

# EMPLOYEE GUIDE

Drug and Alcohol Free Workplace  
Policies, Regulations and Compliance

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# Alcohol and Drug Abuse Hotlines

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**Alcohol Treatment Referral Hotline**

1-800-ALCOHOL

**Cocaine Hotline**

1-800-COCAINE

**Center for Substance Abuse Treatment National Drug and Alcohol Treatment Referral Service**

1-800-662-HELP

**NCADD Hopeline**

1-800-622-2255

**Alcoholics Anonymous World Services Inc.**

212-870-3400

**The CDC National AIDS Hotline**

800-342-AIDS

800-344-SIDA -- Spanish

800-AIDS-TTY -- TDD

**Families Anonymous**

1-800-736-9805

**Marijuana Anonymous World Services**

1-800-766-6779

**Nar-Anon Family Groups**

310-547-5800

**Narcotics Anonymous**

818-773-9999

**NAPARE Alcohol, Drug, and Pregnancy Hotline**

1-800-638-BABY

**Secular Organizations for Sobriety (SOS)**

310-821-8430

**Rational Recovery Systems**

800-303-CURE (recorded information and voice mail)



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## Drug and Alcohol Free Workplace Policies, Regulations and Compliance

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### DISCLAIMER

This guide was produced by New Era Drug Testing to assist safety-sensitive employees subject to workplace drug and alcohol testing under the requirements of 49 CFR Part 40 and certain Department of Transportation (DOT) agency regulations. Nothing in this guide is intended to supplement, alter or serve as an official interpretation of 49 CFR Part 40 or DOT agency regulations. This guide is for educational purposes only and is not intended to provide legal advice.

If you have questions concerning current regulations for a specific covered industry, contact the agencies directly by telephone or by visiting their websites:

#### U.S. Department of Transportation

Aviation	FAA	(202) 267-8442	<a href="http://www.faa.gov">www.faa.gov</a>
Motor Carrier	FMCSA	(202) 366-2096	<a href="http://www.fmcsa.dot.gov">www.fmcsa.dot.gov</a>
Mass Transit	FTA	(202) 366-1080	<a href="http://www.fta.dot.gov">www.fta.dot.gov</a>
Railroads	FRA	(202) 493-6313	<a href="http://www.fra.dot.gov">www.fra.dot.gov</a>
Pipeline	PHMSA	(202) 366-4554	<a href="http://www.phmsa.dot.gov">www.phmsa.dot.gov</a>

#### U.S. Department of Homeland Security

Maritime	USCG	(202) 267-0684	<a href="http://www.uscg.mil/uscg.shtm">www.uscg.mil/uscg.shtm</a>
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# SECTION I INTRODUCTION

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The term “Drug-Free Workplace” originated with policies adopted by the Federal Government for its employees in the 1980s. In the late 1980s and early 1990s, public opinion and legislation that required the regulation of employees engaged in safety-sensitive industries, such as transportation, expanded the Drug-Free Workplace concept to private employers.

Drug-Free Workplace programs not only increases a business’s chance of operating at its fullest potential, but they also offer a safer and healthier environment to its employees and to the public.

A comprehensive drug-free workplace program consists of a written policy, employee awareness education, supervisory training, drug testing provisions, employee assistance programs, and appropriate confidentiality safeguards. These programs have been shown to reduce workplace accidents, injuries, healthcare and worker’s compensation costs, and to increase workforce productivity. They also help employees make healthy choices, which in turn encourages healthy attitudes and behaviors in their children, community, and workplace.

## WHAT ARE THE BENEFITS OF A DRUG FREE WORKPLACE?

- Increased productivity
- Reduced turnover
- Reduced tardiness
- Reduced absenteeism
- Safer work environment
- Saving of valuable time in the hiring process
- Hiring only drug free employees
- Reduced health insurance costs
- Workers Compensation insurance incentives - many States require a discount
- Public safety

### ***The Problem: Substance Abuse in the Workplace***

- 60% of the world's production of illegal drugs is consumed in the U.S.
- Nearly 70% of current users of illegal drugs are employed.
- Nearly 1 in 4 employed Americans between the ages of 18 - 35 have illegally used drugs.
- 1/3 of employees know of the illegal sale of drugs in their workplace.
- 20% of young workers admit using marijuana on the job.
- Alcohol impairs your ability to function properly

## SECTION II LAWS AND RULES

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On September 15, 1986, President Ronald Reagan signed an Executive Order requiring federal agencies to establish an employee drug-testing program. In response, the Department of Transportation (DOT) and the United States Coast Guard (USCG) developed a comprehensive program. Each of the DOT administrations expanded the program in their operations: the Federal Aviation Administration (FAA), which oversees pilots and air traffic controllers; the Federal Highway Administration (FHWA), which oversees professional drivers; the Federal Railroad Administration (FRA), governing railroad; the Federal Transit Administration (FTA); and the Pipeline and Hazardous Materials Safety Administration (PHMSA), which regulates pipelines.

In 1988, the Drug-Free Workplace Act required that all federal grantees and contractors having a contract for property or services of \$25,000 or more to have programs for a drug-free workplace. In 1991 the federal government expanded drug and alcohol testing to employees in the transportation industries. Now, almost all major companies and federal agencies have drug monitoring programs in place. Drug screening is done not only for airline pilots, but most occupations that are related to the transport industry, including mechanics, baggage handlers, and anyone that might get their wages from government contracts.

### **Federal Law Governing the Transportation Industry: The Omnibus Transportation Employee Testing Act of 1991.**

The Omnibus Act mandates drug and alcohol testing of employees in the transportation industry who are engaged in safety-sensitive functions. The goal of the Act is to reduce substance abuse in the workplace by requiring alcohol and drug testing of safety-sensitive employees in the aviation, motor carrier, railroad, pipeline, mass transit and other transportation industries.

### **Federal Rules: DOT Drug and Alcohol Testing Regulations.**

The Department of Transportation (DOT) has established rules and regulations that define who must participate in drug and alcohol testing, how the tests must be conducted and what procedures to use when testing. The goal of these rules is to help prevent accidents and injuries resulting from the misuse of alcohol and controlled substances by employees who perform safety-sensitive functions in their industries.

In general, these rules require controlled substance and alcohol testing for any employee in the transportation industries who is engaged in a safety-sensitive function.

## **AN OVERVIEW - DOT Drug and Alcohol Rules/Regulations**

The Department of Transportation (DOT) has issued rules and regulations that require the implementation of drug and alcohol free workplaces, including drug and alcohol testing, by employers in the transportation industry. The rules and regulations are applicable to employers regulated by one or more of the following transportation regulators:

- Federal Aviation Administration (FAA)
- Federal Motor Carrier Safety Administration (FMCSA)
- Federal Railroad Administration (FRA)
- Federal Transit Administration (FTA)
- Pipeline & Hazardous Materials Safety Administration (PHMSA)
- United States Coast Guard (USCG)

Specific requirements vary from administration to administration, but basic guidelines under the DOT regulations include:

- Circumstances under which testing is required:
  - Pre-employment
  - Reasonable Suspicion;
  - Random
  - Post Accident
  - Return-to-Duty
  - Follow-Up
- Strict testing procedures that must be followed. All drug testing must be conducted in laboratories certified by the U.S. Department of Health and Human Services. Similarly there are specific requirements as to who may conduct alcohol testing.
- A Medical Review Officer (MRO) must review all positive drug tests, and employees must be afforded an opportunity to consult with the MRO prior to the test result being reported to the employer.
- Five classes (and only these five classes) of drugs *must* be tested for:
  - Marijuana
  - Cocaine
  - Amphetamines
  - Opiates
  - Phencyclidine (PCP)
- Cut-off levels established by DOT must be used in drug and alcohol testing.
- Alcohol testing of employees must be conducted using only devices and equipment approved by DOT and in accordance with procedures established by DOT. Alcohol testing of applicants is generally not required.
- Employees must receive drug awareness training, including information about the company's drug and alcohol free workplace program.
- Employees must also be provided awareness information about alcohol misuse.
- All supervisors must receive training in drug abuse detection, documentation and intervention, and similar training about alcohol abuse.
- Employees determined to have drug and/or alcohol abuse problems will not be permitted to remain in or engage in safety-sensitive functions and must be referred by the employer to a Substance Abuse Professional (SAP) for evaluation. Before the abusing employee can be returned to duty in a safety-sensitive function, the SAP must make a recommendation of "return to duty" and may impose conditions that the employee must comply with.

# SECTION III DRUGS

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## WHAT IS A DRUG?

In general, a drug is defined as any substance, other than food, which is taken to change the way the body and/or mind function.

Drugs may or may not come from doctors or drug stores. They may or may not have medicinal properties or purposes. Drugs can come from plants growing in fields, or they can be manufactured in labs. They can be legal (e.g., alcohol, nicotine or prescription medication) or illegal (e.g., heroin). They can be harmful or helpful.

### Continuum of Risk

The continuum of risk provides a framework for understanding drug use and its hazards and consequences as discussed in the following sections. People who use drugs may be at different points on the continuum of risk for different drugs, e.g., a person may be using one drug at a level that results in negative consequences, but using another drug on an occasional or social basis, or using medication as directed, that carries no negative consequences.

The continuum ranges from no use to dependence.

**No use** - the person does not use alcohol or other drugs.

**Experimental Use** - the person tries a drug out of curiosity and may or may not use the drug again.

**Social or Occasional Use** - the person uses the drug in an amount or frequency that is not harmful (e.g., a drink on a social occasion).

**Medication Used as Directed** - the person uses a drug as prescribed, under medical supervision. The risk of harm is minimized.

**Harmful Use** - the person experiences negative consequences of drug use, e.g., health problems, family, school, work problems, and legal problems.

**Dependence** - the person is psychologically and/or physically dependent on a drug, which is used excessively and the use continues despite the person experiencing serious problems.

## WHY DO PEOPLE USE DRUGS?

### The Most Common Reasons

The majority of adults use some type of mood-altering drug, though most do not experience problems or misuse drugs. People use different drugs for different reasons. The reasons can vary from drug to drug, from person to person or from occasion to occasion. A person may have more than one reason. People may start using a drug for one reason and may continue using it for quite another.



## **Media and Communications**

Advertisements on radio or TV and in magazines or newspapers, product sponsorship of sporting and artistic events, portrayal of substance use in plays and films and availability of information on the Internet can all affect the way people think about drugs in general, including how they regard illegal drug use. Advertisements may promote drinking or smoking as a social activity or link use to the achievement of success; magazine and TV advertisements may also promote use of over-the-counter medications as treatments for minor ailments; characters in plays or films may provide models for healthy or unhealthy substance use; the Internet provides access to information on drugs through sources ranging from government public awareness materials to "how to" manuals advising on the illegal use or manufacture of drugs.

## **Positive Reinforcement**

A person may use a drug and keep using a drug because the effects are pleasurable or positively reinforcing. Examples of such pleasurable or positively reinforcing effects can include: feeling "high", relaxation, disinhibition, relief from pain, tension or unpleasant emotions, being able to sleep or to stay awake or achieve enhanced athletic performance.

## **Curiosity**

Drugs are talked and written about a lot these days. They are a frequent topic of conversation. Some people may have friends or acquaintances that use drugs illegally. Since curiosity is a natural aspect of human behavior, it is not surprising that many people, especially young people, are tempted to experiment with drugs, both legally and illegally.

## **Celebration**

The use of drugs such as alcohol may be part of a family occasion, cultural or religious celebration or practice.

## **Emotional Pressures**

Some people use psychoactive drugs to relieve various emotional problems, such as anger, stress, anxiety, boredom or depression. Others take psychoactive drugs to boost their self-confidence. Some young people may use drugs as a way of rebelling or to express their alienation from mainstream society. People may also use drugs to help them forget about or cope with traumatic life events or situations or to relieve the symptoms of severe psychiatric illness.

## **Social Pressures**

The social pressures to use drugs can be very strong. Both young people and adults may feel social pressure to use drugs (e.g., alcohol on social occasions). Children may be especially influenced by their parents' use of alcohol, tobacco or other drugs, and use their parents' use to justify their own drug use. In some groups, drug taking is the fashionable thing to do. It is the badge of belonging and the key to social acceptance. Abstainers are excluded. It is hard to be different; so people go along. Going along may mean using cannabis or drinking heavily to be part of a group in which this is the norm without regard to potential negative consequences.

Group pressures of a different kind exist for those engaged in competitive sports or bodybuilding. People may use substances, particularly anabolic steroids, because they view such drug use as an

accepted part of a successful training regimen.

### **Previous Drug Use**

For most people, trying a drug, particularly using a drug illegally, for the first time is a major step. A single experiment does not mean a person will become a regular user of drugs, but it may remove some of the barriers against trying drugs again.

In some cases, people who regularly use one drug are more likely to use other drugs as well. For example, regular smokers are more likely to be heavy drinkers than nonsmokers. Not surprisingly, there is also a high correlation between smoking tobacco and cannabis use. Also, those who start to smoke or drink early in adolescence are more likely to develop drug problems in later life, compared to those who begin smoking or drinking in later adolescence.

### **Dependence**

Some people use drugs because they have become physically or psychologically dependent on them. It does not matter whether the drug is mild or strong, whether it was first used for medical or non-medical purposes, or whether it is used legally or illegally. When people continue using a certain drug because they experience discomfort or distress when its use is discontinued or severely reduced, they can be said to be drug-dependent.

### **WHEN DOES DRUG USE BECOME A PROBLEM?**

Drug use becomes a problem when use of a drug results in negative consequences for the person who uses the drug. These may be physical, mental, social, emotional, legal, economic or environmental consequences. When a person continues to use a drug despite negative consequences to him or herself or to other people such as family, friends or employer, this use is often informally referred to as drug or substance abuse. Other terms used to describe drug use associated with negative consequences include "misuse", "dependence" and "addiction". As well as being used informally to describe the negative consequences of drug use, the terms "abuse" and "dependence" are also used by professionals in classifying substance-related disorders, e.g., drug dependence, alcohol abuse.

"Drug or substance misuse" is generally used to describe drug problems that are less serious or longstanding or, in some cases, inadvertent, such as not complying with prescription medication instructions.

When used informally, "dependence" refers to the situation where a person who uses drugs feels unable to function without taking the drug. Dependence may be either psychological, physical or both. Dependence includes continued use of the drug despite adverse consequences and usually, but not always, the presence of tolerance and withdrawal symptoms.

Although the term "addiction" is no longer used as a medical diagnosis, it is still commonly used to describe a range of compulsive behaviors, including drug abuse and gambling problems. It is also often used to describe specialized services (as well as related policies and activities) for people with drug abuse problems.

Drug abuse can:

- result in an increased risk of health problems such as illness, injuries and physical damage to the body or death.
- result in personal problems such as loss of motivation, or physical and/or psychological dependence, problems at work or school.
- result in family problems like strained and unhappy family relationships and family breakdown.
- contribute to social problems like increased crime and traffic crashes.
- also result in financial costs to society for things like health care, crime or lost productivity.

Sometimes even the use of a drug for medicinal purposes can cause problems. These problems may occur because of side effects from the medication, or because the drug is used for too long, at the wrong dosage or because the person does not use it as directed.

### **Different Types of Drug Problems**

Drug problems can develop for a variety of reasons and from use of any type of drug.

#### **Using Drugs Too Much**

Use of a drug can cause a problem if too much of the drug is taken at one time or if the drug is taken too frequently. These problems may include immediate consequences such as unpleasant side effects or even a harmful or fatal overdose. Other problems may take some time to develop, such as needing more of the drug to achieve the same effect and becoming dependent on the drug. Some medicinal drugs can have a beneficial effect if taken at the correct dose for that person, but cause problems if too large a dose of the drug is taken or if the drug is used more frequently than prescribed. In the same way, a drug like alcohol may not be harmful if taken in moderation. Many of the problems caused by alcohol result from drinking too much at one time.

#### **Using Drugs for Too Long**

A drug can cause problems if it is taken regularly for a long period of time. Some medicinal drugs, like painkillers, as well as drugs taken to aid sleep or reduce anxiety, can cause problems if they are taken after they are no longer needed. For instance, people who use drugs may have difficulty stopping use of the drug because they have become dependent on it.

#### **Taking Drugs for the Wrong Reasons**

A drug can cause problems if it is taken for the wrong reason. A common example is using alcohol as a way of coping with unpleasant feelings, rather than moderate drinking as part of a social or celebratory occasion.

#### **Taking Drugs Without Following Directions**

Taking drugs without paying attention to label directions and warnings can also lead to serious problems, especially with drugs that can impair driving performance and drugs that should not be mixed with alcohol. Taking a drug prescribed for someone else is another example of not following directions as a prescription label designates that the prescription is for a particular individual. Also, taking less than the prescribed dose of a drug or stopping its use too early can result in problems.

## **Combining Drugs**

A drug can cause problems if it is taken in combination—either knowingly or unknowingly— with certain other drugs. Some combinations can produce unwanted and unexpected effects. Using alcohol with a tranquilizer, such as Valium, increases the likelihood that the person who uses the drugs may feel increased effects such as drowsiness, dizziness and confusion. Combining drugs like barbiturates with alcohol, can cause death.

## **Extremely Dangerous Drugs**

With a few drugs, like PCP (Angel Dust), and inhalants such as gasoline, the potential dangers are extremely high and there are no legitimate human uses. These drugs can cause serious problems no matter how or when they are taken. With such drugs there is no difference between use and abuse. To use them is to abuse them.

## **WHAT ARE THE HARMFUL CONSEQUENCES OF DRUG USE?**

Drugs can be considered harmful when their use causes physical, mental, social, legal or economic problems. Not all drugs are equally hazardous. Drugs sold legally for medicinal purposes are generally considered safe when taken according to the directions on the label. However, some of these drugs may produce unpleasant side effects even when used under medical guidance. Drugs obtained illegally are more likely to be hazardous; their effects are much less predictable and potentially dangerous. Many drugs are harmful when used in large doses, or in combination with other drugs.

## **Safety Hazards**

Most psychoactive drugs can reduce physical coordination, distort the senses or impair memory, attention and judgment. These effects can lead to serious safety risks, especially if the person who uses the drugs drives a vehicle or operates machinery. Many road injuries and fatalities are caused by drivers intoxicated by alcohol or some other drug or combination of drugs. Also, effects such as reduced physical coordination and impaired judgment can lead to falls and other serious accidents. People who have taken alcohol or other drugs are often unaware of the extent of their impairment. This makes the risk that much greater.

## **Physical Health Problems**

All psychoactive drugs have effects other than those for which they are used, and some of these can be very damaging to physical health. Smoking marijuana or tobacco, for example, can cause lung damage. Alcohol abuse can cause liver damage. Sniffing cocaine can damage the inside of the nose. People who inject drugs by hypodermic needles can get infections such as hepatitis or HIV.

## **Mental Health Problems**

Some drugs can cause short-term confusion, anxiety or mental disturbance ("bad trips"). In the longer term, drug abuse can result in personality disturbances, learning problems, and loss of memory, and can contribute to mental health problems. A person who turns to drugs as a way of avoiding normal anxiety and sadness may be establishing a pattern of behavior that can be hard to break. Many people who use drugs in this way come to believe that they cannot function normally without drugs. People with histories of serious emotional or mental health problems may also turn to drugs as a way of coping with unpleasant feelings. Also, experience of physical or sexual abuse

is common among people with alcohol or other drug problems.

### **Violence and Crime**

Use of drugs is sometimes associated with violence and crime. Although, alcohol or other drugs may not in and of themselves cause violence, both the victims and perpetrators of violence may be using certain drugs. People may also commit crimes in order to make money to buy drugs, and drug problems are frequent among criminal offenders.

### **Tolerance**

Tolerance means that, over time and with regular use, a person who uses drugs needs more and more of a drug to get the same effect. Tolerance increases the physical health risks of any drug simply because it can result in increased drug use over time. Tolerance also increases the risk of dangerous or fatal overdose, for two reasons.

First, the body does not necessarily develop tolerance to all the effects of the drug to the same extent. Long-term use of barbiturates, for example, causes a person to become tolerant to the mood-altering effect of barbiturates, but less so to their depressant effect on respiration. When this happens, the dose required to achieve the mood-altering effect may be dangerously close to the lethal dose and death can result from respiratory failure.

Second, if a person has not taken the drug in a long time, the expected tolerance may actually have decreased. So, after a long period of abstinence, the size of the dose the person had previously become accustomed to may actually be enough to cause a life threatening or fatal overdose.

As people age, physiological changes may mean they need less of a drug to get the same effect. This result may be compounded if their liver or kidneys have been damaged by chronic disease.

### **Physical Dependence**

Physical dependence occurs when a person's body becomes so accustomed to a particular drug that it can only function normally if the drug is present. If people who use drugs drastically reduce their level of use or stop using the drug abruptly, they may experience a variety of signs and symptoms ranging from mild discomfort to seizures. These effects, some of which can be fatal, are collectively referred to as "withdrawal". Withdrawal symptoms are often opposite to the effects produced by taking the drug, e.g., when a person stops using a stimulant drug such as cocaine they may become depressed, need to sleep a lot, and have increased appetite when they awaken. To avoid the discomfort of withdrawal, the person who uses drugs may start to use again or feel unable to stop using the drug. Not all drugs produce physical dependence, but they may still be abused because the person who uses drugs becomes psychologically dependent on the drug's effects.

### **Psychological Dependence**

Psychological dependence exists when a drug is so central to a person's thoughts, emotions and activities that it is extremely difficult to stop using it, or even stop thinking about it. A strong desire or craving to use a drug may be triggered by internal or external cues such as the end of a meal for smokers or seeing injection equipment for people who inject drugs. Like physical dependence, psychological dependence is a cause of continued drug use. An individual may be both

psychologically and physically dependent on a drug.

### **Overdose**

An overdose of any drug is a dose that can cause serious and sudden physical or mental damage. An overdose may or may not be fatal, depending on the drug and the amount taken. Dangerous overdoses are more likely to occur in people who have developed a tolerance for some effects of a drug more than others, those who return to drug use after a long period of abstinence, or those who use drugs illegally and have no way of knowing the exact potency of what they are buying. Sudden increases in the purity of some illegal drugs (e.g., heroin) have resulted in unintentional fatal overdoses.

### **Hazards of Using Drugs Illegally**

Using drugs illegally has its own set of risks. People who use drugs that have been obtained illegally can never know exactly what they are taking. Dealers may not know (or reveal) exactly what they are selling. Some drugs are laced with other drugs or chemicals, or contaminated by fungi or moulds, that can be harmful. Often one drug is sold in place of another, e.g., PCP sold as LSD. As a result, many bad drug reactions, including fatal overdoses, have occurred. People who use drugs heavily may use any drug that is available at the right price. People who regularly use drugs illegally, particularly people who inject drugs, are at increased risk for a range of health, legal and social problems.

### **Combining Drugs**

Many drugs become more dangerous when they are mixed. People may combine drugs intentionally to enhance the effects, or to counteract undesirable side effects, or they may use a hazardous combination of drugs without intending to do so. For example, they may take sleeping medications after drinking alcohol without being aware that using these drugs together is hazardous.

Even if the person is aware that mixing drugs is dangerous, they may do so anyway. Today a mixture of heroin and cocaine is a common example. People who use drugs illegally may mix drugs unknowingly because they do not know what they are taking. Many drugs taken together have the potential to interact with one another to produce greater effects than either drug taken by itself. Or, the combination of drugs may produce a new or unexpected effect. For example, alcohol, opioid analgesics (like codeine), barbiturates (like Seconal®) and benzodiazepines (like Valium®) are all depressant drugs. When taken alone, they can cause relaxation, disinhibition, loss of coordination and sleepiness. If these depressant drugs are taken at the same time, these effects are increased. Such combinations may result in confusion, injuries from falls, depressed breathing, coma and death.

Some antidepressants and many drugs taken to treat epilepsy, nausea, allergies and colds also have depressant effects. When taken with other depressants like alcohol, they can dangerously slow or stop breathing. Alcohol can also interact with common medications for heart problems, blood clotting disorders, fungal and bacterial infections, and diabetes, either making them less effective or producing unexpected and undesirable effects. Although classed as a stimulant, cocaine can also cause irregular and shallow breathing. Taking cocaine with heroin, a depressant, increases the risk of death from respiratory depression. Combining drugs may also seriously impair a person's ability to operate a motor vehicle or other machinery.

## Legal Problems

A drug-related conviction can have serious consequences for the individual. The conviction may result in a fine or prison sentence as well as a criminal record. Having a criminal record may restrict employment opportunities and travel outside the country. A subsequent conviction may result in a harsher sentence.

Athletes who use a substance that is banned by their local, provincial, national or international sporting organization may be convicted of a doping infraction. This may result in being banned from participating in sports and may also have consequences for their future career opportunities.

## Absorption, Distribution, Metabolism and Elimination of Drugs

Absorption, distribution, metabolism and elimination refer to the processes by which drugs enter the blood stream (absorption) and reach the brain (distribution), are broken down (metabolized and biotransformed) and leave the body (elimination).

Drugs have different rates of absorption, depending on the route of administration. Drugs may be taken orally, e.g., alcohol; smoked, e.g., cigarettes; absorbed through the mucous membranes of the nose or mouth or other parts of the body, e.g., snorting cocaine; or injected, e.g., injectable heroin or cocaine.

Drugs which are smoked or injected directly into the bloodstream will reach the brain more quickly than other routes of administration and therefore the person will experience the effects more rapidly. For example, cocaine that is injected into the bloodstream will produce a more rapid effect than cocaine that is snorted. However, the effect will also wear off more rapidly.

Other factors may delay a substance reaching the brain; for example, alcohol is mainly absorbed into the bloodstream through the small intestine. If a person has just eaten and has a full stomach, this may delay absorption and reduce the speed at which alcohol reaches the brain.

The rate at which drugs are metabolized and excreted varies, depending on the nature of the drug itself, as well as factors such as body build, gender, age, health and genetic factors. For example, alcohol is metabolized in an average person at the rate of about two-thirds of a standard drink per hour. However, with aging or chronic disease, the liver may not function as efficiently and thus the rate of alcohol metabolism will be slowed. Cocaine is also metabolized and eliminated very rapidly within a few hours. In contrast, drugs such as cannabis and some benzodiazepines (tranquilizers), both of which are stored in fatty tissues rather than being distributed in body water (as is alcohol), are eliminated from the body quite slowly. Long-acting benzodiazepines, such as Valium® (diazepam), may take weeks to leave the body completely, while cannabis may take a month or more.

Because of differences in physiology, some drugs may reach higher levels in the bodies of women than men and take longer to be metabolized and eliminated.

The following table provides estimates of how long, after last use, specific types of drugs are likely to be detected in urine by routine clinical toxicological testing methods.

<b>Drug or Class</b>	<b>Typical Duration of Positive Urine Test After Last Use</b>
Amphetamines	1 to 2 days
Barbiturates	Up to 3 weeks
Benzodiazepines <ul style="list-style-type: none"> <li>• Therapeutic Use</li> <li>• Chronic Use</li> </ul>	<ul style="list-style-type: none"> <li>• 3 days</li> <li>• 4 to 6 weeks</li> </ul>
Cannabis: <ul style="list-style-type: none"> <li>• Occasional Use</li> <li>• Chronic Use</li> </ul>	<ul style="list-style-type: none"> <li>• 1 to 7 days</li> <li>• 1 to 4 weeks</li> </ul>
Cocaine	2 to 4 days
Ethanol (Alcohol)	2 to 14 hours
Methadone	1 to 3 days
Other Opiates	1 to 2 days

Drug detection times indicate the period after you last took a drug, that drug testing can reveal its presence or resulting metabolites in your specimen. The amount of time that a drug metabolite remains detectable in urine can vary, depending on the following factors:

**Amount and Frequency of Use:** Single, isolated, small doses are generally detectable at the lower boundary. Chronic and long-term use typically results in detection periods near or at the upper boundary.

**Metabolic Rate:** Individuals with slower body metabolism are prone to longer drug detection periods.

**Body Mass:** In general, human metabolism slows with increased body mass, resulting in longer drug detection periods. In addition, THC (marijuana's active ingredient) and PCP are known to accumulate in fatty lipid tissue. Chronic users, physically inactive users, and individuals with a high percentage of body fat in relation to total body mass are prone to longer drug detection periods for THC and PCP.



**Age:** In general, human metabolism slows with age, resulting in longer drug detection periods.

**Overall Health:** In general, human metabolism slows during periods of deteriorating health, resulting in longer drug detection periods.

**Drug Tolerance:** Users typically metabolize a drug faster once a tolerance to the drug is established.

**Urine pH:** Urine pH can impact drug detection periods. Typically, highly acidic urine results in shorter drug detection periods.

### **Gender Differences**

It takes less alcohol to affect women than men because women are generally smaller than men and their bodies contain less water in which to dilute the alcohol than men's bodies. Women also metabolize alcohol more slowly than men. As a result, if a woman drinks the same number of drinks as a man over the same time period, she will reach a higher blood alcohol level (BAL), that is, she will be more impaired. Women also develop alcohol-related health problems such as cirrhosis of the liver with lower levels of alcohol use over a shorter period of time than men.

Body differences in physiology may also make women more vulnerable than men to the effects of other psychoactive substances.

Psychoactive medications are generally fat-soluble and stay in women's bodies longer than men's bodies because women's bodies usually have a higher fat content than men's bodies.

Women are also more vulnerable than men to the effects of tobacco and smoking-related diseases such as lung cancer.

# SECTION IV

## DRUGS AND ALCOHOL EFFECTS

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### DRUGS

#### 5 DRUGS TESTED FOR UNDER DOT REGULATIONS

### ***Marijuana***

Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp plant (*Cannabis sativa*).

#### **Signs and Symptoms of Marijuana Abuse**

- Bloodshot eyes (or bottles of eye drops to clear up red eyes)
- Smell in hair or on clothing (sweet, pungent odor)
- "Munchies" or sudden appetite
- Wetting lips or excessive thirst (known as "cotton mouth")
- Burned or sooty fingers (from "joints" or "roaches" burning down)
- Seeds left in devices used to clean marijuana (Frisbees are a typical tool used for this purpose) or items used as makeshift smoking devices (bongs made out of toilet paper rolls and aluminum foil for example)
- Possible paranoia

#### **Health Effects of Marijuana Use**

The most prominent effects of marijuana use are on the central nervous system and the cardiovascular system resulting in deterioration of motor coordination, memory and thinking ability, increased heart rate and blood pressure and bloodshot eyes.

There are more than 520 chemicals found in marijuana. Out of those chemicals, THC, is the primary mind-altering ingredient. In the past 10 years, the strength of marijuana has increased from .05 to 4% THC content to as high as 11% THC content. THC concentrates in fatty areas of the body, the brain and sexual glands. It can take 30 days for the THC from one marijuana joint to be eliminated from the body.

Marijuana use causes:

- Deterioration of motor coordination
- Deterioration of memory and thinking ability
- Increased heart rate and blood pressure
- Emphysema-like condition
- Respiratory tract and sinus infections
- Depression of the body's immune system response, making users more susceptible to infection
- Chronic smoking causes changes in brain cells; long-term brain damage may occur
- Chronic smoking of marijuana in males causes a decrease in testosterone and reduced sperm count including temporary sterility
- Smoking of marijuana in females can cause a decrease in fertility
- Marijuana contains cancer-causing substances

## **Workplace Issues Related to Marijuana Use**

- Delayed decision making
- Diminished concentration
- Impaired short-term memory
- Impaired signal detection (a risk for users who are operating machinery)
- Impaired tracking and visual distance measurements
- Erratic cognitive function
- Distortion of time estimation
- Erratic sleep patterns

## **Method of Use**

Various methods of smoking marijuana include rolling it into "joints" (marijuana cigarettes) or "blunts" (marijuana rolled into the leaf wrap of a hollowed-out cigar). Smoking through a pipe or bowl, through a water pipe (or "bong"), or a vaporizer are also common methods. While marijuana is most often smoked, it can also be ingested. The drug can be ingested alone or cooked into food, most notoriously in "hash brownies." In addition, it can be used to brew tea or "bhang," a highly potent beverage originating from India.

## **Detection Period for Marijuana**

Marijuana is normally detectable in urine for 48-72 hours after single use. Habitual or chronic use can be detected in urine for up to 12 weeks depending on quantity, duration, and frequency of use.

## ***Cocaine***

Cocaine is a chemical derived from the leaf of the Erythroxylon coca bush, which grows primarily in Colombia, Peru and Bolivia. Cocaine is not a new drug. In fact, it is one of the oldest known drugs. The pure chemical, cocaine hydrochloride, has been an abused substance for more than 100 years.

Cocaine has immediate effects on the central nervous system. Cocaine is a powerful physical and mental stimulant which produces a condition of hyperstimulation lasting about 30 minutes, and characterized by over-alertness, euphoria and a feeling of great power. The drug produces a constriction of peripheral blood vessels, a rise in body temperature and metabolic rate, dilated pupils, and an increase in heart rate and blood pressures.

Over-dosage may lead to extreme anxiety, fever, convulsions, cerebral infarction, heart problems and ensuing death.

## **Signs and Symptoms of Cocaine Abuse**

- Jumpy, nervous behavior
- Restlessness
- Excessively talkative, rapid speech
- Pupils dilated (enlarged) in well-lit room
- Runny nose or bloody nose (no cold or other illness associated)
- Periods of high energy followed by long sleep or exhaustion

## **Health Effects of Cocaine Use**

The most psychologically addictive drug affecting a neurotransmitter in the brain is known as dopamine. Cocaine depletes dopamine, which causes the survival-oriented normal drives in the body (hunger, thirst, sleep) to change to the drive to obtain cocaine.

Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's Disease could also occur. Cocaine causes the heart to beat faster, harder and rapidly increases blood pressure. It also causes spasms of blood vessels causing strokes and heart attacks.

Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs. Treatment success rates are lower than with other chemical dependencies.

Cocaine is extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

### **Workplace Issues Related to Cocaine Use**

- Extreme mood and energy swings create instability.
- Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increase probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

### **Methods of Use**

The most common method of using powder cocaine is snorting. It can also be injected intravenously, ingested orally, or even rubbed on the user's gums. Powdered cocaine can also be smoked, as users occasionally sprinkle it on cigarettes or 'joints'. The drug can also be smoked as crack cocaine or 'freebase' after the powder has been processed into a rock form. Because smoking a substance allows it to reach the brain more quickly than other methods, smoking crack or freebase creates an intense and immediate high (in about 10 to 15 seconds), making the drug even more addictive.

### **Detection Period for Cocaine**

Cocaine is generally detectable in urine for 48-72 hours after use. Very low concentrations of cocaine may be detected in urine during the initial several hours, but benzoylecgonine persists in urine at detectable concentrations for 48 hours. Long-term habitual users may have traces of cocaine remain in their system for longer than the standard 3 days.

## ***Opiates***

Opiates, a powerful class of narcotics, are natural, semi-synthetic, and synthetic derivatives of the opium poppy. The principal opiates are heroin, codeine and morphine. Others include methadone and other analgesic (painkillers), which are widely used.

**Heroin** provides powerful relief from physical pain and also of psychological pain. Dependence develops after repeated use over several weeks. Not all users are dependent, but heroin is difficult

to manage recreationally. Tolerance develops quickly. Heroin can be a white or brownish powder that is usually dissolved in water and then injected.

**Methadone** is a synthetic opiate and it provides powerful relief from physical and psychological pain. It induces euphoria. Methadone is usually in the form of white tablets or liquid.

**Codeine** is produced from morphine and is medically prescribed for the relief of moderate pain. Codeine is a dark liquid varying in thickness; it also come in pills and tablet form.

**Morphine** is a naturally occurring substance in the opium poppy. It is a potent narcotic analgesic, and its primary clinical use is in the management of moderately severe and severe pain. After heroin, morphine has the greatest dependence liability of the narcotic analgesics in common use. Morphine is usually found in the form of white crystals, or an injectable solution.

**Opium** is the crudest form and also the least potent of the opiates. Opium is the milky latex fluid contained in the un-ripened seedpod of the opium poppy. As the fluid is exposed to air, it hardens and turns black in color. Today opium is sold on the street as a powder or dark brown solid and is smoked, eaten, or injected. Opium is highly addictive. Tolerance, and physical and psychological dependence develop quickly.

### **Signs and Symptoms of Opiate Abuse**

- Lethargy
- Drowsiness
- Constricted pupils fail to respond to light
- Redness and raw nostrils from inhaling heroin in power form
- Slurred speech
- Scars (tracks) on inner arms or other parts of body, from needle injections
- Use or possession of paraphernalia, including syringes, bent spoons, bottle caps, eyedroppers, rubber tubing, cotton and needles
- While there may be no readily apparent symptoms of analgesic abuse, it may be indicated by frequent visits to different physicians or dentists for prescriptions to treat pain of non-specific origin.

### **Health Effects of Opiate Use**

- IV needle users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increased pain tolerance as a result, a person may more severely injure himself or herself and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressant drugs causing an increased risk for an overdose.
- Because of tolerance and dependency combined, there is a serious financial burden for the users.

### **Workplace Issues Related to Opiate Use**

- Side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental function.

### **Methods of Use**

Opiates can be administered in a variety of ways. Some are taken orally, transdermally (skin patches) or injected. They are also available in suppositories. As recreational drugs, they are often smoked, snorted, or self-administered by the more direct routes of subcutaneous ("skin popping") and intravenous ("mainlining") injection.

### **Detection Period for Opiates**

Opiates can generally stay in your system for anywhere between 1-4 days. Morphine stays in the body for at least 84 hours; Codeine, for at least 2-5 days; and Opium for 24-48 hours. Heroin can stay in your system for up to 4 days after initial use. Long-term habitual users may have traces of opiates remain in their system for longer than the standard detection period.

## ***Amphetamines***

Amphetamines are synthetic psychoactive drugs that simulate the central nervous system by increasing the amount of certain chemicals in the body.

The collective group of amphetamines includes amphetamine, dextroamphetamine, and methamphetamine. In fact, their chemical properties and actions are so similar that even experienced users have difficulty knowing which drug they have taken. Methamphetamine is the most commonly abused.

### **Signs and Symptoms of Amphetamine Abuse**

- Unusually elated (manic)
- Jumpy, shaky hands, restlessness
- Fast speech, possibly incoherent
- Poor appetite and/or weight loss
- Hyperactivity
- Insomnia
- Periods of sleeplessness, followed by long periods of "catch up" sleep
- Poor attention span

### **Health Effects of Amphetamine Use**

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

### **Workplace Issues Related to Amphetamine Use**

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term memory or physical enhancement reverses and becomes impairment.

### **Methods of Use**

Amphetamine and methamphetamine pills can be ingested orally, crushed and snorted, dissolved in water and injected, or smoked (inhalation of the vaporized drug). "Glass" and "ice" (pure methamphetamine, which look like clear crystalline rock) is most often smoked (vaporized and inhaled) in a glass pipe, allowing for quick absorption into the bloodstream without the risks of injecting the drug. "Crystal" the powder form of methamphetamines, is consumed orally, injected, or inhaled.

### **Detection Period for Amphetamines**

Amphetamines are normally detectable in urine for 24-72 hours after use. Methamphetamines stay in the system slightly longer, 24-96 hours.

### ***Phencyclidine (PCP)***

Often used as a large animal tranquilizer. Abused primarily for its mood-altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP is often mixed with other drugs, such as LSD or amphetamines, and is sold as a powder, capsule, tablet, or a liquid sprayed on plant leaves.

### **Signs and Symptoms of PCP Abuse**

- Perspiring
- Warm to the touch
- Blank stare
- Difficulty in speech
- Incomplete verbal responses
- Repetitive Speech
- Increased pain threshold
- Confuses/agitated
- Hallucinations
- Possibly violent and combative

### **Health Effects of PCP Use**

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treated with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

### **Workplace Issues Related to PCP Use**

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse:
  - Acute toxicity causing combativeness, catatonia, convulsions and coma. Distortions of size, shape and distorted perception are common.

- Toxic psychosis with visual and auditory delusions, paranoia and agitation.
- Drug-induced schizophrenia.
- Induced depression which may create suicidal tendencies and mental dysfunction.

### **Method of Use**

PCP is ingested orally, snorted, smoked, or injected. When the powder form is snorted or sprinkled on marijuana, parsley, or mint, and smoked, the effects are felt within 2 to 5 minutes and last four to six hours. Users dip tobacco or marijuana cigarettes in liquid PCP and smoke it as well.

PCP can be pressed into pills or put in capsules and swallowed; when ingested orally, effects are felt in 30 to 60 minutes and last 6 to 24 hours. Injection of PCP appears to be uncommon. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

### **Detection Period for PCP**

PCP is cleared from the bloodstream with a relatively long half-life of 7-11 hours. Because it is a lipid (fat) soluble drug, detection in the urine is possible up to 48 hours or longer post use.

## **ALCOHOL**

The beverage alcohol (scientifically known as ethyl alcohol, or ethanol) is produced by fermenting or distilling various fruits, vegetables, or grains. Ethyl alcohol itself is a clear, colorless liquid. Alcoholic beverages get their distinctive colors from the diluents, additives, and by-products of fermentation. Alcoholic beverages are the most widely used psychoactive drugs known to man.

Although used routinely as a social legal drug, alcohol can also have negative physical and mood-altering effects. Alcohol is a depressant, which means that it decreases the responses of the central nervous system as it is absorbed into your bloodstream. The central nervous system is the control center for your whole body. Alcohol acts to slow down this control center. Since alcohol has a sedative effect, small amounts can reduce anxiety. Alcohol tends to block some of the commands the brain is sending to various parts of the body, and so it alters your senses. Alcohol can even be lethal if one drinks an enormous amount. Alcoholism ranks as one of the major health threats in the nation along with cancer and heart disease.

### **Signs and Symptoms of Abuse**

- Slurred speech or difficulty expressing a thought intelligibly
- Lack of coordination, poor balance
- Can't walk a straight line
- Can't focus on your eyes
- Red eyes or flushed face
- Morning headaches, nausea, weakness, or sweatiness
- Odor of alcohol on breath or in sweat

### **Health Effects of Alcohol Use**

Ninety-five percent of all alcohol consumed is absorbed into the body through the stomach, small intestine and colon. Complete absorption into the blood requires 2-6 hours or more. The rate of absorption into the blood stream is influenced by the presence of food in the system, the time period of consumption, the driver's body weight and metabolism. Once alcohol is in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to coagulate together in sticky wads, slowing circulation and depriving tissues of oxygen.



Alcohol in the blood can cause anemia by reducing the production of red blood cells. Alcohol decreases the ability of white blood cells to destroy bacteria and degenerates the clotting ability of blood platelets. Alcohol kills brain cells, which is permanent damage. Long-term alcohol use causes loss of memory, impaired judgment, and learning ability due to the damage done to the brain cells.

Alcohol affects the central nervous system of the body more than any other bodily function. Because alcohol is a depressant, it inhibits the control mechanisms of the brain, which results in unrestrained activities in various parts of the brain. An extremely high dose of alcohol can depress the central nervous system to a point where breathing may stop completely, resulting in death.

Besides the effects alcohol has on the central nervous system, it causes damage and destruction to the tissue cells in the body including brain cells. Excess alcohol use can depress the appetite and prevent the absorption of amino acids, vitamins and other nutrients, which contribute to malnourishment of the body. Alcohol hampers the liver's ability to metabolize fat, which leads to fatty liver disease and cirrhosis of the liver. Alcohol increases the blood pressure in people with hypertension, which can lead to life threatening heart problems. A large dose of alcohol can cause:

- blurred vision
- impairment in perception
- decreased mental alertness
- decreased physical coordination

An average of three or more servings per day of beer (12 oz.), whiskey (1 oz.), or wine (6 oz.) over time, may result in the following health hazards:

- Dependency
- Fatal liver disease
- Kidney disease
- Pancreatitis
- Ulcers
- Decreased sexual functions
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Spontaneous abortion and neonatal mortality
- Birth defects
- Withdrawal from heavy alcohol use can lead to:
  - Severe tremors
  - Convulsions
  - Death

## STAGES OF ALCOHOL EFFECTS

Blood Alcohol Concentration		Clinical Sign/Symptoms
0.01-0.03	Sobriety	Behavior nearly normal. Slight changes detectable in reaction tests and information processing of two or more stimuli
0.04-0.08	Euphoria	Euphoria, sociability, talkativeness. Decrease of inhibitions. Diminution of attention. Decrease in judgment and control. Decrease in finer performance.
0.09-0.15	Excitement	Emotional instability. Loss of inhibitions. Loss of critical judgment. Loss of muscular coordination.
0.15-0.30	Confusion	Disorientation. Exaggerated emotional states. Disturbance of sensation and perception of color, form, motion, dimensions. Further loss of muscular coordination, staggering gait, slurred speech.
0.30-0.45	Coma	Markedly decreased response to stimuli. Marked loss of muscular coordination, inability to stand or walk. Approaching paralysis. Impaired consciousness.
0.45 +	Death	

### Social Issues Related to Alcohol Use

- Alcohol is implicated in 200,000 deaths each year
- 50% of deaths by motor vehicles and fires are alcohol related
- 67% of murders are alcohol related
- 33% of suicides are alcohol related
- 67% of all incidents of domestic violence are alcohol related
- 33% of all cases of child abuse are alcohol related
- 24% of our national expenditure for hospital care is alcohol related
- 7% increase in the chances of divorce or separation when alcohol is abused in a family
- 30,000 people will die each year from alcohol caused liver disease, cirrhosis, or pancreatitis
- 10,000 people will die each year due to alcohol-related brain disease or suicide

**Workplace Issues Associated with Alcohol Use**

- Increased absenteeism
- Unexplained leaving of the workplace
- Increased mistakes and errors in work performance
- Needless risk-taking
- Deterioration in personal appearance
- Poor concentration
- Inconsistent work quality
- Increased Workers' Compensation claims
- Increased accidents in the workplace

**Sobering Issues**

Time is the only sobering agent that works! Contrary to public opinion, steam baths, black coffee, and exercise have no effect on the rate at which alcohol is metabolized. A person will feel more alert, however, they will still be intoxicated!!! Aspirin taken while under the influence of alcohol increases the blood alcohol level by 34%. Aspirin blocks the action of the enzyme that breaks down alcohol before it reaches the bloodstream. The use of any medication while alcohol is in the body requires extreme caution and consultation with a physician.

**Detection Period for Alcohol**

The metabolites of alcohol (breakdown products of alcohol) may be detectable in the urine for 24 to 48 hours after the last drink.

**Effects of Alcohol and Drug Abuse**

Psychoactive Drugs	Range of Effects		Development of Tolerance	Prolonged Use of Large Amounts	Withdrawal Symptoms After Prolonged Use
	From	To			
<b>Alcohol</b> - Beer - Wine - Hard Liquor	Depressant Relaxation, lowered inhibitions, reduced intensity of physical sensations, digestive upsets, body heat loss, reduced muscular coordination.	Loss of body control, passing out (also causing physical injuries), susceptibility to pneumonia, cessation of breathing.	Moderate	Liver damage, ulcers, chronic diarrhea, amnesia, vomiting, brain damage, internal bleeding, debilitation.	Convulsions, shakes, hallucinations, loss of memory, uncontrolled muscular spasms, psychosis.



<p><b>Opiates</b></p> <ul style="list-style-type: none"> <li>- Opium</li> <li>- Morphine</li> <li>- Heroin</li> <li>- Codeine</li> <li>- Dilaudids</li> <li>- Percodan</li> <li>- Darvon</li> <li>- Methadone</li> </ul>	<p>Depressant Suppression of pain, lowered blood pressure and respiratory rate, constipation, disruption of menstrual cycle, hallucinations, sleep.</p>	<p>Clammy skin, convulsions, coma, respiratory depression, possible death.</p>	<p>High</p>	<p>Depressed sexual drive, lethargy, general physical debilitation, infections, hepatitis</p>	<p>Water eyes, running nose, severe back pains, stomach cramps, sleeplessness, nausea, diarrhea, sweating, muscle spasms.</p>
<p><b>Stimulants</b></p> <p>Amphetamines</p> <ul style="list-style-type: none"> <li>- Dexedrine</li> <li>- Methamphetamines</li> <li>- Speed</li> <li>- Diet Pills</li> </ul> <p>Other Stimulants</p> <ul style="list-style-type: none"> <li>- Ritalin</li> <li>- Cocaine</li> <li>- Caffeine</li> </ul>	<p>Stimulation of Central Nervous System Increased blood pressure and pulse rate, appetite loss, increased alertness, dilated and dried out bronchi, restlessness, insomnia.</p>	<p>Paranoid reaction, temporary psychosis, irritability, convulsions, palpitations. (Not generally true for caffeine.)</p>	<p>High</p>	<p>Psychosis, insomnia, paranoia, nervous system damage. (Not generally true for caffeine.)</p>	<p>Severe depression, both physical and mental. (Not true for caffeine.)</p>
<p><b>Psychedelics</b></p> <ul style="list-style-type: none"> <li>- LSD</li> <li>- Mescaline</li> <li>- Psilocybin</li> <li>- PCP</li> </ul>	<p>Alteration of Mental Process Distorted perceptions, hallucinations, confusion, vomiting.</p>	<p>Psychosis, hallucinations, vomiting, anxiety, panic, stupor. With PCP: Aggressive behavior, catatonia, convulsions, coma, high blood pressure.</p>	<p>High</p>	<p>Psychosis, continued hallucinations, mental disruption.</p>	<p>Occasional flashback phenomena, depression.</p>
<p><b>Sedative Hypnotics</b></p> <p>Barbiturates:</p> <ul style="list-style-type: none"> <li>- Nebutal</li> <li>- Pheno-barbital</li> <li>- Seconal</li> </ul> <p>Tranquilizers:</p> <ul style="list-style-type: none"> <li>- Valium</li> <li>- Librium</li> <li>- Quaaludes</li> </ul>	<p>Depressant Relaxation, lowered inhibitions, reduced intensity of physical sensations, digestive upsets, body heat loss, reduced muscular coordination.</p>	<p>Passing out, loss of body control, stupor, severe depression of respiration, possible death. (Effects are exaggerated when used in combination with alcohol - synergistic effect).</p>	<p>Moderate</p>	<p>Amnesia, confusion, drowsiness, personality changes.</p>	<p>No true withdrawal symptoms except possible depression.</p>

<b>Cannabinoids</b>	Sedation, euphoria, increased appetite, altered mental process.	Distorted perception, anxiety, panic.	Moderate	Amotivation	No true withdrawal symptoms except possible depression.
- Marijuana					
- Hashish					



# SECTION V

## STAGES OF SUBSTANCE ABUSE

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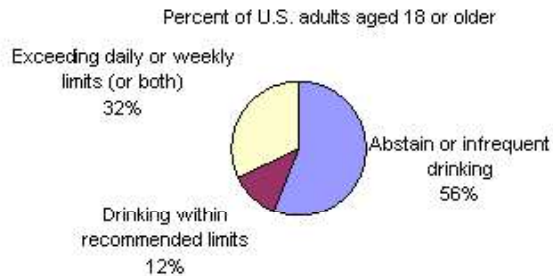
Experimentation, regular use, risky use, dependence, and addiction are the stages of substance use. Related behaviors can be addressed and treated, if necessary, at any stage – despite popular myths, people do not need to “hit bottom” or become addicted before they can benefit from help.

### EXPERIMENTATION TO REGULAR USE

Substance use starts with experimentation -- or the voluntary use of alcohol or other drugs. Frequently, the person experimenting is trying to erase another problem. An older person may self-medicate by drinking to cope with depression after losing a spouse. A teenager, angry about his parents' divorce, could start smoking marijuana or sniffing inhalants. Experimentation may even include a husband taking his wife's prescription painkillers to cope with a back problem. In all of these cases, the substance seems to solve the problem. So the person takes more, and moves from experimentation to regular use, the next stage. Some people will stay in this stage indefinitely, will not develop a problem, and will probably stop by themselves. But others will start using substances in a manner that is risky or hazardous to themselves or to others. Smoking marijuana and driving is an example of a risky behavior, as is drinking alcohol and driving.

### REGULAR TO RISKY USE AND DEPENDENCE

If, when, and how the transition from regular to risky use happens differs for every individual. And while it doesn't happen to everyone, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that nearly one-third of Americans engage in risky drinking patterns.



What constitutes “risky behavior” by another person can be obvious or difficult to gauge. If someone's behavior worries you, however, you owe it to yourself and them to say something. The slope from risky behavior to dependence is slippery, and there are interventions for risky users that can reduce harm.

Alcohol or drug dependence follows risky behavior. The characteristics of dependence include:

- repeated use of alcohol or other drugs leading to failure to fulfill major responsibilities related to work, family, school or other roles
- repeatedly drinking or using drugs in situations that are physically hazardous, such as driving while intoxicated or using heavy machinery when intoxicated
- repeated legal problems

At this stage, alcohol or other drug use may not yet be compulsive and out of control. Many

dependent people are able to work, maintain family relationships and friendships, and limit their use of alcohol or other drugs to certain time periods, such as evenings or weekends. But it's also difficult for them and for others to see the effect their substance use may be having on themselves, friends, and family members. And again, there are appropriate interventions for substance users in this stage, and those around them.

## **ADDICTION**

The last phase of the spectrum of substance use problems is addiction. Addiction is a medical condition involving serious psychological and physical changes from repeated heavy use of alcohol, other drugs, or both. The symptoms of addiction are: uncontrollable alcohol or other drug craving, seeking, and use that persists even in the face of negative consequences. It is a progressive illness, meaning it gets worse over time if left untreated. It is also chronic, or long-standing (versus acute, or short-term).

**Addiction is a treatable illness.** Recovery rates for people who go through treatment are very similar to those who get treatment for other chronic diseases such as diabetes and asthma. There are a number of treatment methods and community resources, including outpatient or residential treatment programs and twelve-step groups.

## **WHAT ARE THE COSTS OF DRUG ABUSE TO SOCIETY?**

Misuse of alcohol and the use of illegal drugs not only put an employee at risk of losing their job, but also places their family and co-workers at risk. They become less productive at work and more likely to injure themselves or others in an accident. Studies show they are likely to be absent from work 10 times as often as the nonabusing employee, which drastically affects their paycheck and their family's economic well-being. Family distress combined with substance misuse frequently lead to emotional outbursts and overreaction to unimportant matters. Misuse of alcohol and illegal drug abuse are the cause of up to 50 percent of all workers' compensation claims in some industries, driving up the employer's cost of doing business. Other studies have shown that abusers make group health insurance claims at a rate eight times higher than a non-abuser--another business cost increase frequently passed on in the form of more withholding or less coverage.

It is estimated that in 2000 illegal drug use cost America close to \$161 billion:

- \$110 billion in lost productivity
- \$12.9 billion in healthcare costs
- \$35 billion in other costs, such as efforts to stem the flow of drugs.

Beyond the raw numbers there are other costs to society, such as:

- Spread of infectious diseases such as HIV/AIDS and hepatitis C either through sharing of drug paraphernalia or unprotected sex
- Deaths due to overdose or other complications from drug use
- Effects on unborn children of pregnant drug users
- Other effects such as crime and homelessness

## Self-Scoring Quiz

### Do I Have a Substance Abuse Problem?

This short questionnaire is designed to help identify symptoms and warning signs of a current or potential problem with alcohol or other drugs.\* Please read each statement, recording the indicated numeric score for your true or false response.

\*Please note: "Drug" refers to any mood-altering substance, including prescription medication.

1. My use of alcohol or other drugs has increased over the past year.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
2. I have attempted to cut down on how much or how often I drink or use other drugs but have not been very consistent.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
3. I have lied or minimized to family or friends about how much, or how often I drink or use other drugs.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
4. I drink or use other drugs even when I have planned not to.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
5. In the last year I have said to myself, or others, "I can quit any time," or, "I don't have a problem."  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
6. On more than one occasion I could not remember some things that happened while I was drinking or using other drugs.  
(If answer is true, give yourself 2 points.)  
(If answer is false, give yourself 0 points.)
7. On more than one occasion, I have said or done things while using alcohol or other drugs that I deeply regret.  
(If answer is true, give yourself 2 points.)  
(If answer is false, give yourself 0 points.)
8. My use of alcohol or other drugs has caused tension or problems in at least one of my most important relationships.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
9. In the last year, I have missed work or school because of alcohol or other drugs.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)



10. I have had accidents or been injured as a result of drinking or drug use.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)
11. I have legal problems related to drinking or drug use.  
(If answer is true, give yourself 1 point.)  
(If answer is false, give yourself 0 points.)

## Results

Total your score. If your score is:

0 points:

Based on your responses to the questionnaire you do not appear to have a current problem with substance abuse. However, if you completed this questionnaire because you are concerned about your use of alcohol or other drugs, you may want to learn more. Your Employee Assistance Program (EAP) is a good place to start.

1 to 3 points:

Your score indicates that you currently are experiencing some of the symptoms associated with substance abuse. Substance abuse is a progressive problem with potentially devastating consequences. You could benefit from contacting your Employee Assistance Program (EAP).

4 or more points:

Your score indicates that you currently are experiencing many of the symptoms associated with substance abuse. Substance abuse is progressive and characterized by repeated harmful consequences. You should consult your Employee Assistance Program (EAP) as soon as possible.

## SECTION VI

# TYPES OF HELP FOR ALCOHOL AND DRUG ABUSE PROBLEMS

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There are many different kinds of help for a drinking or drug problem. Treatment methods for substance use disorders include detoxification, inpatient, outpatient, partial hospitalization, methadone maintenance therapy, narcotic antagonist treatment, Twelve-step and self-help groups, and recovery or sober houses.

Any effective treatment program should address a person's physical, psychological, emotional, and social problems. As well as being appropriate for a person's age, race, culture, sexual orientation, gender, pregnancy status, and parenting status.

### **Detox**

When someone decides to quit drinking or using drugs, it is important to see a qualified counselor or physician to be assessed for how best to stop using. Drug or alcohol withdrawal can put a person's life at risk. Medications are often prescribed to help ease the person off his or her drug(s) of choice.

Detox can be accomplished in a variety of settings, depending on how complex or medically compromised a person's health and drug problem are. Detox settings include medical hospitals, and alcohol and drug detox and treatment facilities.

### **Self Help Recovery Groups**

Self-help groups are available in almost every city and town across the country. For alcoholics and drug addicts there is Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and in larger areas Cocaine Anonymous (CA). In addition other self-help groups for addictions have formed including Rational Recovery and Women for Sobriety. Family members and friends have Al-Anon, Alateen, and Nar-Anon groups available.

### **Individual Counseling**

In individual counseling, the person meets for a period of time with a professional substance abuse counselor. The counselor supports the client's non-use through a variety of techniques. The counselor may have expertise in other mental health areas to help the client resolve problems in his or her life that might be contributing to the substance abuse.

### **Inpatient Treatment**

Inpatient treatment provides a highly structured program that involves both individual therapy and treatment groups. The goal of an inpatient program is to help the person become drug free and then to prepare him or her for a life back in the community. Family members often attend special programs to help with the changes the whole family will go through and to educate them about the illness.

## **Intensive Outpatient Treatment**

Like inpatient treatment, intensive outpatient treatment provides both individual therapy and group work. The major difference between the two is that the patient does not reside at the facility. Intensive outpatient treatment programs may require the person to attend the center six hours a day, seven days a week, or attend several nights a week.

## **Family Help and Interventions**

The family of a substance abuser can be a very powerful resource for treatment or help. It is often easiest for a family member to confront someone about a problem and also provide support after the person has asked for help. This confrontation is often, and best, done through an intervention. The family talks to a substance abuse professional trained to help with interventions. Through this consultation, family members can get prepared to help the alcoholic or addict in a way that can motivate him or her to follow through with treatment.

Equally important to an alcohol or addict getting help is the family receiving help as well. The family members have experienced problems related to the addiction and may not be aware of the total impact this has had on all of their lives. Family members should be educated about alcoholism and addiction, and should learn new ways to communicate with each other. The whole family will experience changes. It is important for them to learn how to do this together.

## SECTION VII QUESTIONS & ANSWERS

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### *Do employers have the right to require that employees be tested for drugs and alcohol?*

Yes on both counts, but a company has to do it fairly. It is, however, appropriate for an employer to test some but not all employees. A company policy may cover all employees in specific job categories. For example, the company can make all workers who operate machinery or vehicles subject to drug testing, but not require testing of clerical staff. Some employers test only those employees whose jobs are inherently risky. Some companies are required by law to conduct testing, such as the DOT drug testing regulations for truck drivers, oil and gas pipeline workers, and so on. A company can require that contract workers coming into its facility or performing tasks for the company will be subject to drug testing.

### *Isn't drug testing an invasion of privacy?*

If the program is properly administered and within Federal and State laws and guidelines, the courts have determined that drug testing is not an invasion of your privacy. A primary factor (among others) with respect to court decisions is the welfare and safety of others.

### *If it's the law, how do I find out what law applies to me?*

Generally, DOT regulations mandate drug and alcohol testing for employees of certain industries who are or will be engaged in safety-sensitive functions. Each DOT agency (e.g., FRA, FMCSA, FTA, FAA, and PHMSA) and the USCG have specific drug and alcohol testing regulations that outline who is subject to their testing regulations.

## **SAFETY SENSITIVE JOBS THAT ARE SUBJECT TO TESTING**

<b>Aviation</b> FAA	Flight crews, flight attendants, flight instructors, air traffic controllers at facilities not operated by the FAA or under contract to the U.S. military, aircraft dispatchers, aircraft maintenance or preventative maintenance personnel, ground security coordinators and aviation screeners. Direct or contract employees of 14 CFR Part 121 or 135 certificate holders, Section 135.1(c) operators and air traffic control facilities not operated by the FAA or under contract to the US Military.
<b>Commercial Motor Carriers</b> FMCSA	Commercial Drivers License (CDL) holders who operate Commercial Motor Vehicles, 26,001 lbs. gvwr. or greater, or operate a vehicle that carries 16 passengers or more including the driver, or required to display a DOT placard in the transportation of hazardous material.
<b>Maritime</b> USCG	Crewmembers operating a commercial vessel.
<b>Pipeline</b> PHMSA	Operations, maintenance and emergency response.
<b>Railroad</b> FRA	Hours of Service Act personnel, engine & train, signal service or train dispatchers.
<b>Transit</b> FTA	Vehicle operators, controllers, mechanics and armed security.

***Where are the government drug and alcohol testing regulations located?***

The rules and regulations governing transportation industry related drug and alcohol testing are found in the Code of Federal Regulations (CFR).

The following chart lists the location in the CFR of the various DOT agencies' rules for who is subject to drug and alcohol testing, and related information:

<b>DOT Agency</b>	<b>Drug &amp; Alcohol Testing Regulations</b>	<b>2007 Random Drug Testing Rate</b>	<b>2007 Random Alcohol Testing Rate</b>
Federal Aviation Administration [FAA]	For employers and employees in the aviation industry <b>14 CFR Parts, 65, 135 and Part 121 including Appendix I &amp; J</b>	25%	10%
Federal Motor Carrier Safety Administration [FMCSA]	For carriers and commercial driver's license holders (CDL) <b>49 CFR Part 382</b>	50%	10%
Federal Railroad Administration [FRA]	For employers and employees working in the railroad industry <b>49 CFR Part 219</b>	25%	10%



Federal Transit Administration [FTA]	For employers and employees working in the mass transit industry <b>49 CFR Part 655</b>	25%	10%
Pipeline & Hazardous Materials Safety Administration [PHMSA]	For operators and employees working in the pipeline industry <b>49 CFR Part 199</b>	25%	N/A
United States Coast Guard [USCG] ( <i>now with the Dept. of Homeland Security</i> )	For employers and employees operating commercial vessels <b>46 CFR Parts 4 and 16</b>	50%	N/A

The DOT rules and regulations that govern the required procedures for conducting workplace drug and alcohol testing for the Federally regulated transportation industry are generally found in 49 CFR Part 40.

***How does 49 CFR Part 40 differ from the DOT agency specific regulations?***

49 CFR Part 40 (commonly referred to as "Part 40") states:

- how drug and alcohol testing is conducted,
- who is authorized to participate in the drug and alcohol testing program, and
- what employees must do before they may return-to-duty following a drug and/or alcohol violation.

The DOT agency and USCG regulations state:

- the agency's prohibitions on drug and alcohol use,
- who is subject to the regulations,
- what testing is authorized,
- when testing is authorized, and
- the consequences of non-compliance.

***What conduct is prohibited by the regulations?***

An employee engaged in safety-sensitive functions must not:

- Use or possess alcohol or any illicit drug while assigned to perform safety-sensitive functions or when actually performing safety-sensitive functions.
- Report for service, or remain on duty if you ...
  - Are under the influence of or impaired by alcohol;
  - Have a blood alcohol concentration of .04 or greater; (with a blood alcohol concentration of .02 to .039, some regulations do not permit you to continue working until your next regularly scheduled duty period);
  - Have used any illicit drug.
- Use alcohol within four hours (8 hours for flight crew members and flight attendants) of reporting for service or after receiving notice to report.
- Report for duty or remain on duty when using any controlled substance unless it is used pursuant to the instructions of an authorized medical practitioner.
- Refuse to submit to any test for alcohol or controlled substances.



- Refuse to submit to any test by adulterating or substituting your specimen.

### ***What are the drugs that employers test for?***

DOT drug testing regulations require the use of urine specimens which are then analyzed for the five most common drugs of abuse. These are:

- Marijuana (THC)
- Cocaine
- Amphetamines (Methamphetamines)
- Opiates (Heroin, Morphine, Codeine)
- Phencyclidine (PCP)
- MDMA
- 6 - Acetyl Morphine

This combination is often referred to as the NIDA 5 or SAP 5 panel. In certain situations, employers also test for alcohol.

### ***How accurate are the drug testing methods?***

If testing is done in accordance with the rules and guidelines, the results are highly accurate and reliable. Sometimes, you'll hear that urine drug tests can be "beaten". This may have true in the past; people could add water, soap, ammonia, vinegar or even table salt to a specimen and produce a negative test result. Today, however, collection site and laboratory procedures make effective tampering nearly impossible.

Another misconception is that drug testing is prone to inaccuracy with so-called "false" positives. Several years ago, some over-the-counter drugs such as ibuprofen or diet pills could cause false positives for illicit drugs. Today, tests have been refined to the point where this does not occur.

A more legitimate concern is that of true "false" positives. That is, where the laboratory accurately determined the presence of a drug, but its presence is not the result of abuse or illicit use. Certain foods and medicines do contain detectable amounts of "controlled" drugs. For example, poppy seeds used in bagels and other baked goods can sometimes contain enough morphine to produce a detectable level in urine. Over-the-counter drugs that are sold in countries outside the U.S. often contain codeine. Codeine is also found in commonly prescribed cough and cold medicines, such as Tylenol with codeine, and can produce a positive result in drug tests. In all these cases, a Medical Review Officer (MRO) will review the test result to determine if the detected drug is being properly and legitimately used. While there have been some reports of errors, they can usually be traced to the fact that a confirmation test was not performed to verify an initial positive result.

### ***What kind of tests will be conducted?***

DOT regulations require that employees in safety-sensitive employees are subject to drug and/or alcohol testing in the following situations:

## **Pre-Employment**

Pre-Employment Testing - DOT regulations require that before an individual is assigned to or performs safety-sensitive functions for an employer, the individual must undergo and pass testing for controlled substances. An employer is prohibited from allowing an individual, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a

controlled substances test result confirming a verified negative result for that individual. Employers may, but are generally not required to, conduct alcohol testing prior to hiring an employee.

**NOTES:**

- Not every DOT agency requires a pre-employment alcohol test. The FAA, however, requires pre-employment testing for alcohol for all employees in safety-sensitive function.

## Post-Accident

Post-Accident Testing – DOT regulations require that any employee in a safety-sensitive function who is involved in an accident or unsafe practice incident must be tested to determine whether alcohol or drug use was a factor. An employee who is subject to post-accident testing must remain readily available for testing or the employee may be deemed to have refused to submit to testing.

## Random

Random Testing – Generally, DOT regulations require that an employer must test a randomly selected group of employees, drawn from the pool of all eligible employees for drug and alcohol testing at random and unpredictable times. A random number generator is used to select employees. Testing dates and times are unannounced and are spread throughout the year. Employees notified of selection for random testing must proceed immediately to the testing site. Because the process is random it means that one employee could be tested several times, while another employee is not tested at all.

**NOTES:**

- An employee cannot be pre-selected for random testing. DOT regulations require that employers must use a truly random selection process. Each employee must have an equal chance to be selected and tested.
- Just prior to the testing event, the employee is notified of his or her selection and provided enough time to stop performing the safety sensitive function and report to the testing location. Failure to show for a test or interfering with the testing process can be considered a refusal to test.
- USCG and PHMSA do not perform random alcohol tests.

## Reasonable Suspicion

Reasonable Suspicion Testing – DOT regulations require that employees who show obvious signs of being unfit for duty or have documented patterns of unsafe work behavior must be tested for drug and/or alcohol impairment. A supervisor can require reasonable suspicion testing based on specific, contemporaneous, articulated observations concerning the appearance, behavior, speech or body odors of the employee.

**NOTES:**

- The required observations for drug and/or alcohol reasonable suspicion testing shall be made by a supervisor or company official *who is trained* in accordance with DOT regulations. Supervisor training is a DOT mandatory requirement.



## Return to duty

Return to duty – DOT regulations require that an employee who has violated the prohibited drug and/or alcohol rules, is required to take a drug and/or alcohol test before returning to safety-sensitive functions for any DOT regulated employer. The employee is subject to unannounced follow-up testing at least 6 times in the first 12 months following a return to performing active safety-sensitive functions.

## Follow-up

Follow-up - Because studies have shown that the relapse rate is highest during the first year of recovery, an employee returning to duty after violation of drug and/or alcohol rules will be subject to follow-up testing which is separate and apart from the random testing obligation. The amount of follow-up testing the employee receives is determined by a Substance Abuse Professional (SAP) and may continue for up to 5 years. Follow-up testing is in addition to all other DOT required testing.

### *Who can authorize testing?*

- Pre-Employment - personnel appointing authority
- Post-Accident - supervisor or law enforcement officer as mandated for fatality or moving violations
- Reasonable Suspicion - trained designated supervisor(s)
- Random - computer generated or other random selection device
- Return to Duty and Follow-Up - Substance Abuse Professional

### *What is the definition of an accident?*

The various DOT agencies each have their own definitions of what constitutes an accident.

#### **Pipeline Definition:**

1. An event that involves release of gas from a pipeline or liquefied natural gas.
2. Death or personal injury resulting in hospitalization.
3. Estimated property damage including extent of gas lost of the operator or other, or both of \$50,000 or more.
4. Results in an emergency shut down of a liquefied natural gas facility.
5. An event that is significant in the eyes of the operator.

#### **Aviation Definition:**

An occurrence associated with the operation of an aircraft that:

1. Takes place between the time the first person boards the aircraft with the intention of flight and the last person has disembarked.
2. Results in death or serious injury.
3. Causes substantial damage to the aircraft.

#### **Roads and Highways Definition:**

1. Death of a human being.
2. Injury that must be treated away from the scene.
3. An accident in which any vehicle is towed away because it cannot operate.
4. An accident in which the driver is issued a citation or ticket.

#### **Railroad Definition:**

Rail accident involving rail equipment resulting in \$6,300 or more property damage or involving personal injury.

**Maritime Definition:**

1. One or more fatalities.
2. An injury to a crewmember, passenger, or other person which requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties.
3. Property damage in excess of \$100,000.
4. Actual or constructive total loss of any inspected vessel.
5. Actual or constructive total loss of any self-propelled uninspected vessel of 100 gross tons or more.
6. A discharge of oil into a navigable water excess of 10,000 gallons, whether from a casualty or not.
7. A release of a Hazardous Substance greater than or equal to its reportable quantity.

***How does random drug and alcohol testing work?***

Employers are responsible for conducting random, unannounced drug tests. The total number of random tests conducted each year depends on the specific agency involved. For example, the FMCSA (motor Carriers) requires that the number of random drug tests must equal at least 50% of the safety-sensitive drivers. Some drivers may be tested more than once each year; some may not be tested at all depending on the random selection.

Random testing for drugs does not have to be conducted in immediate time proximity to performing safety-sensitive functions. Once notified of selection for testing, however, an employee must proceed immediately to a collection site to accomplish the urine specimen collection.

Random alcohol testing must be conducted just before, during, or just after an employee's performance of safety-sensitive duties. An employee is randomly selected for testing from a "pool" of subject safety-sensitive employees.

The testing dates and times are unannounced and are reasonably spread throughout the year.

***What are the testing procedures?***

Testing for controlled substances will be conducted by urinalysis. A Breath Alcohol Technician (BAT) using a breath-testing device will conduct alcohol testing.

***How is a urine drug test administered?***

Regardless of the DOT agency regulation requiring the drug test, the drug testing process always consists of three components:

- The Collection. (49 CFR Part 40, Subparts C, D, E)
- Testing at the Laboratory. (49 CFR Part 40, Subpart F)
- Review by the Medical Review Officer. (49 CFR Part 40, Subpart G)

**The Collection Process**

During the collection process, a urine specimen collector will:

- Verify your identity using a current valid photo ID, such as driver's license, passport, employer issued picture.



- Create a secure collection site by:
  - Restricting access to the site to only those being tested.
  - Securing all water sources and placing blue dye in any standing water.
  - Removing or securing all cleaning products/fluids at the collection site.
- Afford you privacy to provide a urine specimen.
  - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like an unusual temperature.
- Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet).
- Instruct you to wash and dry your hands.
- Select or have you select a sealed collection kit and open it in your presence. Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container.
- Check the temperature and color of the urine.
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles.

**NOTE:** *Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed.*

- Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF).
  - This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test.
- Complete necessary documentation on the Laboratory Copy (Copy #1) of the CCF to demonstrate the chain of custody (i.e. handling) of the specimen. Give you the Employee Copy (Copy # 5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results).
- Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory as quickly as possible.

If you are unable to provide 45 ml of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company,
  - Leaving the testing area without authorization may be considered a refusal to test

- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours.
- Asked to provide a new specimen (into a new collection container).
- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation' within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

#### **Testing at the Laboratory**

At the laboratory, the staff will:

- Determine if a flaw exists. If it does, the specimen is rejected for testing.
- Open only the A bottle and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology to confirm the initial result.
  - If the specimen tests negative in either test, the result will be reported as a negative.
  - Only if the specimen tests positive under both methods will the specimen be reported to the Medical Review Officer (MRO) as a positive test.
- Report the findings of the analysis of the A bottle to the MRO.
- Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months.

**NOTE:** *The Lab may conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test.*

#### **Review by the Medical Review Officer (MRO)**

Upon receipt of the test result from the laboratory, the MRO will:

- Review paperwork for accuracy.
- Report a negative result to the Designated Employer Representative (DER).
- If the result is positive, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive.
- If the result is an adulterated or substituted test, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If not, the MRO will report the result to the DER as a refusal.
- Report a non-negative test result to the DER if:
  - You refused to discuss the results with the MRO;
  - You did not provide the MRO with acceptable medical documentation to explain the non-negative test result.

- Inform you that you have 72 hours from the time of the verified result to request to have your B "split" bottle sent to another certified lab for analysis for the same substance or condition that was found in the A "primary" bottle.

***What form is used to document a DOT urine collection?***

The Federal Drug Testing Custody and Control Form (CCF) must be used to document every urine collection required by the DOT drug testing program.

**SAMPLE**  
**The Federal Drug Testing Custody and Control Form (CCF)**

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE** ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Specify Testing Authority:  HHS  NRC  DOT - Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address: \_\_\_\_\_

Collector Phone No. \_\_\_\_\_  
Collector Fax No. \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Collection:  Split  Single  None Provided, Enter Remark \_\_\_\_\_  Observed, Enter Remark \_\_\_\_\_

REMARKS \_\_\_\_\_

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<p><input checked="" type="checkbox"/> Signature of Collector _____ AM _____ PM _____</p> <p>(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Time of Collection _____</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO: _____</p> <p>Name of Delivery Service _____</p>
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**RECEIVED AT LAB OR IITF:**

<p><input checked="" type="checkbox"/> Signature of Accessioner _____</p> <p>(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____</p>	<p>Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, Enter remark in Step 5A. _____</p> <p>SPECIMEN BOTTLE(S) RELEASED TO: _____</p>
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**STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY**

NEGATIVE  DILUTE  POSITIVE for:  Marijuana Metabolite (Δ9-THCA)  6-Acetylmorphine  Methamphetamine  MDMA  Cocaine Metabolite (BZE)  Morphine  Amphetamine  MDA  PCP  Codeine  MDEA

REJECTED FOR TESTING  ADULTERATED  SUBSTITUTED  INVALID RESULT

REMARKS: \_\_\_\_\_

Test Facility (if different from above): \_\_\_\_\_

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Technician/Scientist \_\_\_\_\_ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

**STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY**

<p>Laboratory Name _____</p> <p>Laboratory Address _____</p>	<p><input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON _____</p> <p>I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.</p> <p><input checked="" type="checkbox"/> Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____</p>
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<p>0000001 SPECIMEN ID NO.</p>	A	<p>PLACE OVER CAP</p>	<p>0000001 SPECIMEN BOTTLE SEAL</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p> <p>_____ Donor's Initials</p>
<p>0000001 SPECIMEN ID NO.</p>	B (SPLIT)	<p>PLACE OVER CAP</p>	<p>0000001 SPECIMEN BOTTLE SEAL</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p> <p>_____ Donor's Initials</p>

COPY 1 - TEST FACILITY COPY

Version C 14 May 2010

OMB No. 0530-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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### ***How is an alcohol test administered?***

The test is performed in a manner to ensure the validity of the testing, as well as to provide confidentiality of the employee's testing information. At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), *using only a DOT approved device*, will:

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result.
- Require you to sign Step #2 of the Alcohol Testing Form (ATF).
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide you a copy and provide your employer a copy.

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by a BAT using an Evidential Breath Testing (EBT) device. The BAT will:

- Wait at least 15-minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, you are not allowed to eat, drink, smoke, belch, put anything in your mouth or leave the testing area.

***NOTE:*** *Leaving the testing area without authorization may be considered a refusal to test.*

- Perform an "air blank" (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it.
- Perform a confirmation test using a new mouthpiece.
- Display the test result to you on the EBT and on the printout from the EBT. Document the confirmation test result on the ATF, provide a copy to you and your employer.
- Report any result of 0.02 or greater immediately to the employer.

If after several attempts you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

Confirmation test results are the final outcome of the test.

**RESULT**

**ACTION**

less than 0.02	No action required under 49 CFR Part 40.
0.02 - 0.039	Varies among DOT agencies. For example, FMCSA requires that you not resume safety-sensitive functions for 24 hours [49 CFR 382.505], while the FRA requires 8 hours [49 CFR 219.101 (a)(4)]. The FTA and PHMSA require only that you test below 0.02 or cannot work until the next scheduled duty period but not less than 8 hours from the time of the test [49 CFR 655.35 and 199.237 respectively]. And, the FAA requires only that you test below 0.02, if the employer wants to put you back to work within 8 hours [14 CFR Part 121, Appendix J, Sect. III G]. Always check other agency specific regulations for appropriate restrictions.
0.04 or greater	Immediate removal from safety-sensitive functions. You may not resume safety-sensitive functions until you successfully complete the return-to-duty process.

***What form is used to document the DOT alcohol testing program?***

**SAMPLE**



## U.S. Department of Transportation (DOT) Alcohol Testing Form

**U.S. Department of Transportation (DOT)**  
**Alcohol Testing Form**  
(The instructions for completing this form are on the back of Copy 3)

**Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

A: Employee Name \_\_\_\_\_ (Print) (First, M.I., Last)

B: SSN or Employee ID No. \_\_\_\_\_

C: Employer Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, ST ZIP \_\_\_\_\_

DER Name and Telephone No. \_\_\_\_\_ ( ) \_\_\_\_\_  
 DER Name DER Phone Number

D: Reason for Test:  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

**STEP 2: TO BE COMPLETED BY EMPLOYEE**

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee \_\_\_\_\_ Date / / \_\_\_\_\_  
 Month Day Year

**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  STT      DEVICE:  SALIVA  BREATH\* 15-Minute Wait:  Yes  No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results **MUST** be affixed to each copy of this form or printed directly onto the form.

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Alcohol Technician's Company \_\_\_\_\_ Company Street Address \_\_\_\_\_  
 (PRINT) Alcohol Technician's Name (First, M.I., Last) \_\_\_\_\_ Company City, State, Zip \_\_\_\_\_ ( ) \_\_\_\_\_  
 Phone Number

Signature of Alcohol Technician \_\_\_\_\_ Date / / \_\_\_\_\_  
 Month Day Year

**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee \_\_\_\_\_ Date / / \_\_\_\_\_  
 Month Day Year

OMB No. 2105-0529

**COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER**

Affix  
Or  
Print  
Screening Results  
Here

Affix  
With  
Tamper Evident Tape

Affix  
Or  
Print  
Confirmation Results  
Here

Affix  
With  
Tamper Evident  
Tape

Affix  
Or  
Print  
Additional Results  
Here

Affix  
With  
Tamper Evident  
Tape

### ***Can I refuse a test if I believe I have been unfairly selected for testing?***

If you are instructed to submit to a DOT drug or alcohol test and you don't agree with the reason or rationale for the test, take the test anyway. Don't interfere with the testing process or refuse the test. After the test, express your concerns to your employer through a letter to your company's dispute resolution office, by following an agreed upon labor grievance or other company



procedures. You can also express your concerns to the appropriate DOT agency drug and alcohol program office.

### ***What is considered a refusal to test?***

DOT regulations prohibit you from refusing a test. The following are some examples of conduct that the regulations define as refusing a test (See 49 CFR Part 40 Subpart I and Subpart N):

- Failure to appear for any test after being directed to do so by your employer.
- Failure to remain at the testing site until the testing process is complete.
- Failure to provide a urine or breath samples for any test required by federal regulations.
- Failure to permit the observation or monitoring of you providing a urine sample (Please note, tests conducted under direct observation or monitoring occur in limited situations. The majority of specimens are provided in private).
- Failure to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure.
- Failure to take a second test when directed to do so.
- Failure to cooperate with any part of the testing process.
- Failure to undergo a medical evaluation as part of "shy bladder" or "shy lung" procedures.
- Failure to sign Step #2 of the ATF.
- Providing a specimen that is verified as adulterated or substituted.

### ***What are the consequences for refusal or a positive test result?***

Refusal to submit to testing is prohibited and is a violation of the laws and regulations governing drug and alcohol testing. The consequences for a refusal are, therefore, the same as if you had submitted to testing and received a positive result. Under these circumstances you must be removed from performance of any safety-sensitive function and will not be able to return to performing such a function until you have:

- Undergone an evaluation by a Substance Abuse Professional (SAP);
- Successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service;
- Provided a negative test result for drugs and a breath test less than 0.02 of alcohol. (Return to duty testing).
- Upon return to a safety-sensitive job, you will be subject to unannounced testing for drugs and/or alcohol no less than 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP).

#### **NOTE:**

The following DOT agencies have specific regulations.

#### **FRA**

- a. Disqualification. An employee who refuses to cooperate in providing breath, blood or urine specimens following an accident or incident must be withdrawn from covered service and must be deemed disqualified for covered service for a period of nine (9) months.
- b. Procedures. Prior to or upon withdrawing the employee from covered service the railroad must provide notice of the reason for this action and an opportunity for hearing before a presiding officer other than the charging official. The employee is entitled to procedural protections.
- c. Subject of hearing. The hearing must determine whether the employee refused to submit to testing, having been requested to submit by a representative of the railroad.

## **FAA**

- a. Each employer must notify the FAA within 2 working days of any employee who holds a certificate issued under part 61, part 63, or part 65 who has refused to submit to a required drug and/or alcohol test. Notification must be sent to: Federal Aviation Administration. Employers are not required to notify the above office of refusals to submit to pre-employment or return to duty testing.
- b. An employee who has verified positive drug test results on required two drug tests and conducted after September 19, 1994 is permanently precluded from performing for an employer the safety-sensitive duties the employee performed prior to the second drug test.
- c. An employee who has engaged in prohibited drug use during the performance of a safety-sensitive function after September 19, 1994 is permanently precluded from performing that safety-sensitive function for an employer.
- d. An employee who violates or who engages in alcohol use that violates another alcohol misuse provision and who had previously engaged in alcohol use after becoming subject to such prohibitions is permanently precluded from performing for an employer the safety-sensitive duties the employee performed before such violation.
- e. An employer who determines that a covered employee who holds an airman medical certificate issued under part 67 and has engaged in alcohol use that violates the alcohol misuse shall notify the Federal Air Surgeon within 2 working days.

### ***Will prescription medications affect test results?***

Prescription medications may affect test results. Any medications that may affect an employee's ability to perform a job safely or that could trigger a positive test result must be reported to the appropriate supervisor. If you take prescription medication you should ask your prescribing doctor if it could affect drug or alcohol testing results.

#### **NOTE:**

FAR 91.17(a)(3) - No person may act or attempt to act as a crewmember of a civil aircraft while using any drug that affects the person's faculties in any way contrary to safety.

### ***Will commonly ingested substances such as vitamins, penicillin, aspirin, caffeine and acetaminophen (Tylenol), affect the results?***

No. The tests are drug and drug metabolite specific. Because these commonly ingested substances are chemically and structurally different after metabolized by the body from the drugs being tested for, they will under most circumstances not interfere with or compromise test results.

### ***What does testing "positive" mean? What does testing "negative" mean?***

Testing laboratories use "cutoff limits" to determine if a specimen is positive or negative. DOT and

the Department of Health and Human Services (DHHS) have established cutoff limit guidelines for both breath alcohol and urine drug testing. A negative result indicates the level of a drug or alcohol being tested for is either not present or is below the cutoff limit. A positive result indicates the substance is present at a level above the cutoff limit.

### ***What happens if I test positive, refuse a test, or violate an agency specific drug and alcohol rule?***

If you test positive, refuse a test, or violate DOT drug and alcohol rules:

- A supervisor or company official will immediately remove you from DOT regulated safety-sensitive functions.
- You will not be permitted to return to performing DOT regulated safety sensitive duties until you have:
  - Undergone an evaluation by a Substance Abuse Professional (SAP); successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service;
  - Provided a negative test result for drugs and a breath test less than 0.02 of alcohol. (Return to duty testing).
- Upon return to a safety-sensitive job, you will be subject to unannounced testing for drugs and/or alcohol no less than 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP).

### ***Are my records truly confidential?***

Your name is never shown on the documentation that goes with your specimen. It is the legal responsibility of the employer to keep drug and alcohol testing records strictly confidential. They should be maintained in locked files, and the information within them should be shared only on a strict "need to know" basis. Confidentiality is vital. Employers cannot, generally, release testing records without the written consent of the employee involved. There are only a few exceptions to this rule:

- The records can be released when license or certification is required. An example would be DOT certification of commercial vehicle drivers.
- The records can be released to a court or decision maker in legal proceedings that arise from a positive drug test. Worker's compensation cases, unemployment proceedings and employee litigation are other examples.

Drug testing laboratories maintain statistical records and reports. This information is used solely to monitor compliance with state of federal regulations. Any information submitted to government agencies (such as the annual summaries required by the Department of Transportation) are anonymous and are used only for statistical purposes.

### ***Will I lose my job if I violate drug and alcohol regulations?***

DOT regulations do not address employment actions such as hiring, firing or granting leaves of absence. All employment decisions are the responsibility of the employers. Under Federal regulations, the main requirement for employers is to immediately remove employees from performing DOT safety-sensitive jobs. Be aware, however, that a positive or refused DOT drug or alcohol test may trigger additional consequences based on company policy or your employment agreement. While you may not lose your job, you may lose your certification or license to perform that job. Be sure to check industry specific regulations. For example, someone operating a

commercial motor vehicle may not lose their state-issued CDL, but they will lose their ability to perform any DOT regulated safety sensitive tasks.

### ***Will the results follow me to different employers?***

Yes, your drug and alcohol testing history will follow you to your new employer, if that employer is regulated by a DOT agency. Employers are required by law to provide records of your drug and alcohol testing history to your new employer. This is to ensure that an employee subject to the return-to-duty process is being tested according to the required procedures and follow-up testing plan.

#### **NOTE:**

49 CFR Part 40.25 requires employers to check on the previous two-years of drug and alcohol testing background of new hires and other employees beginning safety-sensitive work. Employers need the written consent of the applicant / employee to obtain these records.

There are two exceptions to the two-year records requirement. Employers covered under FMCSA regulations must seek three years of previous testing records. For employers seeking pilot information under the Pilot Records Improvement Act (PRIA), this is a five-year requirement.]

### ***What can I do about drugs and alcohol in the workplace?***

Substance abusers in the workplace create a problem that affects you and should concern you. There are a number of ways in which you can do something about it.

#### **Don't be an "enabler."**

When you cover up for substance abusers, lend them money, or help conceal poor work performance, you are protecting them from the consequences of their behavior. You are making it possible for them to continue abusing drugs or alcohol. You may think you're being a friend, but you are doing them no favor.

#### **Don't "look the other way."**

If you suspect drugs are being used or being sold, you should pass the word to a supervisor or to security or human resources personnel. Such contacts are confidential and, in many companies, this information can be conveyed anonymously.

#### **Don't intervene on your own.**

Drug abuse and drug dealing are serious problems that should be handled by qualified professionals. Don't worry about jeopardizing a substance abuser's job.

Employees are often reluctant to let management know when they suspect drug activity, worried that any coworkers they identify will be penalized or even lose their jobs. The reality is that you place a co-worker in far greater jeopardy when you don't report your concern and, in that way, make continued drug use possible.

Bear in mind that the threat of being fired often provides a potent deterrent to substance abuse and will prompt many drug- and alcohol-troubled workers to accept help when they had previously ignored the pleas of family and friends. Faced with the possibility of losing their jobs, workers who had refused to recognize or acknowledge their substance abuse are often motivated to enter treatment and—what may be even more important—remain in treatment long enough to make fundamental changes in attitudes and behavior.

### ***Who are a SAP and a MRO?***

- A **Substance Abuse Professional** (SAP) is a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed 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 clinical experience in the diagnosis and treatment of alcohol and controlled substance related disorders.

A SAP evaluates an individual who has tested positive on a test, and will develop a rehabilitation plan including the structure and scope of the training and rehabilitation program.

The SAP also determines return to work and follow-up testing requirements.

- A **Medical Review Officer** (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 receives test results from the testing laboratory to verify the testing process and to determine the validity of positive, substituted, and altered test results, and to with determine if there is a clinical explanation for the positive test results from the laboratory.

The MRO is the person who after, a discussion with the employee, can invalidate a positive test result and report a negative finding.

### ***What is an Employee Assistance Program (EAP)?***

While not required by all DOT agency regulations, an Employee Assistance Program (EAP) is a program that may provide solutions to such problems as alcoholism, drug abuse, stress, divorce, mental illness, bankruptcy, grief, and suicide.

## APPENDIX A DEFINITIONS

**Aberrant Behavior** - Behavior that departs substantially from the standard.

**Abuse** - The intentional use of a drug for other than medicinal purposes which results in the impaired physical, mental, emotional, or social well being of the user.

**“Air Blank”** - A reading by an EBT of ambient air containing no alcohol.

**Alcohol** - The intoxicating agent in the beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl or isopropyl alcohol.

**Alcohol Concentration** - The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part.

**Alcohol Use** - The consumption of any beverage, mixture, or preparation (including medicine) containing alcohol.

**Aliquot** - A portion of a specimen used for testing.

**Blind Sample or Blind Performance Test Specimen** - A urine specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from employee specimens, and which is spiked with known quantities of specific drugs or which is blank, containing no drugs.

**Breath Alcohol Technician (BAT)** - An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.

**Canceled or Invalid Test** - A canceled test is neither a positive nor a negative test. For the purposes of this part, a sample that has been rejected for testing by a laboratory is treated the same as a canceled test. The alcohol testing, a test is deemed to be invalid under 49 CFT Part 40.79.

**Chain of Custody** - Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. These procedures shall require that an appropriate drug testing custody form be used from time of collection to receipt by the laboratory and that upon receipt by the laboratory, an appropriate laboratory chain-of custody form(s) account(s) for the sample or sample of aliquot within the laboratory.

**Collection Container** - A container into which the employee urinates to provide the urine sample used for a drug test.

**Collection Site** - A place designated where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.

**Collection Site Person** - A person who instructs and assists individuals at a Collection Site and who witnesses, receives, and makes an initial examination of the urine specimen provided by those individuals for the purpose of administering a drug test.

**Commercial Motor Vehicle** - Motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. has a gross vehicle weight rating of 26,001 or more pounds; or
3. is designed to transport 16 or more passengers, including the driver; or
4. is of any size and is used in the transportation of hazardous materials requiring placards.

**Confirmatory Test** - A second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry [GC/MS] is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.) In alcohol testing, a test with an alcohol concentration of 0.02 or greater will have a confirmatory test conducted.

**Controlled Substance** – A controlled substance in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined in Regulation at 21 CFR 1308.11 –1308.15.

**Corrective Action** – Action taken by the employer to encourage return to satisfactory job performance.

**Covered Functions** - Performing safety-sensitive duties.

**DOT Agency** - An agency (or “operating administration”) of the United States Department of Transportation administering regulations requiring compliance with this part, including the United States Coast Guard (for drug testing purposes only), the Federal Aviation Administration, the Federal Railroad Administration, the Federal Highway Administration, the Federal Transit Administration, the Research and Special Programs Administration, the Office of the Secretary.

**Drug** - A drug is any chemical substance, including alcohol, that produces physical, mental, emotional, or behavioral change in the user. For purposes of this policy, the list of drugs to be tested for and their cutoff limits is contained at the end of the section “Testing Procedures.”

**Evidential Breath Testing (EBT) Device** - An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA’s “Conforming Products List of Evidential Breath Measurement Devices CPL).”

**Failed a Drug Test** - Confirmation tests results show positive evidence of the presence of a defined prohibited drug under 49 CFR Part 40 as follows:

Drug	Confirmatory Test Level
Marijuana metabolites	15 ng/ml
MDMA	250 ng/ml
6- Acetyl Morphine	10 ng/ml
Cocaine metabolites	100 ng/ml
Opiate metabolites	
Codeine	2000 ng/ml
Morphine	2000 ng/ml
Phencyclidine	25 ng/ml
Amphetamines	
Methamphetamine	250 ng/ml
Amphetamine	250 ng/ml

**Failed an Alcohol Test** - Confirmation alcohol test indicates an alcohol concentration of greater than or equal to 0.04 grams of alcohol per 210 liters of breath.

**Fitness for Duty** - Have the ability to safely and productively perform one’s job duties.

**Impairment** - The diminished ability to perform the job duties and responsibilities as a result of drug/alcohol use. For the purpose of these policies, the presence of drugs/alcohol above the established cutoff levels shall constitute impairment.

**Initial Test (AKA Screening Test)** - An immunoassay screen to eliminate “negative” urine specimens from further drug testing consideration. An initial alcohol test is an analytical procedure that determines whether an employee may have a prohibited concentration of alcohol in his/her system.

**Medical Review Officer (MRO)** - Licensed physician responsible for receiving laboratory results generated by the drug-testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual’s positive test result together with his/her medical history and any other relevant biomedical information.

**Misuse** - Drug misuse is the unintentional or inappropriate use of prescription or over-the-counter drugs which results in the impaired physical, mental, emotional, or social well-being of the user.

**Over-the-Counter Drugs** - Nonprescription drugs that can be readily purchased from legitimate sources such as a pharmacy, grocery store, etc.

**Pass a Drug Test** - An initial testing or confirmation testing under 49 CFR Part 40 that does not show evidence of the presence of a prohibited drug in a person’s system that is equal to or exceeds the confirmation test level.

**Pass an Alcohol Test** - A confirmation test under 49 CFR Part 40 that does not show evidence of the presence of alcohol in a person’s system that is equal to or exceeds the confirmation test level.



**Positive Test Results** - Positive test results are reported by the MRO only when the GC/MS confirmatory testing indicates the presence of drugs above the established cutoff levels. In the case of alcohol, a positive test will result when either a blood test or breathalyzer test indicates the presence of alcohol above the cutoff level.

**Prescribed Drugs** - Prescribed drugs are drugs that are obtained either directly from a doctor or from a pharmacist using a valid prescription.

**Professional Rehabilitation Program** - A treatment program that utilized professional/ Paraprofessional staff in a joint effort to assist the individual to enhance their personal life and free them from dependence of alcohol, drugs, or other addictions.

**Prohibited Drug** - Any of the following substances:

- Marijuana
- Cocaine
- Opiates
- Phencyclidine (PCP)
- Amphetamines/Metamphetamines
- MDMA
- 6- Acetyl Morphine

**Rehabilitation** - The employee's ability to complete a treatment program and be able to satisfactorily perform the job duties free from the use of drugs/alcohol.

**Reasonable Suspicion** - The standard of reasonable suspicion requires that a factual foundation be established. This factual foundation shall be based on factors or incidents directly related to job performance of physical symptoms commonly associated with alcohol or other drug misuse. From this factual foundation, a reasonable conclusion can be drawn that the employee is under the influence or impaired by alcohol or other drugs.

**Reason to Believe** - Reason to believe that a particular individual may alter or substitute the urine specimen.

**SAMHSA** - Substance Abuse And Mental Health Services Administration

**SAP** – Substance Abuse Professional - 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-related disorders.

**Shipping Container** - A container capable of being secured with a tamper proof seal that is used for transfer of one or more specimen bottle(s) and associated documentation from the collection site to the laboratory.

**Specimen Bottle** - The bottle that, after being labeled and sealed according to the procedures in this part, is used to transmit a urine sample to the laboratory.

**Under the Influence** - For the purposes of these policies, impairment and under the influence reflect an employee's inability or diminished ability to perform the job duties and responsibilities. The presence of drugs/alcohol above the established cutoff levels shall constitute an employee being under the influence or impaired.

**Voluntary Admission** - When a person of their own free will and cognizance agrees to enter treatment.