

**ALCOHOL AND CONTROLLED SUBSTANCE
TESTING PROGRAM**

Employee Educational Materials

Non CDL Employees
BU 1

April 11, 2008

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INTRODUCTION

Alcohol and drug testing is not new to BU1 employees. A substantial number of employees, in the unit who perform safety sensitive functions, have been tested under the Federal Department of Transportation, Federal Motor Carrier Safety Administration's 49 CFR Part 40 (Rules) requirements Rules since 1995. An agreement signed by the State and the United Public Workers on April 10, 2008 extends alcohol and drug testing to employees not subject to the Federal testing requirements. Highway deaths have been reduced significantly since the start of commercial motor vehicle personnel testing. The misuse of alcohol and the use of controlled substances have impacted other industries as well, including public and private organizations at a cost of million of dollars in police, judicial, penal, and health care costs and in intangible family, work, and lost relationships.

Nothing dramatizes the consequences of the use of controlled substances (or the misuse of alcohol) than an event that occurred recently in Hawaii, where an employee, while under the influence, crashed a company vehicle which caused the death of a passenger. The employee was sentenced to 20 years in prison.

The "Educational Materials" contained herein is intended to meet the Educational Materials requirement of the Agreement that explains the protocols being used which are similar, to the extent possible, to the U.S. DOT Rules, 49 CFR Part 40 to employees.

PURPOSE OF ALCOHOL AND DRUG TESTS

The agreement on alcohol and drug testing is intended to:

1. Help keep the workplace free from the hazards resulting from the use of alcohol and controlled substances by following, to the extent possible, the protocols found in the U.S. DOT Rules, 49CFR Part 40, as may be amended by the Agreement.
2. Free the workplace from the risks posed by the use of alcohol and controlled substances (drugs, illegal drugs) for the safety of the public and the employee.
3. Afford the provisions of "due process," to employees who are subject to disciplinary actions.

DEFINITION, TERMS, AND CONFLICT

Breath Alcohol Technician (BAT). The BAT is an employee of the testing contractor who is certified to administer the breath alcohol test. The BAT uses an evidential breath

testing (EBT) device that measures an employee's breath alcohol concentration (BAC) digitally and by a printout. The EBT must be from a Federal DOT approved list.

Collector. The Collector is an employee of the testing contractor certified to administer the controlled substance urine collection process.

Conflict. Should any passage contained herein conflict with provisions of the Agreement or the Federal DOT CFR Part 40, the provision of the agreement shall prevail.

Controlled Substance. Substances identified by the Controlled Substance Act (21 U.S.C.802). The Agreement focuses on the following controlled substances: marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP) and their derivatives. The term "drugs" is used interchangeably in this document (for expediency).

Designated Employer's Representative (DER). Is a department employee authorized to take immediate action to remove employees from work pursuant to the Agreement and to make required decisions in the testing and evaluation process. The DER receives test results from the MRO and the testing contractor (alcohol), coordinates testing of the split (as requested), coordinates random testing requirements with the Department of Human Resources (as applicable), and answer employee questions and requests for information on the testing requirements. A department must have an alternate DER to comply with the requirements of the Agreement in the absence of the DER.

Medical Review Officer (MRO). The MRO is a licensed physician with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders. The MRO validates/verifies urine specimen test results received from the laboratory. The MRO reviews the testing process and interviews employees to determine if there is a clinical explanation for the positive test results from the laboratory. The MRO can invalidate a positive test result and report a negative finding. The MRO evaluates shy bladder and shy breath conditions. The MRO is the final arbiter of test results.

Substance Abuse Professional (SAP) The SAP is a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders. The SAP evaluates and develops a rehabilitation plan (as applicable) for employees who tested positive to a test. The SAP also performs a

follow up evaluation to determine employee readiness for the return to work and follow up tests and continuing rehabilitation requirements.

EDUCATIONAL MATERIALS

The Agreement requires that the employer provide Educational Materials to all employees who are subject to the Agreement. The educational materials are to provide detailed information to employees that explain the protocols being used which are similar to the extent possible to the U.S. Rules, 40 CFR Part 40 and the Agreement. At a minimum, the materials shall include the following:

1. The categories of employees who are subject to the regulations.
2. Specific information on conduct that is prohibited.
3. The circumstances under which an employee may be subject to an alcohol and controlled substance test.
4. The procedures that will be used to test for alcohol or controlled substance.
5. The requirement that an employee submit to a test.
6. An explanation of what constitutes a refusal to submit to a test.
7. The consequences for an employee found to have violated Section 63A.
8. Information on the effects of alcohol and controlled substance.
9. The employer designee to be contacted for questions or additional information.

The Agreement also requires that an employer (department) obtain a signed statement from each employee that indicates that the employee has been advised of the requirements of ALCOHOL AND CONTROLLED SUBSTANCE TEST FOR EMPLOYEES COVERED UNDER SECTION 63A, has received educational materials as provided in Section 63A, and informed of whom they can contact for questions and more information about the testing requirements. (In general, the format of this handbook is to follow the list of educational materials required.)

CATEGORIES OF EMPLOYEES SUBJECT TO THE AGREEMENT

For the purpose of alcohol and drug testing, there are two categories of employees in BU1. One, employees who are currently being tested for alcohol and drugs under the Federal Omnibus Employee Testing Act of 1991 under the Federal Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA) rules 49 CFR Part 40; and, two: employees not subject to the Federal Omnibus Employee Testing Act of 1991 (ACT), but subject to testing under the Agreement (hereafter referred to as Non- CDL employees of BU1.

CONDUCT THAT IS PROHIBITED

Specific information on conduct that is prohibited includes:

1. Alcohol: An employee shall not:
 - a. Report to work or continue working while having an alcohol concentration of 0.04 or higher.

(Note: An employee whose alcohol concentration is 0.02 or greater but less than 0.04 is prohibited from working for at least 24 hours.)
 - b. Possess alcohol while working.
 - c. Use alcohol while working.
 - d. Perform work within four (4) hours after using alcohol.
 - e. **Refuse to submit to a required alcohol test.**

2. Controlled Substances: An employee shall not:
 - a. Report to work or continue working when using a controlled substance, except when the controlled substance is prescribed by a physician who has advised the employee the substance does not adversely affect the employee's ability to work.
 - b. Possess controlled substance while working.
 - c. Use controlled substance while working.
 - d. Perform work after testing positive until a return to work test is administered and results in a negative test.
 - e. **Refuse to submit to a required controlled substance test.**

CIRCUMSTANCES THAT SUBJECT AN EMPLOYEE TO TESTING

Under the Agreement, employees are subject to four different alcohol and drug tests.

The four types of tests and the circumstances that subject employee to testing include:

1. *Random test.* The Agreement specifies that at least 25% of the employees in the random select pool will be tested for drugs and 10% for alcohol, annually. The selection of employees to be tested is determined by a scientifically valid random number selection method. Each employee within a designated pool has an equal chance of

being tested each time the selections are made. Therefore, an employee may be selected to test more than once a year. Another employee may not be tested at all.

2. *Reasonable Suspicion* test. A supervisor who determines that an employee has violated the prohibitions is required to send the employee to reasonable suspicion test. Only a supervisor who has attended a four (4) hour training program developed in consultation with the Union can make a determination of reasonable suspicion.

The reasonable suspicion must be based on a specific, contemporaneous, and articulable observation made by the supervisor concerning the appearance, behavior, speech, or body odor of the employee.

3. *Return to Work Test*. An employee who has violated applicable alcohol or controlled substance prohibitions and desires to return to work:
 - a. Shall be immediately removed from performing work. (The employee may use earned sick or vacation leave, compensatory time, authorized leave without pay.)
 - b. Shall be evaluated by a SAP
 - c. Shall be subject to the SAP's rehabilitation programs; and,
 - d. Take the return to work alcohol and/or controlled substance test(s) as determined by the SAP. Alcohol test result must be less than 0.02 BAC. The controlled substance test result must be a verified negative.

(Note: An employee who is subject to a return to work controlled substance test that tests positive for a second (2nd) consecutive time after completion of each SAP's recommended rehabilitation program shall be discharged.)

4. *Follow-up Tests*. An employee who has returned to work shall be subject to unannounced alcohol and controlled substance follow-up tests, as prescribed by the SAP and consist of at least six (6) tests in the first twelve months following the employee's return to work and continues up to 60 months (5 years) from the date of the employee's return to work. The SAP may terminate follow-up testing anytime after the first six (6) tests have been administered, if the SAP determines that follow-up tests are no longer necessary.

TEST PROCEDURES

The alcohol and drug testing program, test results, notification procedures, and records are confidential. Accesses is limited to the employee, those with operational responsibilities and to those with oversight authority consistent with the U.S, DOT Rules, 49 CFR Part 40 (U.S. DOT Rules). Common provisions that apply to both alcohol and drug testing procedures include:

1. Tests must be during work time. Once started, the testing must continue through completion. When informed of a test requirement, all employee actions must be directed toward taking and completing the test requirement.
2. The employee is requested to talk to the supervisor privately. (All testing requirements, including informing an employee of a test requirement, test results, etc., are confidential.)
3. The employee is notified of the requirements to submit to a drug, alcohol, or both alcohol and drug random, reasonable suspicion, return to work, or follow up test. The employee is also briefed on the location of the test site, appointment time, and expected return time after testing.
4. The employee presents a picture identification card and driver's license (should the employee drive to the test site), as requested. (If an employee does not have a picture identification card, in possession, or where the supervisor deems, a management representative will escort the employee to the test site and vouch for the employee's identification at the test site.)
5. The employee signs the notification document, completes all required documents for testing, and is directed to report to the test site with the forms. The employee presents forms to testing contractor personnel.
6. The employee follows the instructions of the test site personnel, submits to required test(s). At the conclusion of the testing, the employee returns to the workplace or await transportation away from the test site should the alcohol test be 0.02 or higher.

Alcohol Breath Test

a. Screening Test

- 1). The certified Breath Alcohol Technician (BAT) provides an overview of the testing process and requests that the employee sign to the signature block of the alcohol test form.
- 2). The employee receives a mouthpiece attached to a tube leading to an evidential breath testing (EBT) device. The BAT then requests the employee to blow into the tube, as instructed.
- 3). The BAT shows the employee the digital display test result and records test results. If the "screening test" result is under 0.02, no further testing is required.
- 4). The BAT provides a copy of the test results to the employee and releases the employee from the test site.
- 5). The BAT sends a copy of the test results to the DER.

b. Alcohol Confirmatory test. A confirmatory test is required if the screening test result was 0.02 BAC or higher.

- 1). After 15 minutes, a confirmation test is administered. During the period between the screening and confirmatory test, the employee is not permitted to eat, chew gum, smoke, put anything in their mouth, or leave the test area.
- 2). The BAT performs an "air blank test in the interval and then conducts a confirmatory test with the employee using a new mouthpiece.
- 3). The BAT displays the digital display on the EBT and printout to the employee, and records test results on the form. (The BAT provides the employee a copy of the recorded form and releases the employee if the test result is less than 0.02 BAC.)
- 4). If the test result is 0.02 BAC or higher, the BAT records test results, requests the employee to sign the form, provides a copy of the form to the employee, and immediately contacts the DER. The employee remains at

the test site until released by the BAT. The DER or a management representative picks up the employee from the test site.

- c. An employee who is not able to provide a sufficient amount of air (breath) to obtain a readout on the EBT is sent to a physician to determine if there is a medical cause for the condition. The physician sends the report directly to the MRO who reviews the physician's report and renders a final decision.

Controlled Substance (Drug) Specimen Test

1. The employee is provided a secure collection room pursuant to the DOT Rules with respect to employee privacy except when adulteration or substitution of a specimen or any situation where general questions of validity arise. The testing contractor's "Collector" guides the employee through the process. The Collector:
 - a. Provides a brief overview of the collection process.
 - b. Instructs the employee to remove any unnecessary garments and empty their pockets.
 - c. Instructs the employee to wash and dry their hands.
 - d. Opens a collection kit and provides the employee with a collection cup.
 - e. Requests that the employee provide a specimen (a minimum of 45 ml) of urine into the collection container.
 - f. Checks specimen for sufficiency, temperature and color of the urine:
 - 1). If insufficient, implement shy bladder process (see below).
 - 2). If temperature is out of range, the employee will be asked to provide another specimen under observed conditions.
 - 3). If the specimen is bluish, the employee is asked to provide another urine sampling under direct observation.
 - g. In presence of the employee, pours the urine into two separate bottles (30 ml in A or primary bottle and 15 ml in B or split bottle), caps and seals the bottle, enter date, and asks the employee to initial the seals placed on the bottles.

- h. Instructs the employee to provide employee “contact information” on the Completed by Donor on the Drug Test Custody and Control Form, should the Medical Review Officer (MRO) need to question the employee on the test results.
 - i. Provides the Donor copy to the employee.
 - j. Packages and ships bottles and control form to a certified laboratory.
2. “Shy bladder” specimen collection. This procedure is only applicable when an employee is unable to provide 45 ml of urine. The Collector:
- a. Provide an overview of the shy bladder procedures.
 - b. Informs the employee to remain in the testing area (see Test Procedures; Item #1 above) till test completion (approximately 3 hours) and released by the Collector.
 - c. Provides 40 ounces of water to the employee.
 - d. Starts the procedure and records the three (3) hour time clock.
 - e. Stops the process when the employee is able to provide 45 ml of urine at one sitting or at the end of three hours.
 - f. Records results, provides the employee the donor copy of the form, and releases the employee.

Note: If the employee provided a sufficient amount of the specimen within the time period, the specimen is handled as the collection process described above. Should the specimen be insufficient the Collector documents the form and sends the form to the MRO. The MRO may require that the employee be evaluated by a physician to determine the reason to provide insufficient specimen and report findings sent to the MRO. The MRO determines test outcome.

3. Medical Review Officer (MRO). The MRO reviews all laboratory analysis of urine specimen. If an analysis indicates a positive finding of drug presence the MRO attempts to determine if there is a legitimate medical reason for the positive test result. The MRO:

- a. Contacts the employee for an interview to discuss test results. If the MRO is unable to contact the employee, the MRO calls the DER and request the DER's assistance to contact the employee and have the employee contact the MRO within 72 hours. Should the employee fail to contact the MRO within 72 hours, a positive test result is recorded.
 - b. Contacts the physician who prescribed a potential source of the positive findings. A negative test results is reported if a legitimate medical reason can be established.
 - c. Offers the employee to test the split (B specimen sample). The employee must respond within 72 hours with a decision to test the split. A testing of the split is ordered or a positive test result is reported.
 - d. Records a "refusal to test" for adulterated or substituted laboratory analysis without a legitimate medical reason. If a legitimate medical reason can be established, a "cancelled" report is recorded.
 - e. Reports findings to the DER.
4. Testing of the Split. The testing of the split is a verification/validation process. The "B" bottle" urine specimen that was obtained in the split sample collection will be used in the validation process. The testing of the split is a confidential process between the employee who tested positive to drug testing and the MRO. The employee pays for the cost of the split analysis; however, should the testing of the split be negative the employee can seek reimbursement from the employer.

The BU1 Non CDL Agreement has a provision whereby the employer shall pay for the cost of the test analysis of the first split sample as a result of a positive test. The employee pays for subsequent split sample analysis of positive test results. For the employer to pay for the testing of the split, the employee:

- a. Informs the MRO that the employer will pay for the first positive testing of the split and the DER must be informed so that the employee need not pay for the split testing up front; or
- b. Pays for the analysis for the "first split sample as a result of a positive test" and seeks reimbursement under the Agreement.

REQUIREMENT TO SUBMIT TO TESTING

The requirement that employees must submit to a test is contained in the alcohol and controlled substance prohibitions.

CONSEQUENCES FOR VIOLATING SECTION 63A

1. An employee is discharged for testing positive for an alcohol or controlled substances test in the employee's initial probationary period pursuant to the Resignation Agreement that the employee signs at the time of initial hire.
2. Removal from work.
 - a. An employee who tests positive to an alcohol test with a concentration of 0.02 BAC or greater, but less than 0.04 BAC is immediately removed from work for at least 24 hours. The employee may elect sick or vacation leave, compensatory time, or authorized leave during the period.
 - b. An employee with a positive alcohol test of 0.04 BAC or greater and/or positive drug test is immediately removed from work and evaluated by a Substance Abuse Professional (SAP). Before an employee can return to work, the employee is subject to the SAP's recommended rehabilitation program and return to work test pursuant to the Agreement. The employee may elect sick or vacation leave, compensatory time, or authorized leave during the period.
3. The consequences for testing positive for an alcohol (0.04 BAC or greater) or controlled substance test is discharge unless the employee agrees to the suspension, SAP evaluation, treatment, etc. as stated in the Last Chance Agreement:

Positive test results	Consequence
Alcohol (test window) ^a	3 years
1 st positive	5 day suspension ^b ; SAP ^c
2 nd positive	Discharge or 10 day suspension, SAP, & LCA ^d
3 rd positive	Resigned per LCA
Drug (test window)	3 years
1 st positive	10 day suspension, SAP
2 nd positive	Discharge or 20 day suspension, SAP, & LCA
3 rd positive	Resigned per LCA

- a. *Window*: Time period starts from date of first test positive result to a date three year hence. Period does not include time period(s) that an employee is under rehabilitation.
- b. *Suspension*: Sick or vacation leave, compensatory time, or authorized leave for the period removed from work.
- c. *SAP* – Substance Abuse Professional: A positive test results requires evaluation by a SAP. Employee required to complete the rehabilitation program. Employee pays for cost of rehabilitation.
- d. *LCA* - Last Chance Agreement: An employee is discharged for testing positive to an alcohol or drug test unless the employee agrees to sign a LCA and abide with the conditions of the LCA (see Agreement exhibits).

3. Refusal to test

- a. An employee who refuses to submit to a required alcohol or controlled substance test is discharged unless the employee agrees to sign the applicable alcohol or controlled substance Last Chance Agreement or refuses to be tested for the second time within three (3) years of the first refusal to test.
- b. A refusal to take an alcohol or controlled substance test is when an employee:
 - 1). Fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.
 - 2). Fails to remain at the testing site until the testing process is complete.
 - 3). Fails to provide a urine specimen for any drug test required by the Agreement.
 - 4). In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the specimen.
 - 5). Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.
 - 6). Fails to provide an adequate amount of breath for any alcohol test required by this agreement.

- 7). Fails to provide an adequate/sufficient breath specimen for any required alcohol test and a physician determines, through a required medical evaluation, that there was no adequate medical explanation for the failure.
 - 8). Fails or decline to take an additional drug test the employer or collector has directed the employee to take (for example, if the MRO directs the employer to conduct a recollection under direct observation).
 - 9). Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the employer in situations where an adequate specimen is not provided.
 - 10). Fails to undergo a medical examination or evaluation as directed by the employer as part of the insufficient breath procedures.
 - 11). Fails to sign the certification at Step 2 on the alcohol test form.
 - 12). Fails to cooperate with any part of the alcohol or drug testing process.
 - 13). Fails to cooperate in any part of the controlled substance testing process (for example, refusing to empty his/her pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).
4. An employee who refuses to complete the SAP's recommended rehabilitation program is discharged.
 5. Adulterated and/or substituted specimen. An employee whose controlled substance test results report *adulterated and/or substituted* specimen (constitutes a refusal to test) shall be discharged unless the employee agrees to sign a Last Chance Agreement whereby the employee agrees to resign from employment in the event of a positive alcohol test of 0.04 BAC or greater, or a positive controlled substance test, or a second refusal to be tested for alcohol or controlled substance within three (3) years of the first refusal to test.

OTHER PROVISIONS OF NOTE

Employees may find these provisions in the Agreement which may affect their decisions with respect to obtaining assistance and job changes:

1. *Voluntary Admission.* Employees are encouraged to voluntarily admit to the DER an alcohol and/or controlled substance problem before having previously tested positive (and is within the 3 year rehabilitation window) and before they are notified to take a required alcohol or drug test. The employee is immediately removed from work (may elect sick or vacation leave, compensatory time or authorized leave without pay during the period and be subject to:
 - a. Successful completion of a SAP recommended rehabilitation program approved by the employer.
 - b. Mandatory return to work testing and unannounced follow up testing as prescribed by the SAP.
2. *Completion of return to work and follow up testing requirement.* Employees who tested positive to tests are required to complete all provision under the Agreement, including return to work and follow up test requirements, irrespective of a move to another position.
3. *Medication Declaration.* Prescribed and over the counter (OTC) medication often contain controlled substances or their derivatives that can amount to a reasonable suspicion test and/or impact an employee's work performance or impact on the safety of the employee and others. Medication disclosure can assist the supervisor in placing the employee in assignments that would mitigate potential injury and assist the physician in prescribing safer medication. It is also helpful when receiving medication to inform the physician or pharmacist of their job requirements and to ask them if there are safer medications or restrictions on work activities. Have the physician or pharmacist complete the Medication Declaration (Attachment A) form and forward it to the supervisor or DER. All information is confidential.
4. *Confidentiality.* The Employer and the Union shall follow, to the extent possible, the protocols found in the U.S. DOT Rules, 49 CFR Part 40 or the State Department of Health Rules with regards to the confidentiality and release of information. All records pertaining to actual alcohol and controlled substance tests shall be confidential, and shall be kept separate from other employee records.

When a release is required, the Employer shall not require an Employee to sign a release form for information and records, unless the specific reasons are stated on the release form. Information and records request shall be on an as needed basis (see Confidential Information Release Authorization form (Attachment B)).

INFORMATION ON THE EFFECTS OF ALCOHOL AND DRUGS.

Information provided on the effects of alcohol and controlled substances from the Federal DOT Federal Motor Carrier Safety Administration's Implementation Guidelines is provided for your perusal (Attachment C).. Men and women alcohol drink/percentage is also provided as reference (Attachment D). The guideline is also available from the DOT web site: <http://www.dot.gov/ost/dapc>.

QUESTIONS, ADDITIONAL INFORMATION, AND EMPLOYEE RECEIPT

Pursuant to the Agreement, the employee must be informed as to who the employee can contact for questions or need for additional information. The Educational Materials Receipt and Employer's Designee form (Attachment E) serves as an employee/department receipt for receiving/providing the following pursuant to the Agreement:

1. Being advised of the requirements of the Agreement (received the Agreement).
2. Receipt of educational material as provided by the Agreement (this document).

The employee must sign and date the receipts. There are two (2) copies; one for the department and the other for the employee.

Confidential Information Release Authorization

The written employee consent or authorization is required to release, use or disclose employee-related drug and alcohol testing information under the Omnibus Transportation Employees Testing Act of 1991 and the CFR 49 Code of Federal Regulations (CFR) Part 40 drug and alcohol testing regulations, except as provided in the regulations. In the DOT drug and alcohol testing program, employers and service agents are not required to obtain written employee authorization in the implementation or administration of the requirements of the drug and alcohol testing regulations.

I, _____, hereby authorize my supervisor, Department Employer's Representative (DER), the Human Resources Office of my department to release and/or disclose confidential alcohol and drug test information from the period _____ to _____ regarding (specify specific information) _____, to:

- Myself for my distribution.
- My official representative (Name): _____.
- Other: (please specify): _____.

Be informed that the extension of confidential personal information beyond those authorized is the responsibility of and at the discretion of the employee and that the employee shall hold the State harmless of any wrongful disclosure of confidential or personal information by those authorized by the employee.

 Printed employee name Employee signature Department Date

 Employer Representative Position Completion date: _____

-THE EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCE

Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).
- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.
- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.
- **Distinguishing Characteristics:** Pure ethanol (sold in some States as “grain alcohol”) is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.
- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.
- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, “straight” liquor, glasses of wine). Alcohol is often consumed in combination with other beverages (“mixers”), either to make it more palatable or to disguise from others that alcohol is being consumed.
- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz.—roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual’s blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and

the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

BAC	Behavioral Effects
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality.
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time.
0.20-0.29%	Nausea, vomiting, double vision.
0.30-0.39%	Hypothermia, blackouts, anesthesia.
0.40-0.70%	Coma, respiratory failure, death.

- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)
- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

Signs and Symptoms of Use

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.
- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.
- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

Effects of Alcohol on the Individual

Physical Health Effects

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.
- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

Other Health Effects

- In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:
 - One half of all traffic accident fatalities are alcohol-related.
 - The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.
 - Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.
 - Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.
 - Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.
 - Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

- Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

Effects on Driver Performance

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

Overdose Effects

- Unconsciousness, coma, death.

Withdrawal Syndrome

Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

References

Blum, Kenneth, "Handbook of Abusable Drugs," NY, Gardner Press, 1984.

Department of Health and Human Services, "Alcohol and Health: 7th Special Report to the U.S. Congress," Washington, DC, 1990.

Controlled Substance Fact Sheet

Amphetamines

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

Description

- **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.
- **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
- **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine (“speed”) is sold in counterfeit capsules or as white, flat, double-scored “mini bennies.” Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.
- **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.
- **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.
- **Duration of Single Dose Effect:** 2 to 4 hours.
- **Detection Time:** 1 to 2 days after use.
- **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use

- **Evidence of Presence of Amphetamines:** Most frequently—pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently—syringes, needles, tourniquets.
- **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).

- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; “amphetamine psychosis” which might result from extended use (see health effects).

Effects of Amphetamine Use on the Individual

Physical Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.
- Lack of sleep, weight loss, and depression also result from regular use.
- Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

Effects on Mental Performance

- Anxiety, restlessness
- Moodiness
- False sense of power.

Large doses over long periods can result in

- Hallucinations
- Delusions
- Paranoia
- Brain damage.

Effects on Driver Performance

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-

term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Overdose Effects

- Agitation
- Increase in body temperature
- Hallucinations
- Convulsions
- Death

Withdrawal Syndrome

- Apathy
- Long-term periods of sleep
- Irritability
- Depression
- Disorientation

Workplace Issues

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Cocaine

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.
- **Common Street Names:** Coke, crack, snow, blow, flake, “C”, toot, rock, base, nose candy, snort, white horse.
- **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or “snorting coke” is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.
- **Paraphernalia:** Cocaine hydrochloride—single-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine base—a “crack pipe” (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.
- **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.
- **Duration of Single Dose Effect:** 1 to 2 hours.
- **Detection Time:** Up to 2 to 3 days after last use.
- **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate “reverse tolerance,” in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Signs and Symptoms of Use

- **Evidence of Presence of Cocaine:** Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.
- **Physical Symptoms:** Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).

- **Behavioral Symptoms:** Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

Effects of Cocaine Use on the Individual

Physical Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than those of other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

Effects on Mental Performance

- Paranoia and hallucinations
- Hyperexcitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

Effects on Driver Performance

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Overdose Effects

- Agitation
- Increase in body temperature
- Hallucinations
- Convulsions
- Death

Withdrawal Syndrome

- Apathy
- Long periods of sleep
- Irritability
- Depression
- Disorientation

Cannabinoids (Marijuana)

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

Description

- **Generic/Chemical Name:** Dronabinal, marinol, nabilone.
- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.
- **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking “bongs” (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls. **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydro-cannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.
- **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.
- **Detection Time:** Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.
- **Dependency Level:** Evidence indicates moderate psychological dependence.

Signs and Symptoms of Use

- **Evidence of Presence of Marijuana:** Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.
- **Physical Symptoms:** Reddened eyes (often masked by eye drops); stained fingertips from holding “joints,” particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.
- **Behavioral Symptoms:** Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, “I don’t care” attitude, false sense of power.

Effects of Marijuana Use on the Individual

General Health Effects

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

- The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.
- Offspring of test animals that were exposed to marijuana have fewer chromosomes concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as “acute brain syndrome,” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

Effects on Driver Performance

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

-

Overdose Effects

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

Withdrawal Syndrome

- Sleep disturbance
- Hyperactivity
- Decreased appetite
- Irritability
- Gastrointestinal distress
- Salivation, sweating, and tremors

Workplace Issues

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of *both* the depressant and marijuana.

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

Opiates (Narcotics)

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Description

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).

Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).
- **Common Street Names:** Big M, micro, dots, horse, “H”, junk, smack, scag, Miss Emma, dope, China white.
- **Distinguishing Characteristics:** Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.
- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).
- **Method of Intake:** Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- **Duration of Single Dose Effect:** 3 to 6 hours.
- **Detection Time:** Usually up to 2 days.
- **Dependency Level:** Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper “bindles” (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.
- **Physical Symptoms:** Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or “tracks,” wearing long sleeves to cover “tracks”, loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
- **Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

Effects of Narcotics Use on the Individual

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Effects on Mental Performance

- Depression and apathy
- Wide mood swings
- Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

Effects on Driver Performance

The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

Social Issues

- There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

Phencyclidine (PCP)

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a “freak-out,” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Description

- **Generic/Chemical Names:** Phencyclidine.
- **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.
- **Distinguishing Characteristics:** PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).
- **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as “angel dust.” It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.
- **Duration of Single Dose Effect:** Days.
- **Detection Time:** Up to 8 days.
- **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

Signs and Symptoms of Use

- **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.
- **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.

- **Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Effects on Mental Performance

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations

Effects on Driver Performance

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

Overdose Effects

- Longer, more intense “trip” episodes
- Psychosis

- Coma
- Possible death.

Withdrawal Syndrome

- None reported

Workplace Issues

- PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.

Approximate Blood Alcohol Percentage - Men									
Drinks	Body Weight in Pounds								
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	Impairment Begins
2	.08	.06	.05	.05	.04	.04	.03	.03	Possible Criminal Penalties
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	
6	.23	.19	.16	.14	.13	.11	.10	.09	Criminal Penalties
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	

WOMEN												
Approximate Blood Alcohol Percentage												
Drinks	Body Weight in Pounds											
	90	100	120	140	160	180	200	220	240			
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	.02	.02	Impairment Begins
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	.04	.04	Possible Criminal Penalties
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.10	.09	.09	Criminal Penalties
6	.30	.27	.23	.19	.17	.15	.14	.12	.12	.11	.11	
7	.35	.32	.27	.23	.20	.18	.16	.14	.14	.13	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.17	.15	.15	Criminal Penalties
9	.45	.41	.34	.29	.26	.23	.20	.19	.19	.17	.17	
10	.51	.45	.38	.32	.28	.25	.23	.21	.21	.19	.19	

EDUCATIONAL MATERIALS RECEIPT AND EMPLOYER'S DESIGNEE

The educational information presented meets the requirement of the Agreement to provide detailed educational materials to employees pursuant to the Agreement. The materials include:

The categories of employees who are subject to the regulations.

Specific information on conduct that is prohibited.

The circumstances under which an employee may be subject to an alcohol and controlled substance test.

The procedures that will be used to test for alcohol or controlled substance.

The requirement that an employee submit to a test.

An explanation of what constitutes a refusal to submit to a test.

The consequences for an employee found to have violated Section 63A.

Information on the effects of alcohol and controlled substance.

The Employer designee to be contacted for questions or additional information.

Should employees have questions on the Agreement or testing requirement or desire more information on the testing program, the employees are encouraged to contact their supervisor or the department's Designated Employer's Representative (DER) or Alternate DER, as follows:

DER: _____ Office _____ Phone #: _____

ADER: _____ Office _____ Phone #: _____

The Agreement also requires that the employee acknowledge that the employee's receipt of Agreement and the educational materials provided herein. The employee: "I hereby acknowledge having been advised of the provisions and requirements of the Agreement and the receipt of the Agreement and educational materials by signature below:"

Employee department; _____ Work location: _____

Employee Name (print): _____ Signature: _____ Date: _____

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Original – DER