Legalized Impairment – What Employers Can Do About It

November 6, 2012, may someday become known as the day the drug war went up in smoke. Why? That’s the day voters in two states decided to legalize marijuana use, and not just for medicinal purposes. They voted to legalize marijuana for so-called recreational use. And heading into 2013, the pro-legalization of marijuana movement signaled that more states would be considering legislation in the new year to follow the example of Colorado and Washington. Additionally as 2013 began, 18 states and the District of Columbia had already legalized medical marijuana.

But there are numerous reports and studies that conclude that people under the influence of marijuana are impaired in one or more ways. From these studies we know marijuana users are less safe drivers, less alert workers, and less reliable compared to those who do not use marijuana. The legalization of marijuana is placing employers in a tough spot. Can they continue to drug test workers and job applicants for a legal substance? And if they do, what then happens when someone tests positive? Is legalizing marijuana inadvertently legalizing impairment in the workplace.
History of Cannabis (Marijuana) in the U.S.

As early as the 1600s, hemp crops (cannabis) were grown for its fiber-producing qualities used in rope, fabric, and paper as an important export in the new colonies. The hemp "cash crop" was so common that even George Washington and Thomas Jefferson were known to have farmed this highly profitable commodity. It wasn't, however, until around 1850, that the active compound of cannabis was introduced in the United States.2

Presented in all varieties of medical concoctions and elixirs, cannabis appeared in pharmacies in the 1850s. During this same time, growing public concern over the addiction-causing drugs of over-prescribed opiates and cocaine had escalated. Cannabis fell into the same category of psychoactive drug compounds and became subject to the new "poison laws" that were implemented on a state-by-state level in response. The "poison laws" legislation was an effort to curb "mislabeling" or "adulterating" these substances while regulating the sale of pharmaceuticals. Many of these laws passed during the time included specific references to 'cannabis and its preparations' or 'hemp and its preparations'. Poison laws required that the labeling include the effect of the drug and/or prohibited sale outside licensed pharmacies, giving birth to government control of substances in the U.S. Despite these control efforts, narcotic addiction continued to be a major problem.3

In response to the escalating situation, Congress enacted the Pure Food and Drug Act of 1906 giving rise to the Food and Drug Administration (FDA). The Pure Food and Drug Act included provisions that all non-prescription cannabis had to be properly labeled.4 Overall, drug addiction began to decline as a result.

By 1922, Congress enacted the Narcotics Drug Import and Export Act prohibiting the importation and dispensation of opium and other narcotics except for medicinal use.5 The restrictions applied to marijuana as well.

In 1925, the first International Opium Convention was held supporting the regulation of Indian hemp also known as "hashish". This new requirement not only restricted sale and importation, but required issued certification – 'exclusively for medical or scientific purposes.' Nine years later, the final version of the Uniform State Narcotic Act was issued in 1934 which permitted states to impose penalties for traffic violations, illegal sales and confiscation of marijuana – all states had some regulation of marijuana by 1937.7
The new Uniform State Narcotic Act was an important piece of legislation because it made the necessary division of narcotic law enforcement between federal and state. It was designed to coordinate enforcement machinery through mandatory cooperation of the state with federal officers.

Yet despite the new law, marijuana use continued to be scrutinized. The successful efforts to profile marijuana as a “killer drug” had been led by the Federal Bureau of Narcotics (FBN), headed by Harry J. Anslinger, co-sponsor of the Uniform State Narcotic Act. His effective slander campaign supported by rumored controversial alliances with capitalists like William Randolph Hearst (newspaper and paper mill magnate) and the DuPoncs (nylon fiber inventors) continued to have tremendous influence in government over the next couple of decades while Americans’ views on marijuana began to change.8

Finally, by the late 1960s, with a new generation coming of age coupled with increased cultural diversity, illicit drug use became widespread in the United States. The existing laws failed to curtail the use of narcotic drugs and their distribution. As a response, Congress in 1970 enacted the Controlled Substances Act (CSA) as Title II (Pub. L. No. 91-513, 84 Stat. 1242) of the Comprehensive Drug Abuse Prevention and Control Act. (Pub. L. No. 91-513, 84 Stat. 1236 (Oct. 27, 1970)). The CSA developed a complex regulatory system designed to control the distribution of drugs. It includes fixed schedules of drugs with each representing the degree of accepted medical use. Most narcotics, such as marijuana, cocaine and heroin fall within Schedule I which includes drugs with high potential for abuse and with no accepted medical use, which is where things have stood until very recently.

Marijuana Usage in America

In 2013 marijuana use is definitely on the rise. In fact, one could say the United States is experiencing a marijuana resurgence. The federal government conducts an annual survey (National Survey on Drug Use & Health (NSDUH)) to determine the level of substance abuse among Americans. (http://samhsa.gov/data/NSDUH/2k11Results/NSDUHResul ts2011.htm.)
In the most recent report, we learned the following:

- Marijuana was the most commonly used illicit drug.\(^9\)
- In 2011, an estimated 22.5 million Americans aged 12 or older were current (past month) illicit drug users. This estimate represents 8.7 percent of the population aged 12 or older (up from 8.0 percent in 2007).\(^9\)
- An increased rate in the current use of marijuana is one of the prime factors in the overall rise in illicit drug use. In 2011, 18.1 million Americans were current users compared to 17.4 million in 2010 and 14.5 million in 2007.\(^9\)
- This represents an increase in the rate of current marijuana use in the population 12 and older from 5.8 percent in 2007 to 7.0 percent in 2010.\(^9\)

The problem of marijuana use is especially troubling among young Americans (remember, today's teen drug users are tomorrow's job applicants) as the following information from the same report indicates:

- According to the government's report: "The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2006 remaining unchanged in 2007 and 2008.\(^9\)
- Rates then increased to 7.4 percent in 2009, remained stable in 2010 and increased again in 2011 to 7.9 percent.\(^9\)
- Among young adults, the 2011 rate of current marijuana use (19.0 percent) reflected an increase over 2009 and 2010s rates at (18.2 percent) and a significant increase from 2008 rate (16.6 percent).\(^9\)

It is also important to note that this is a study conducted every year by the federal government over the telephone. The surveyor probes a series of questions about the individual's drug use. As to be expected, not everyone will be candid about their drug use and habits, hence the federal government challenged the veracity of the data by conducting an independent study on the phone survey. From the second study, the federal government was able to establish that the data may be as much as 30 percent underreported than what is actually presented.

How Does Synthetic Marijuana Affects Current Drug Trends?

While this resurgence in marijuana usage spreads across the country, there is a simultaneous trend involving fake marijuana. Headlines from coast to coast the past two years have been hard to miss:

- Parental BE ON ALERT! K2, SPICE, INCENSE BAD NEWS!\(^10\)
- “Spice” and K2 vs. "Bath Salts": The Other Designer Drug Scare\(^11\)
- “'Spice' Drug, AKA 'K2' Or 'Potpourri,' Is Legal & Popular Among Teens In Southern California”\(^12\)

Spice is the slang word for synthetic cannabinoids, a chemical compound that is applied or sprayed on a mixture of herbs or plant materials to give it the appearance of real marijuana. There are many synthetic cannabinoids compounds, the names of which include initials and numbers. For example, JWH-018 is one of...
several with JWH initials in the title named after John W. Huffman, a chemistry professor at Clemson University who developed it in the early 1990s. This is important to recognize because as states pass laws banning synthetic marijuana, they typically ban specific chemical compounds rather than a broader, undefined class of synthetic drugs.

Spice is often sold today as incense and buyers are typically warned not to consume it. It appears to be an organic substance, but is not. Spice is made in a lab (or at a kitchen table) and the finished product looks like crushed dry tea leaves. There are countless names and brands including: K2 Algerian Blend, Genie, Smoke, Chill X, Sense, Yucatan Fire, Spice Diamond, Spice Silver, Spice Gold, etc.

There are no governing rules when it comes to mixing chemical compounds and applying them to other substances. One packet of Spice or K2, the most popular brand names, may be very different than the contents of another packet supposedly made from the same batch.

Effects of spice vary and may include agitation, racing heartbeat, vomiting, intense hallucinations and seizures. The safety of these products were further examined when research also revealed prolonged psychosis experienced by some users, particularly those with family mental health history.

But the real smoking gun on the harmful effects of these products came into focus when the American Association of Poison Control Centers reported the number of calls received in 2009 jumped from 13 to 2,906 in 2010, and 6,958 in 2011. As of May 2012, more than 2,800 calls had already been received for Spice-related episodes. The annual Monitoring the Future survey, funded in part by the federal government, surveys about 50,000 8th, 10th, and 12th grade students on drug behaviors among other topics. In 2011, it was reported that 11.4% of 12th graders had used Spice or K2 within the last year.

In July 2012, the U.S. Drug Enforcement Administration placed synthetic cannabinoids on Schedule I of the Controlled Substances Act, however, many states had already banned these prior to the amendment.

Why mention fake marijuana in a discussion about real marijuana? Because it is just one more example of how the barriers that once surrounded marijuana have started to come down. There may be a perception among users that because synthetic marijuana is not “real” dope, it’s not harmful or that there are no negative consequences from using it. Users even believe that it’s legal (it’s noted—the vast majority of states and the federal government have passed laws banning the manufacture, sale and use of these synthetic substances). A quick trip to the Internet will yield dozens of websites with all kinds of false information, including how easy it is for synthetic marijuana users to beat a drug test. (A traditional lab or
instant test for real marijuana will not detect fake weed, but many labs now offer testing for synthetic marijuana as well as bath salts, another synthetic drug increasing in popularity.)

For better or worse, synthetic cannabinoids are part of the marijuana discussion and worth monitoring. People under the influence of K2 and Spice are just as dangerous to the workplace as the users of real marijuana.

Separating the Truth from the Myths

There is a lot of information available about marijuana. The pro-legalization folks would like everyone to believe that marijuana is a harmless, benign drug that has been unfairly lumped in with obviously dangerous substances like heroin and cocaine. They would like people to believe that a person high on weed can function properly in the workplace and operate a motor vehicle without impairment. Part of their argument is that marijuana is not unlike alcohol, a legal drug used by millions for recreational purposes—marijuana should be treated like alcohol, they contend.

At the request of the pro-marijuana debaters, let’s look at alcohol for a moment. In 2010, there were nearly 16,000 alcohol liver deaths and more than 25,000 alcohol-induced deaths not counting alcohol-related accidents and homicides. Presumably, these deaths would not have happened if not for alcohol use or abuse. The National Highway Traffic Safety Administration (NHTSA) reported that:

"Traffic fatalities in alcohol-impaired-driving crashes decreased by 7.4 percent from 11,711 in 2008 to 10,839 in 2009. The alcohol-impaired-driving fatality rate per 100 million vehicle miles traveled (VMT) decreased to 0.36 in 2009 from 0.39 in 2008. An average of one alcohol-impaired-driving fatality occurred every 48 minutes in 2009."14

"In 2009, all 50 States, the District of Columbia, and Puerto Rico had by law created a threshold making it illegal per se to drive with a BAC of .08 or higher. Of the 10,839 people who died in alcohol-impaired-driving crashes in 2009, 7,281 (67%) were drivers with a BAC of .08 or higher. The remaining fatalities consisted of 2,891 (27%) motor vehicle occupants and 667 (6%) non-occupants."14

Obviously, alcohol abuse can have fatal consequences and it deserves to be monitored legally with laws in place to protect the innocent from the abusers. Maybe treating marijuana like alcohol is appropriate, especially when you consider the truth about marijuana. Following are three common statements about marijuana and the corresponding truth:

Not that many people use marijuana—According to an annual report from the federal government:

• Marijuana was used by 80.5 percent of current illicit drug users in 2011… in other words, marijuana is the drug of choice among drug users.9

• About two thirds (64.3 percent) of illicit drug users used only marijuana in the past month… in other words, if a drug user only uses one illicit drug it’s most likely going to be marijuana.9
About two-thirds (67.5 percent) of people who tried an illicit drug for the first time in 2011 used marijuana... in other words, if you're new to illicit drug use try weed first.9

Marijuana does not impair driving skills—A report from 2011 found that "9.4 million persons or 3.7 percent of the population aged 12 or older reported driving under the influence of illicit drugs during the past year." Because marijuana is the most abused illicit drug it stands to reason that a lot of that driving was done under the influence of pot.

The National Institute on Drug Abuse (NIDA) claims that "marijuana use more than doubles a driver's risk of being in an accident" and that "the combination of marijuana and alcohol is worse than either substance alone with respect to driving impairment."15

Marijuana is not addictive—There's ample evidence from myriad sources to conclude that marijuana is highly addictive and has many of the same addiction and withdrawal symptoms as other drugs. Could this mean that marijuana is not the innocent drug that the pro-marijuana folks would have everyone believe. According to NIDA:

"Long-term marijuana use can lead to addiction; that is, people have difficulty controlling their drug use and cannot stop even though it interferes with many aspects of their lives. It is estimated that 9 percent of people who use marijuana will become dependent on it. The number goes up to about 1 in 6 in those who start using young (in their teens) and to 25-50 percent among daily users."16

NIDA reports that in 2009, approximately 18 percent of people aged 12 and older entering drug abuse treatment programs reported marijuana as their primary drug of abuse and 61 percent of persons under 15 reported marijuana as their primary drug of abuse.16

Marijuana Is Just Plain Scary

Read the following statement currently found at the website of the National Office of Drug Control Policy (ONDCP), a part of the Presidential Administration, and see if it doesn't send you running in the opposite direction of marijuana:

"Marijuana and other illicit drugs are addictive and unsafe especially for use by young people. As officials with the National Institute on Drug Abuse state, drug addiction is a progressive disease and the earlier one starts, the more likely are the chances of developing a substance use disorder."
Marijuana contains chemicals that can change how the brain works. And the science, though still evolving in terms of long-term consequences of marijuana use, is clear: marijuana use is associated with addiction, respiratory and mental illness, poor motor performance, and cognitive impairment, among other negative effects. This is especially troubling since research suggests one-in-11 people who ever used marijuana will become dependent on it; this risk rises to one-in-six when use begins in adolescence.

In 2009, marijuana was involved in 376,000 emergency department visits nationwide.

Medical Marijuana

A big part of the movement to legalize marijuana is tied to a strategy of legalizing the drug for patients and others who suffer from a variety of physical or mental ailments. “Medical marijuana” is leading the way in the effort to remove all legal restrictions against marijuana. As of May 1, 2013, 19 states plus the District of Columbia have legalized the drug for medicinal purposes and the two states that legalized marijuana for recreational use already had medical marijuana laws in place. And while none of the 19 states have laws that are exactly alike, they all contain some common elements.

First, they include a provision that decriminalizes the use, possession and cultivation of marijuana by those who have a recommendation from a doctor to use the drug for whatever their ailment is as well as the patient’s caregiver. Second, they include a list of legitimate maladies such as cancer and multiple sclerosis for which marijuana may be recommended. But they typically also include a statement such as this verbiage found in California’s medical marijuana law: “other chronic or persistent medical symptoms.” According to the definition found in the American Heritage Medical Dictionary, a medical symptom is: “A subjective indication of a disorder or disease, such as pain, nausea, or weakness.” In other words, marijuana may be recommended for just about anything that’s bothering a patient.

Note: We use the word “recommend” rather than “prescribe” because it’s against federal law to prescribe marijuana. Marijuana is still classified by the federal government as a Schedule I Controlled Substance. One of the conditions that apply to Schedule I drugs is that they may not be prescribed. The reason why is found in the official definition used for Schedule I drugs.

Third, they typically include a wishy-washy statement regarding the potential benefit of using marijuana for medical purposes. The Colorado law, for example, includes this phrase: “might benefit from the medical use of marijuana.” Oregon’s law states: “may mitigate his or her debilitating symptoms.”
Part of the problem with medical marijuana is there’s no way to monitor its use by a patient. Because it cannot be prescribed a doctor cannot use his or her medical expertise to say how much marijuana should be used, how often or for how long. They cannot say whether it should be smoked in cigarette form or inhaled from a bong. Unlike a prescription for an antibiotic, with so-called medical marijuana there’s no way to tell what’s in the dope that someone is using or what side effects the drug might have when that person goes to work the next morning and gets behind the controls of a crane, a school bus or some other heavy machinery.

Most state medical marijuana laws are relatively silent on the subject of the workplace. And this has led to problems for the pro-marijuana people. In 2012, a Michigan judge ruled in favor of Wal-Mart when it was sued by a former employee who was terminated after testing positive for marijuana. The former employee was a registered medical marijuana user in Michigan when he violated the company’s policy by being at work with marijuana in his system. He argued that he wasn’t high at the time, but Wal-Mart’s policy wisely did not tie itself to an impossible standard of trying to prove that someone was impaired. The company simply prohibited employees from testing positive for marijuana and the Michigan medical marijuana law said nothing about private sector rights to enforce drug-free workplace policies.

The judge commented:

- “The fundamental problem with [Casias’] case is that the [medical marijuana law] does not regulate private employment.”
- “All the [law] does is give some people limited protection from prosecution by the state, or from other adverse state action in carefully limited medical marijuana situations.”
- “Nowhere does the [law] state that the statute regulates private employment, that private employers are protected from disciplinary action should they use medical marijuana, or that private employers must accommodate the use of medical marijuana outside of the workplace.”19
As a result of the Casias case we can expect to see medical marijuana legislation that eliminates what the pro-pot people would consider a legal loophole. A new law in Connecticut contains a brief provision that states individuals are not permitted to “ingest” medical marijuana while at work. It also states employees may not be under the influence of medical marijuana while at work. But it also specifically prohibits employers from refusing to hire individuals due to their use of medical marijuana. In fact, the law also prohibits discriminating against any person solely because of being a registered medical marijuana user. 20

Recreational Marijuana Use

On November 6, 2012, a majority of voters in Colorado and Washington voiced their opinions loud and clear—marijuana should be legal. It took just 30 days for Washington’s governor to sign the bill and make weed legal for adults 21 and older. But Colorado’s governor famously told everyone it was too soon to break open the Cheetos and Gold Fish snacks, perhaps in reference to satisfying the “munchies” that marijuana smokers are known to experience when high on the drug. His reasoning was that marijuana was still illegal according to federal law. However, by January 2013 he relented and the law was enacted in the Centennial State. 21

Colorado’s Marijuana Law

- **Possession:** State criminal penalties for possession of 1 ounce of marijuana are eliminated. Permits the cultivation of up to six marijuana plants (3 immature, 3 mature) for personal use. Permits the gifting of up to 1 ounce of marijuana to a person 21 or older.
- **Employment:** The new law contains a provision for the workplace.
- **DUI:** A bill is pending that would establish a cut-off level for THC that would qualify as driving under the influence.

Section 16(6)(a) of the Colorado law this regarding the workplace:

“Nothing in this section is intended to require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale or growing of marijuana in the workplace or to affect the ability of employers to have policies restricting the use of marijuana by employees.” 22

Washington’s Marijuana Law

- **Possession:** State criminal penalties for possession of 1 ounce of marijuana for those 21 and older are eliminated. Public consumption of marijuana, like alcohol, can mean a $50 fine.
- **Employment:** The new law does not change the right of employers to drug-test employees.
- **DUI:** A level of 5 nanograms of THC, marijuana’s active ingredient, in a driver’s blood becomes equivalent to a 0.08 percent blood-alcohol level for driving under the influence.
Employers’ Response

Even though Colorado’s law contains a workplace provision and Washington’s law does not, employers in both states seem to be in the same situation. It’s not exactly clear how these new laws impact drug-free workplace programs. The questions are plenty and the answers are few. For example:

• Can employers still drug test job applicants for marijuana?
• Can employers still drug test employees for marijuana?
• Can employers mete out disciplinary action against an employee who tests positive for marijuana?
• Can employers even terminate employment when an employee tests positive for marijuana?

And these are just some of the questions that employers are begging to be answered. In the midst of these uncertain times, the U.S. Department of Transportation (DOT) has come out with a very clear statement on the subject of legal marijuana:

“We want to make it perfectly clear that the state initiatives will have no bearing on the Department of Transportation’s regulated drug testing program. The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason.

Therefore, Medical Review Officers (MROs) will not verify a drug test as negative based upon learning that the employee used ‘recreational marijuana’ when states have passed ‘recreational marijuana’ initiatives.

The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason.

We also firmly reiterate that an MRO will not verify a drug test negative based upon information that a physician recommended that the employee use ‘medical marijuana’ when states have passed ‘medical marijuana’ initiatives.

It is important to note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana.”

Drug-Free Workplace Policy

A company’s drug-free workplace policy remains the key to success in addressing the dilemma of “legalized impairment.” The truth is employers still have the right to insist that employees be drug-free while at work, that they not bring illicit drugs to work or use such substances while on the job, and that a positive drug test for marijuana can
still result in adverse employment action. But the need for a well-written policy has never been greater.

A comprehensive policy will include, among other sections, a section on “prohibited behavior,” “drug testing,” and “consequences for policy violations.” These three sections are critical links that must be connected when it comes to marijuana in the workplace.

A prohibited conduct section will include many different types of behavior that the company considers inappropriate. Among these should be, a) being under the influence of marijuana as defined by the company, and b) testing positive for marijuana. As we learned in the Casias v. Wal-Mart case in Michigan, employers should avoid trying to prove that a worker is impaired. A drug test does not prove impairment. But a company can define the term “under the influence” to include testing positive. Hence, when someone tests positive they are considered under the influence of the drug for which they tested positive, in this case marijuana.

The drug testing section should describe what drugs the company will test for, the cut-off levels that will be used. Drug testing is always a good business decision, but not all drug testing methods and products are the same. Employers should be very specific in describing how drug testing will be conducted.

Consider this: every drug has its own unique window of detection depending on a variety of factors including cut-off levels. In states where medical marijuana is legal or the recreational use of marijuana is legal, oral fluid drug testing may be the most effective testing method. The window of detection for marijuana in an oral fluid sample begins within a few minutes after the user ingests the drug. This makes oral fluid testing an ideal “under the influence” detection method. Because the window of detection starts immediately and lasts for 24-48 hours, it makes it impossible for someone who tests positive to claim he or she used the drug Friday night when the test was conducted after their lunch break the following Monday.

Lab-based oral fluid testing is legal in all but three states (Maine, Hawaii and Vermont). And with an FDA-cleared oral fluid collection device and lab testing system, THC, the psychoactive ingredient in marijuana, is accurately detected with lab-based oral fluid testing.
At a time when testing for marijuana can cause some employers to get nervous about being a legal guinea pig, lab-based oral fluid testing can provide a measure of comfort while a company continues to maintain a drug testing policy that includes marijuana. Lab-based oral fluid testing is accurate, legal and it works.

A consequences section should address what happens when a job applicant or employee tests positive for marijuana. Be clear that any detectable amount of marijuana in a drug test is a violation of the company’s policy. Possible consequences include suspension, termination, mandated drug treatment, and for job applicants, not being considered for employment with the company.

Legalized Impairment? No Such Thing!
In reality, there is no such thing as legalized impairment in the workplace or on American highways. But these are challenging times for employers determined to maintain a drug-free workplace program. This much we know:

- Marijuana is a problem in America that is getting worse, not better.
- Marijuana use has a direct impact on safety and productivity in the workplace.
- Laws that legalize marijuana use, either for recreational or medicinal purposes, may complicate but do not eliminate employers’ rights to maintain drug-free workplaces.
- Marijuana is still classified as a Schedule 1 Controlled Substance; therefore, it is illegal under federal law.
- Employers still have the right to insist that workers not be under the influence of marijuana while at work.
- A written policy that directly addresses marijuana use by employees is a key component in any drug-free workplace program.

Though the pro-marijuana legalization forces are well organized, they lack one important thing in their bag of tricks: The Truth.

The truth is someone under the influence of marijuana has a diminished capacity to safely and reliably perform the functions of their job. They are more likely to be involved in a workplace accident, a vehicular accident or file a workers’ compensation claim. Making marijuana legal, regardless of the purpose for the legalization, will only result in more people using marijuana, more often, and being at work under its influence. And that cannot be a good thing.

References / Resources


22. State of Colorado, Amendment 64. Use and Regulation of Marijuana. http://www.state.co.us/ LCS/Initiative%20Referendum/1112intref.asp11c8092d86b509b787e7bl72577990006b391a2e1ba1608d8b4948725797c00f7a270011ead/1042/1042/0ef27c7e7d77094 OpenDocument

The Value of a Reliable and Trusted Brand

To learn more about OraSure’s fine line of oral fluid testing tools, go to www.OraSure.com or call 1-800-ORASURE.