body within 2 or 3 days but can produce a severe withdrawal, so that an employee may test negative for drugs yet be debilitated from cocaine use.

Because of the problem of linking a positive drug-test with impairment, some firms have begun using coordination tests rather than drug tests to **assess** fitness for duty. Performance Factors Inc. (**PFI**) is one company marketing a computer-based test that evaluates an employee's hand-eye coordination and thereby assesses fitness for duty. One advantage to this system is that it disqualifies workers who do not perform up to par, not just for drug-use, but for any reason. This is particularly relevant as data gathered by **PFI** indicate that more workers fail the fitness for **duty** exam due to fatigue or illness than due to drug-use. Companies have different policies for workers who fail the test. Some refer the employee to an Employee Assistance Program (**EAP**); some refer the matter to a supervisor. Repeated failures can lead to disciplinary action, including **dismissal**, although **PFI** says it is not aware of any dismissals that have occurred following failure in taking the test. The American Federation of State, County and Municipal Employees Union has expressed support for this new technology as an alternative to drug-tests.

COSTS AND BENEFITS OF WORKPLACE DRUG-TESTING

Many statistics on the costs of workplace drug-abuse have been published and circulated; whether these statistics are an accurate measure of these costs is the subject of heated controversy. Some studies have indicated that **drug**-users are less productive, have more workplace accidents, have more health problems, and have higher rates of absenteeism than other workers. One frequently cited study is a Research Triangle Institute study that found that illegal drug-use cost businesses \$60 billion a year in lost **productivity**, health care costs, social programs, crime, and death. Some analysts have questioned the methodology employed in this study. The study found that respondents who reported having used marijuana on a daily basis at some point had 28 percent lower income than respondents who reported not having used marijuana on a daily basis. The **RTI** researchers attributed the entire income differential to **marijuana** use, although it is possible that other factors such as education, demographic factors, etc., may have explained part of the difference. The **RTI** researchers then extrapolated this difference from their sample to come up with **total** annual income loss to the population as a whole of \$26 billion. The addition of inflation-adjusted estimates of the cost of drug-related crime, accidents, and health problems made up the remainder of the **RTI** **estimated**

annual costs to business of illegal drug-use. The National Institute for Drug Abuse (**NIDA**) has stated that the **RTI** study "was based upon assumptions which need additional validation..." (Science *and the Citizen*, March 1990, p. 18.) Other frequently cited statistics have also been questioned. The **costs** of workplace drug-abuse remain difficult to **quantify** accurately.

Testing workers for drug-use is expensive. Data on costs of the Federal employee drug-testing program indicate that between April 1989 and March 1990, 153 of 28,872 employees in 38 executive branch agencies tested positive for drug-use. This works out to 0.5 percent of employees tested, at a cost of approximately \$77,000 per employee testing positive for drugs, or approximately \$400 on average per each employee tested (costs varied by agency). (This is based on data in an unpublished staff report prepared by the U.S. House of Representatives Committee on Post Office and Civil Service Subcommittee on the Civil Service.)

Total private sector drug-testing costs are **difficult** to obtain in part because costs vary by industry, firm size, geographic region, etc. However, it is relevant to note that on average, the percentage of employees testing positive for **drug-use** is **higher** in the private sector than in the Federal sector. As noted above, **BLS** found approximately 12 percent of applicants and 9 percent of current employees tested positive. Thus, the cost per employee testing positive for drugs might be less in the private sector than in the Federal sector, assuming costs per test, follow up test costs, and treatment costs were not significantly greater in the private sector.

A principal benefit of workplace drug-testing is **its** potential to deter **drug-use** and as a consequence, enhance workplace **safety**. In certain private sector occupations, the benefits of deterrent-testing are very **great**, for example, safety-sensitive transportation occupations covered by **P.L 102-143**. Proponents of drug-testing have noted that even with DOT-mandated drug-testing in place, the rail industry still experienced 16 serious rail accidents associated with employee drug- or alcohol-use in 1990. (*Congressional Record*, May 20, 1991, **S6139**). Safety concerns remain one of the most compelling arguments on behalf of testing.

Since **drug-testing** has become **more widespread**, data indicate that the **percentage** of employees testing positive has declined. Smith-Kline **Beecham** Clinical Laboratories, a **national drug testing** laboratory which has tested approximately six **million private** and public sector employees for drug use since 1987, reports **annually** on positive test results. Smith-Kline found that the percentage of both **employees** and job applicants testing positive fell for the fifth straight year in 1991, to 8.8 percent. In 1987, the first year of large-scale testing by Smith-Kline, **the** percentage of positive test results was 18.1. However, **proponents** and **opponents** of drug-testing look at the same statistics and draw different conclusions. Proponents of testing argue the decline in **positive test** results demonstrates the deterrent effect of testing. Opponents of testing argue the decline in positive drug-tests **may be** due in part to changing societal attitudes about drug-use; that is, drug-use would have declined

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irrespective of drug-testing. They also argue that the decline in positive test **results** is due in part to the increased number of employees being tested for reasons other than reasonable cause.

UNION RESPONSE

Unions argue that unilaterally imposed drug-testing **programs** are punitive, invade employee privacy, and violate the National Labor Relations Act requirement that employers bargain with employees over changes in terms or conditions of employment. The United Auto Workers Union explained its opposition to testing programs in its publication, *Solidarity*, and in so doing, summarized the objections of many unions and their members: (1) drug-tests cannot be relied upon **to** be accurate and therefore should not be used as the basis of discipline; (2) **drug-tests violate** employee **privacy and open** the door **to** other such invasions - for example, genetic testing of employees; (3) drug-tests should not be required of employees who have received no complaints about their job performance; and, (4) drug-tests are less compassionate and in the long run less effective in dealing with employee substance abuse problems than employee assistance programs (**EAPs**).

Most unions that have taken a stand **regarding** drug-testing oppose random employee testing. Instead, they argue for the adoption of **EAPs** as the preferred method of coping with employee drug-abuse problems. **Unions support EAPs** because they focus on voluntary participation and rehabilitation rather than on forced testing and discipline. In addition, union-negotiated **EAPs** usually stress confidentiality and thus claim to protect employee's privacy and job security.

EAPs may be staffed by outside contractors or employees of the sponsoring organization. Although the components of **EAPs** vary enormously, most **EAPs** provide access to counseling and detoxification services. These services **may be** provided directly by **EAP** personnel, or **EAP** personnel may refer clients to specialized facilities for treatment. If successful, **EAP** practitioners argue that their programs can be a significant factor in helping employees overcome their drug and/or alcohol addictions. Some **EAP** practitioners argue that **EAP** programs can even save employers money in the long-run through lower health insurance premiums and higher employee productivity. Others have argued that the savings are hard to **quantify** in terms of dollars saved, but if successful, **EAPs** make a qualitative improvement in society and in the workplace because they help eradicate substance abuse.

ARBITRATION

Employees working under union contracts may have recourse to arbitration if an employer unilaterally decides **to** implement a drug-testing program, since the National Labor Relations Act requires employers to negotiate with employees over changes in wages, hours, and other terms and conditions of employment. Two June 1989 National Labor Relations Board rulings have

clarified the extent of this obligation. In one decision, the Board ruled that employers must bargain over the institution of drug- and **alcohol-testing** programs for current employees; in the second decision, the Board **ruled** that this **duty** to bargain does not extend to drug- and alcohol-testing programs for job applicants. (*Minneapolis Star Tribune*, 295 **NLRB** No. 63; *Johnson-Bateman Co.*, 295 **NLRB** No. 26.)

If an employee is discharged or disciplined for any reason and the case goes to arbitration, the discipline is most likely **to** be upheld by an arbitrator if the following criteria are **met**: (1) the employee was notified of the rule in question prior to the discipline; (2) the rule was applied **fairly**; (3) management conducted a fair investigation and allowed the employee **to** defend **him/herself**; and, (4) the punishment fit the crime. In drug-cases, arbitrators also often consider whether the drug-use adversely affected the employee's productivity or the **safety** of the workplace.

FEDERAL AND STATE LAWS

There are several Federal and State laws **affecting** workplace drug-abuse policies. Federal legislation includes the Drug-Free Workplace Act of 1988 (**P.L.** 100-690, Title V, Subtitle D) discussed here, and the Department of Transportation and Related Agencies Appropriations **Act**, 1992 (**P.L.** 102-143) discussed below. The Drug-Free Workplace Act does not require employers to conduct drug-tests; however, it does require Federal contractors and grantees to **certify** that they are maintaining a drug-free workplace by agreeing to meet several criteria. The criteria of the Act require contractors and grantees to:

1. Publish a statement **notifying** employees that **unlawful** manufacture, use, distribution, **dispensation**, or possession of a controlled substance in the workplace is prohibited, and, **specify** the actions that will be taken for violations of the drug-free **policy**;
2. Establish a **drug-free** awareness program, which explains the dangers, penalties, potential rehabilitative options, etc., with respect to drug-use in the **workplace**;
3. Provide each employee with a copy of the **drug-free** workplace **plan**;
4. **Notify** employees that they must abide by the policy and must **notify** the employer if they are convicted of workplace criminal drug statute violations within 5 days of a conviction;
5. The employer must **notify** the contracting agency within 10 days of receiving notice of any conviction by an employee;
6. Impose a sanction upon any **employee** convicted of drug **activity** in the workplace or require the participation of **such** employee in an **EAP** or rehabilitation **program**;

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7. Continue to make a good faith effort to maintain a **drug-free** workplace by implementing all of the above **requirements**.

Funds may be cut off if the grantee or contractor **fails** to meet these **criteria**, falsely certifies that these **criteria have been met**, or if "such a **number**" of the grantee or contractor's employees have been convicted" of a **workplace** drug offense that the employer has **failed** to make a good faith effort to maintain a drug-free workplace.

The Americans with Disabilities Act (ADA), **P.L.** 101-336, enacted on July 26, 1990, is another Federal law with implications for workplace drug-abuse **policies**. The ADA sanctions workplace drug-testing, and it "exempts from its protections employees who are currently engaged in the use of illegal drugs." However, the ADA protects "recovered alcoholics" and "rehabilitated drug-users" from employment discrimination. Some legal experts argue that ambiguities in the meaning of the terms "recovered" and "rehabilitated" may cause confusion about an employer's obligation to employees. For more on the ADA see: **CRS** Report **92-293A**, *The Americans with Disabilities Act: Equal Employment Opportunity Commission regulations for individuals with disabilities*, by Nancy Jones.

Other applicable laws include State laws **protecting handicapped** individuals against discrimination and title VII of the Civil Rights Act of 1964. Title **VII** would apply if a drug-testing program is found to discriminate against an employee who is a member of a protected class, such as women or minorities. Several States have also enacted laws regulating workplace drug-testing.

Federal employees are also covered by drug-testing requirements. On September 15, 1986, President Reagan issued Executive Order 12564 (51 *Federal Register* **32889-32893**) calling upon executive **agency** heads **to develop plans** for achieving drug-free Federal workplaces, including employee testing. (For information on Federal employee testing see: **CRS** Issue Brief No. 87174, *Drug Testing in the Workplace: Federal Programs*, by Sharon **Gressle**.) Public employees have recourse to constitutional guarantees of due process and protection against self-incrimination under the Fifth Amendment and protection against unreasonable search and seizure under the Fourth Amendment. These constitutional protections only apply if Government action is involved. Thus, these protections are generally not available if the drug-testing program was set up by a private employer. For information on Court rulings on drug-testing, see **CRS** Report 90-103 **A**, *Governmentally Mandated Drug-Testing of Public Employees: A Survey of Recent Constitutional Developments*, by Charles Dale.

DRUG-TESTING PROPOSALS

Legislation (Department of Transportation and Related **Agencies** Appropriations Act, 1992, **P.L.** 102-143) was signed into law on October 28, 1991, mandating drug- and alcohol-testing of safety-sensitive transportation employees. These testing provisions were included in the Transportation

Appropriations Bill, **H.R.** 2942. The Senate had passed similar legislation on several occasions, but **H.R.** 2942 represents the first time the **House** passed legislation mandating drug- and alcohol-testing for **all safety-sensitive** transportation workers. **Safety-sensitive** transportation workers have been subject to drug-testing following the Department of Transportation's issuance of testing regulations in November, 1988. However, **P.L.** 102-143 also requires alcohol-testing, provides for coverage of intrastate commercial motor vehicle operators, and provides a legislative mandate **for** testing of employees in mass transit, which earlier court rulings had called into question.

H.R.³³ introduced on January 3, 1991, would **establish Federal** standards for laboratories that conduct drug-tests for private sector employers. **H.R.** 33 would require that only certified laboratories could be used in testing for substance abuse and it would "provide comprehensive and uniform regulation of the procedures and methods employed by those laboratories."

DRUG-TESTING OF TRANSPORTATION WORKERS

On December 1, 1989, DOT published final **regulations** addressing testing policies for **safety-sensitive** airline, railroad, motor carrier, maritime and pipeline employees. Employers are required to conduct **pre-employment**, post-accident, periodic, reasonable suspicion, and random drug-tests. Random drug-tests must be conducted on 50 percent of covered workers each year. Costs of the testing are incurred by the employer.. The DOT regulations do not require employers to pay for rehabilitation for employees who test positive for drugs. Provision of rehabilitation is left up to labor-management bargaining. These regulations cover approximately 3 million truck drivers, 90,000 railroad workers, 538,000 airline employees, 120,000 maritime employees, 116,500 pipeline employees, and, 195,500 **mass** transit employees. Some Members of Congress tried several times to **codify** drug-testing in the transportation industry, before succeeding in passing **P.L.** 102-143, signed into law on October 28, 1991.

Since implementation of DOT's regulations **mandating drug-testing of safety-sensitive** transportation workers, the percentage of workers testing positive for drug use has declined. **Federal** Railway Administration statistics indicate that **post-accident** positive test results **for** rail workers were 1.5 percent in 1991, down from 3.2 percent in 1990, and less than a **third** of the highest year for positive test results, 1988, when the rate was 6 percent. Random-testing of railroad workers in 1991, resulted in 0.9 percent of employees testing positive for **drugs**.

DOT is in the process of developing a notice of proposed **rulemaking** on **alcohol-testing regulations** for the transportation industry. **This** rule is expected to be published in the spring. **P.L.** 102-143 requires employers to have **alcohol-testing** procedures in place by October 1992. Some argue alcohol-testing is long overdue since more accidents in the transportation **industry have been** attributed to alcohol use than **drug use**. Others see significant problems with

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alcohol-testing. The **major** objections fall under two headings: feasibility of alcohol-testing and **its** costs. Since alcohol only remains in an individual's system for 8 hours or **less**, testing must be conducted quickly. In addition, some in the aviation industry worry about potential costs. According to Regional Airline Association Vice President Deborah McElroy

Costs could explode if the **department (DOT) says airlines must equip** every station they serve with **breathalyzers** to test suspected employees. Regional airlines serve 811 airports nationwide, compared with fewer than **200** for **major and national carriers.** (*Aviation Daily*, 12-31-91, p. 549)

These small regional carriers are the most likely to experience financial **difficulties** as a result of the alcohol-testing requirements, especially if, as noted above, they are required to have **breathalyzers** at **all** locations. These units cost from \$500 to \$8,500 each.

LEGISLATION

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P.L. 102-148, H.R. 2942 (Whitten)

Department of Transportation and Related Agencies Appropriations Act, 1992. Among other things this law requires alcohol- and drug-testing of safety-sensitive rail, air, trucking and **mass** transit workers. Passed House (Amended) on July 24, 1991 (379-47). Passed Senate with amendments on September 17, 1991 (95-3). **Signed into law October 28, 1991**

H.R. 33 (Dingell, Bliley)

Amends the Public Health Service Act to establish standards for the certification of laboratories **engaged** in urine **drug-testing**, and for other purposes. Introduced Jan. 3, 1991; referred to **Committee on Energy** and Commerce. Referred Feb. 11, 1991 to Subcommittee on Health and the Environment.

H.R. 955 (Coughlin)

Authorizes-the Secretary of Transportation to issue a rule establishing a program for "Control of Drug Use in Mass Transportation Operations." Introduced Feb. 19, 1991; referred to Committee on Public Works and Transportation. Referred Mar. 4, 1991 to Subcommittee on Surface Transportation.

H.R. 1661 (Roe)/S. 610 (Chafee)

Authorizes funds for **construction** of highways, and for other purposes including authorization for the Secretary of Transportation to require drug-and alcohol-testing (including random-testing) of certain workers employed by recipients of Federal assistance. **H.R. 1351** introduced Mar. 7, 1991; referred to Committee on Public Works and Transportation. Referred Mar. 19, 1991 to Subcommittee on Surface **Transportation**. Subcommittee hearings **held Apr. 10, 1991**. Also referred, Mar. 7, 1991, to Committee on Ways and Means. S. 610 was introduced Mar. 7, 1991; referred to Committee on Finance.

H.R. 2117 (Solomon)

Amends the Controlled Substances Act to require that courts, upon the criminal conviction of any individual under that **Act**, notify the employer of the convicted **person** of that conviction. Introduced Apr. 25, 1991; referred to Committee on the Judiciary.

H.R. 2422 (Solomon)

Amends the Public Health Service Act to establish Federal standards to ensure quality assurance of drug-testing programs, and for other purposes. Introduced May 21, 1991; referred jointly to the Committees on Education and Labor, **Energy** and Commerce, and Post **Office** and Civil Service.

S. 676 (Hollings)

Provides for "**pre-employment**, reasonable suspicion, random, and post-accident testing" for alcohol- and drug-use by persons employed in air, rail, motor vehicle, and urban mass transportation. Introduced Mar. 14, 1991; referred to Committee on Commerce, Science, and Transportation. Reported, amended, May 2, 1991 (S. **Rept.** 102-54). Passed Senate, amended, by voice vote on May 20, 1991. On May 21, 1991, referred jointly to House Committees on **Energy** and Commerce and on Public Works and Transportation.

S. 677 (Hollings)

Provides for "**pre-employment**, reasonable suspicion, random, and post-accident testing" for alcohol- and drug-use by **persons** involved in railway operations. Introduced Mar. 14, 1991; referred to Committee on Commerce, Science, and Transportation.

S. 678 (Hollings)

Provides for "**pre-employment**, reasonable suspicion, random, and **post-accident** testing" for alcohol- and drug-use by **persons** who operate aircraft, commercial motor vehicles, and mass transportation conveyances, and for other purposes. Introduced Mar. 14, 1991; referred to Committee on Commerce, Science, and Transportation.

FOR ADDITIONAL READING

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