Drug and Alcohol Testing Program
BU1 Non - CDL

Supervisor’s Guidelines
29 April 2008
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INTRODUCTION

The State of Hawaii entered into an agreement with the United Public Workers (UPW) on behalf of bargaining unit one (BU1) employees on drug and alcohol testing. The Agreement is applicable to all State BU1 employees, except for employees currently being tested under the Federal DOT CFR Part 40, safety sensitive tasks relative to commercial motor vehicle operations. The purpose of this guideline is to assist supervisors, managers, and program administrators, in the implementation of the Agreement. In implementing the Agreement, the supervisor should possess the following reference documents:

1. The current BU1 contract, the agreement relating to the implementation of alcohol and drug testing for Non-CDL employees (State of Hawaii, as the employer edition), and the Employee Educational Materials, as may be required by the agreement.
2. Educational and Informational material that the department must provide to an employee prior to testing. To acknowledge receipt of the materials, employees sign the receipt form. The Designated Employer Representatives (DER) receives the original and the supervisor retains a copy.
3. The Supervisor’s Guidelines and course presentation materials.
4. The phone number and email address of the DER and Alternate DER.

The Agreement requires that supervisors attend a four hour training program prior to implementing the agreement and at least every four years thereafter. The BU1 agreement is unlike any of the other alcohol and drug testing programs that most supervisors are familiar with. Therefore, use caution prior to taking any action, review the agreement and contact your DER for guidance. Supervisors should refrain from asking other jurisdictions about their BU1 program implementation methodology. The State’s Agreement differs from that of other jurisdictions

CONFLICTS

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

Alcohol and drug testing are not new to members of the Bargaining Unit. Employees in safety sensitive positions under the federal Department of Transportation commercial motor vehicle (CMV), and commercial driver licensed (CDL) employees have been subject to testing since 1995 under the Omnibus Employee Testing Act of 1991. An employee in BU1 only tests under one program. The Agreement requires employees not subject to the federal DOT commercial motor vehicle testing requirements be subject to the Non – CMV/CDL testing requirements. The chart below highlights the differences between the two testing requirements of BU1 employees

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<thead>
<tr>
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<th>Non - CMV</th>
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<tr>
<td>Pre-employment</td>
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<td>Probationary</td>
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<td>Random selection</td>
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<td>√</td>
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<td>Reasonable suspicion</td>
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<td>√</td>
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<tr>
<td>Post accident</td>
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</tr>
<tr>
<td>Return to duty</td>
<td>√</td>
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</tr>
<tr>
<td>Follow up</td>
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**Random Selection Rate (D/A)**  25/10  50/10

SAFETY

The Occupational Safety and Health rules require employers to provide employees places of employment free from recognized hazards. An employee’s misuse of alcohol and drugs not only impacts the employee’s performance but also has been known to precipitate workplace violence and other unsafe acts. The State’s Alcohol and Drug Testing Program largely parallels the federal DOT regulations in defining the misuse of alcohol and the use of controlled substances (except when prescribed by a physician who has documented that the substances will not adversely affect an employee’s ability to perform tasks safely, so as not to injure the employee and others or in a manner befitting the expectations of the public). While the prohibition states 0.04 breath alcohol concentration (BAC), provisions in the agreement impose restrictions starting at the 0.02 BAC level. (Note: The current driving under the influence level in the state or DUI is at the 0.08 level.) Both the federal DOT Rules and the
agreement drug testing programs focus on the presence of marijuana, cocaine, opiates, amphetamines, and phencyclidine and there derivities.

IMPLEMENTING THE AGREEMENT

Before testing can be implemented at the work site employees must be notified of the implementation start date. The Agreement requires that subject employees be given:

1. Educational and Informational materials (as specified by the Agreement);
2. A copy of the Agreement containing provisions for non – CDL employee alcohol and drug testing;
3. The name and phone number of the department official that the employee can call should they have questions (most often the DER);
4. Information on when the alcohol and drug testing commences.

The supervisor must receive from the employee:

1. A signed hand receipt from the employee indicating: the receipt of the educational and informational material including the name of the DER and contact number whom the employee can approach to receive answers to questions on the program; and
2. A signed Resignation Agreement statement (copy of the Resignation agreement in the Agreement) if the employee is serving their initial probational period.

FOCUS OF THE AGREEMENT – “WE CARE”

In crafting this Agreement, the state undertook a different approach from other jurisdictions, whereby all employees in BU1 are to be tested for alcohol misuse and the use of controlled substances (hereafter, referred to as “drugs”) so that all employees will be afforded a safe place of employment (as stated in the purpose of implementing alcohol and drug testing). “We Care” also focuses on employees who are experiencing difficulties associated with alcohol and/or drug dependency and who wish to obtain assistance for recovery and become contributing members again. “We Care” also includes the safety and welfare of other employees so when an employee who has difficulties, fails to repair, or does not want to repair; separation (per the Agreement) may be appropriate.
One of the most difficult tasks of a supervisor in the implementation of the alcohol and drug testing program requirements, is to make the determination that a subordinate may be an illegal drug user or under the influence. However, the supervisor must employ the concept of “We Care.” We care enough about the employee, and with a bit of assistance, the employee may be able to regain their self-worth and become a contributing member of the team once again. There is also a legal implication for the employer if they know of the affliction and fail to take action. The most prevailing assumption is that if the supervisor knows (even suspects) of the affliction, the supervisor as a management representative, the employer (department) knows. (Another compelling assumption is that the employer should have known.) The liability can be enormous for both the department and the supervisor. Guidelines for the supervisor:

1. Start with the hiring process. Look for employment gaps and question the applicant on those gaps. Inform the applicant that their past supervisors will be contacted (if they are under consideration). Inform the applicant that criminal history and driver’s license extract will be required, as applicable. Should the applicant object to any of these background checks, request that the applicant provide reasons.

2. Inform the applicant that random and other alcohol and drug tests will be required during employment and require the applicant to sign the Resignation Agreement form.

3. Inform employees of performance and behavior expectations of the work unit. Also, inform the employee of the restrictions or special requirements of the program. Inform employee of the alcohol and drug prohibitions.

4. Establish an “employee composite” of each employee. A composite should be at least two-fold; one on job performance and another on behavior.

5. Become familiar with employee assistance programs so that you can inform the applicant or employee about the purposes of these program.

6. Should there be a deviation to the employee composite, talk to the employee privately, it may not be due to alcohol or drug induced.

7. If substance abuse is suspected, use the “Observed Behavior Reasonable Suspicion Record” to substantiate observations. The reasonable suspicion must be based on a specific, contemporaneous, and articulable observation making the reasonable supervisor’s determination concerning the appearance, behavior, speech, or body odor of the employee.
8. Once the determination is made, complete the form and the notification to test form, and call the employee in to discuss the matter privately. Follow the Notification to Test Guidelines; obtain a driver of the same gender to transport the employee to the test site and home.

9. Forward the record to the DER immediately.

TYPE OF TESTS:

There are four tests in the BU1 Agreement and an “initial probational period proviso.”

Random Test: The BU1 agreement (non CMV/CDL) Agreement requires at least 25% of the population tested for drugs and 10% for alcohol, annually.

Reasonable Suspicion Test: Similar to other alcohol and drug testing programs.

Return to Work Test: Before an employee can return back to work the employee must test negative in the tests (0.02 BAC for alcohol and a verified negative drug test) required by the SAP. Unique to BU1: an employee who tests positive for the second consecutive drug return to work test is discharged.

Follow Up Test: Similar to other alcohol and drug testing programs.

“Initial Probational Period Proviso. There is no probational period for alcohol or drug test; however, should an employee test positive for any of the tests above during the initial probational period, the employee is deemed to have resigned. To effectuate this provision, the employee must sign the Resignation Agreement (see exhibit in the agreement). Therefore, departments are advised to have an applicant sign the resignation agreement during the pre-employment process; at least prior to entering the initial probational period. Should the applicant refuse to sign the resignation agreement, reassess the desirability of hiring that applicant. At the onset of the testing program, employees still on their initial probational period are to sign the resignation agreement.

PROHIBITIONS

The prohibitions for both alcohol and drugs in the workplace is specified in the Agreement; however, not elaborated in the prohibition section of the Agreement, are caveats
in other provisions of the Agreement whereby an employee who tests for alcohol and records a breath alcohol concentration (BAC) of 0.02 but less than 0.04 BAC is removed from work (and driven home) for 24 hours. The employee may return to work after the 24 hour period. In addition, in the return to work test, the drug test result must be a verified negative for drug use.

GENERATION OF A TEST REQUIREMENT

There are a number of ways in which a test becomes a requirement. Random testing is generated through the randomization of a specific random select pool by a clinical/laboratory contractor. When the pool is randomized, employee numbers are selected by a random selection computer program to test for alcohol. The pool is then randomized for the second time for employee numbers for drug testing. Whenever the random select pool is randomized all employees have an equal chance of being selected for either alcohol or drug testing, selected to test for both alcohol and drug tests on the same day, or not being selected at all. Therefore, an employee can be selected for testing more than once in a calendar year. On the other hand, an employee may not be selected for testing in the entire test year. The percentage of employees selected for testing impacts the chance of being selected more than once in a test year. The number of employees required to be tested annually: drugs 25%; and alcohol 10%. To be random, the tests must be spread out throughout the year at irregular spaced intervals.

Reasonable suspicion testing is required when a trained supervisor determines that a breach in the prohibitions has occurred. The determination must be based on a specific, contemporaneous, and articulable observation concerning the appearance, behavior, speech, or body odor of the employee. The behavior giving rise to reasonable suspicion must be a recognized symptom of impairment of alcohol or controlled substance use and is not reasonably explained as the result of other causes.

Return to work test is required of an employee who has violated the prohibitions and desires to return to work. The Substance Abuse Professional (SAP) evaluates an employee who violated the prohibition and determines their treatment and
rehabilitation requirements. The SAP also determines the readiness of an employee to take the return to work test.

Follow up tests are, for the most part, a continuation of the rehabilitation process. The SAP determines the frequency of tests, which test must be taken (alcohol and/or drugs), the number of tests an employee must take per year, and the number of months (maximum 60 months) that the test must be taken. The SAP may also terminate the testing requirements after the employee successfully completes a minimum of six tests in the first 12 months.

RANDOM TEST REQUIREMENT ON A LEAVE STATUS

When a requirement for testing becomes known, the requirement for testing is immediate. However, if an employee is on leave, and is identified for testing while on leave, the employee must be tested immediately upon returning from leave. The requirement for testing remains until a subsequent random selection pool is drawn. (If the employee is still on leave when subsequent random selection pool is drawn, the department must remove the absent employee’s number from the random selection pool.) At that point, the requirement for testing ceases. When the employee returns from leave, the employee’s number is re-entered into random selection pool. Similarly, if the department knows that an employee will be on an extended leave (workers’ compensation or personal leave) the employee’s number should be removed from the random select pool.

REASONABLE SUSPICION DETERMINATION

One of the most difficult tasks of a supervisor in the implementation of the alcohol and drug testing program requirements is to make the determination that a subordinate may be an illegal drug user or under the influence. There is also a legal implication for the employer if a supervisor knew or should have known of the affliction and fail to take action. A supervisor is a management representative; therefore, from a legal perspective, the employer (department) knows. The liability can be enormous. Should a supervisor have difficulty in making the determination of reasonable suspicion, the supervisor should review The Effects of Alcohol and Drug use and/or seek assistance from the DER.
The Agreement requires that employees be tested when there is a reasonable suspicion that the employee has violated the prohibitions on alcohol misuse or drug use. **Only supervisors who have received training as specified in the Agreement can determine if reasonable suspicion exists.** The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. The supervisor making the determination must have attended training on alcohol misuse and controlled substance use within the past four years.

A Reasonable Suspicion Observation Checklist is used to assist in making such determinations. **Whenever a supervisor suspects that an employee’s action or behavior impairs the safe operation of the worksite, the supervisor must stop or intercede so as not to endanger the employee, the worksite, or other employees.** **Do not permit the employee to operate any vehicle or equipment including the employee personal vehicle.** In determining employee misuse of alcohol or the use of controlled substances (drugs), the supervisor, in the course of supervision should have established an “on going employee composite” of each employee they supervise. The composite include:

1. An employee composite based on job performance and behaviors at work, such as: work performance, timeliness, interaction of employee with other employees (and their customers), appearance, unique behaviors, speech, body odor, work patterns, etc.

2. Become sensitive to the fact that all aberrant performance or behaviors are not due to alcohol or drug abuse. The State’s employee assistance program may be more appropriate where the employee is experiencing family, personal, or financial difficulties.

3. Should there be a deviation to the employee composite, talk to the employee privately, it may not be due to alcohol or drug induced.

4. If substance abuse is suspected, use the “Observed Behavior Reasonable Suspicion Record” to substantiate observations based on a specific, contemporaneous, and articulable observation making the reasonable supervisor’s determination concerning the appearance, behavior, speech, or body odor of the employee (Attachment C).

5. Once the determination is made, document the observations on the Observed Behavior Reasonable Suspicion Record.

6. Complete the notification to test form.
7. Call the employee in to discuss the matter privately.

8. Talk to the employee to determine if the employee has a reasonable explanation for their appearance, behavior, speech, or body odor. Do not accuse the employee of being under the influence of drugs or alcohol.

9. Inform the employee of the observations and the requirement for reasonable suspicion testing. Direct the employee to submit to alcohol and/or controlled substance test. **Note:** A management representative of the same gender must drive the employee to the test site. **Do not permit the employee to operate any equipment including the employee’s own vehicle.**

10. Prepare a written record of the observation leading to an alcohol or controlled substance reasonable suspicion test and signed by the supervisor who made the observation, and acknowledged by the employer (DER) within 24 hours of the observed behavior. Reasonable suspicion testing is based on the supervisor’s observations.

    In addressing reasonable suspicion testing considerations, the supervisor must employ the concept of we care. “We care” enough about the employee and with a bit of assistance, the employee may be able to regain self-worth and become a contributing member of the team once again.

**THE TESTING PROCESS**

The federal DOT CFR 49 Part 40 is explicit on how the testing is to be accomplished. The protocols reflect uniformity, confidentiality, custody and control of sampling, analysis, and informing the DER of test results. The Medical Review Officer (MRO), Breath Alcohol Technician (BAT), and the urine collector (Collector) are required to take refresher courses annually to ensure the DOT procedures are strictly adhered to. To avoid potential declaration of a “Refusal to Test” the supervisor should inform employees being sent to testing that they are to follow the instructions of the testing personnel and not to attempt to impair the testing process. Disruptive behavior that interferes with the orderly collection of a specimen or BAC determination can result in a refusal to test situation. Review the Agreement regarding refusal to test provisions. The procedural steps in the testing process are contained in the employee handbook.
NOTIFICATION TO TEST

The Notification to Test Form is the basic document that initiates all employee alcohol and/or drug testing. When there is a testing requirement, the supervisor completes all preliminary steps such as obtaining an appointment for the testing and filling all required forms - Notification to Test (Attachment A), Reasonable Suspicion Record (Attachment C), Alcohol Testing Form (Attachment D), Drug Testing Custody and Control Form, etc., then informs the employee of the test requirement in a confidential setting. The notification form informs the employee of the type of test that is required (reasonable suspicion, random, etc.), what test is to be accomplished (alcohol, drug, or both), the clinic where the test is to be conducted, and the time of the appointment.

The supervisor should explain the refusal to test conditions and is required to provide the employee the Refusal to Test flyer (Attachment B). The employee signs Notification to Test Form and receives a copy of the form. Inform the employee of the consequences of refusing to test and the best way to avoid a refusal to test condition is to follow the instructions of the test site personnel and provide a true and sufficient amount of specimen, as required. The testing contractor supplies the pre-printed Drug Testing Custody and Control Form (DTCC), (Attachment E), to the DER who distributes the form to appropriate work sites. The department’s name and address is printed on the form. The custody and control seals are attached to the form. The supervisor completes applicable parts (Step 1) of the form. This control form must accompany the employee to the test site and be given to the Collector.

(Note: there are two different drug and alcohol custody and control forms that a supervisor of CDL and NON CDL employees must be aware of. The “Federal DTCC” is used only for CMV/CDL Federal DOT alcohol and drug testing requirements. For the BU1 Non CMV/CDL testing use the alcohol and drug testing DTCC form imprinted with “HAWAII” on the first page.

IMMEDIATE TESTING REQUIREMENT

Whenever there is notice of a testing requirement, the testing must occur “immediately.” In random tests, when the supervisor informs the employee of the random test requirement, “immediate” means that subsequent to informing the employee, the employee is sent for testing. (The contractor will adequately staff testing sites on the day when random tests are scheduled.) Should there be an operational emergency (civil defense, fire, hurricane, etc.) the supervisor must inform the DER of the situation. Should the DER agree, postpone or suspend
testing. Do not inform employees of impending testing requirement or which employee numbers were selected for testing. As conditions revert to normality the DER coordinates the random testing requirement.

In reasonable suspicion testing, “immediate” means that the testing must occur when the prohibition violation occurred or was witnessed.

MAINTAINING THE RANDOM SELECT POOL

Maintaining an accurate random select pool is essential to ensure that all employees subject to testing receive an equal chance of being selected for alcohol or drug testing. A low number of employees in a random select pool increases an employee’s chance of being selected for testing. The larger the number of employees in a random select pool decreases the chances of being selected. The DER is responsible for ensuring that all employees who are subject to testing are included in the appropriate random select pool. The DER receives information from supervisors to ensure the accuracy of the random select pool. Situations that impact the random select pool include: employees on extended leave (vacation, sick, workers’ compensation, etc.), retires, quits, position is vacant, frozen, etc, or employee transfers or moves to another position.

TEST SITES

Alcohol and drug testing are conducted at contracted vendor collection sites. Test sites are located throughout the major islands. The contractor is also required to make available a collection site 24 hours a day, 7 days a week in more populated areas and in other areas have one site available on an on-call basis for after normal work hours. There are no breath alcohol testing facilities on Molokai and Lanai. Drug testing is available on Molokai, but not on Lanai. Where testing is required but not available on island, the employee must be flown to a site that is available on another island (Maui or Oahu). (See Attachment F for the 2007-08 or updated testing period.)

A department may contact the contractor to arrange testing at the work site at rates established in the vendor contract. The DER should coordinate all job site testing as testing conditions must meet the federal DOT alcohol and drug testing requirements. The contract is secured on an annual basis; therefore, supervisors should contact their DER periodically for changes and contract provisions.
TRANSPORTATION TO THE TEST SITE

Transportation to the test site may be accomplished in a number of ways, provided that the employee does not appear “under the influence;” however, a supervisor must arrange transportation for an employee whenever the supervisor believes that the employee is under duress or incapable of self transportation to the test site. Clearly, where reasonable suspicion is indicated, the employee must be transported to the test site and home. The supervisor must not permit an employee to drive their personal vehicle where duress or reasonable suspicion is indicated. Should the test technician call and state that the employee tested positive for alcohol or believes that the employee should not drive, the supervisor must pick-up and transport the employee home.

Departments may also schedule testing at the work site provided that the federal testing standards can be established. Contact and coordination must is accomplished prior to the test date. Departments must pay an additional cost for this feature. If this option is contemplated coordinate department desires with the DER and the contractor.

TESTING OF THE SPLIT

Unique to this Agreement, an employee who tests positive for a drug test has a “once-in-a-life-time” opportunity to have the testing of the split paid by the employer. The employee can exercise this proviso once. Thereafter, the employee pays for the testing of the split. Where the employee pays for the testing of the split and obtains a negative test result, the department reimburses the employee for the cost of the testing.

VOLUNTARY ADMISSION

Under the agreement, an employee may voluntarily admit to having alcohol or controlled substance dependency difficulties and seek counseling under the voluntary admission provision. Volunteering the admission of a dependency can only be accepted prior to notification of a random or reasonable suspicion test requirement. Supervisors who receive an employee’s request to enter the voluntary admission program should immediately contact their DER for assistance. The DER should understand the requirements of the voluntary admission provisions
MEDICATION DECLARATION

Physician prescribed medication can affect an employee’s mobility or mind and thereby impact the thought process, performance, and behavior that can cause adverse situations in the workplace and impact the safety of the employee and employees that work near or about the employee and the public. Supervisors should encourage employees to obtain a medical declaration for daily maintenance medication that affect performance or behavior. The declaration may be used in the assignment of tasks should a physician indicate that the prescribed medication can adversely impact the employee’s safety and performance. Use Attachment G to document the effect of the medication. The medical declaration can also be used to inform the Medical Review Officer (MRO) should drug test indicate positive test results.

CONFIDENTIALITY REQUIREMENTS

The supervisor must not maintain an alcohol/drug testing file at the workplace. The DER should maintain all confidential information consistent with confidentiality requirements of the Agreement. Employee testing data cannot be comingled with other employee files. Should an employee request for their own personal confidentiality alcohol/drug testing data, the employee must complete the Request for Confidential Information Request form (Attachment H) from the supervisor. Upon submission, the supervisor forwards the request to the DER. The DER addresses the request and forwards the information directly to the employee. The supervisor may maintain information relative to directing work assignments. Confidential requirements include informing employees of test requirements and the results of the test. The federal rules are explicit on who may have cause to know specifics of confidential employee alcohol and drug test results.

POSITIVE TEST RESULTS: (DISCIPLINE, RESIGNATION, AND LAST CHANCE AGREEMENT)

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<th>Non – CDL</th>
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<td>Alcohol (window)</td>
<td>3 years</td>
<td>2 years</td>
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<tr>
<td>1st positive (0.04 ≥ BAC); Suspension</td>
<td>5 days</td>
<td>20 days &amp; LCA</td>
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<tr>
<td>2nd positive</td>
<td>10 days &amp; LCA</td>
<td>resigned</td>
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<tr>
<td>3rd positive</td>
<td>resigned</td>
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<td>Drugs/Controlled Substances (window)</td>
<td>3 years</td>
<td>2 years</td>
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<tr>
<td>3rd positive</td>
<td>resigned</td>
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LCA=Last Chance Agreement (See applicable LCA in the Agreement)
Where an employee alcohol test result is 02.02 to 0.039 BAC, the employee is removed from the work setting and not permitted to return until 24 hours has elapsed. Upon notice by the Breath Alcohol Technician of an employee’s 0.02 – 0.039 BAC test result the supervisor arranges transportation for the employee (pick up the employee at the testing site and driven home).

THE EFFECTS OF ALCOHOL MISUSE AND THE USE OF CONTROLLED SUBSTANCES

Two Approximate Blood Alcohol Percentage charts (both men and women’s charts) are appended (Attachment I) as reference on the relative BAC for the consumption of alcohol (one can of beer, glass of wine, or an once of spirits). The federal DOT implementation guidelines reference on the effects of alcohol and drugs to users is contained as Attachment J.
NOTIFICATION TO TEST
ALCOHOL AND/OR CONTROLLED SUBSTANCE

State Department of: _______________________________________________________

Employee/Applicant Name (Print First, M.I. Last): ______________________________

You are hereby notified of the requirement to test pursuant to the Drug and Alcohol Testing Agreement of: BU ___;       CDL       HGEA      UPW      HRS 78-2.6.

Cost of test paid by:  □ applicant  □ employee  □ department

1. The test is scheduled:  
   Date:___________________________________________
   Location:___________________________________________
   Appointment Time:___________________________________________

2. Test for:  □ Alcohol  □ Controlled Substance

3. Type of test:  □ Pre-Employment  □ Prior to Recruit Training
   □ Post Recruit or Prior to Assigned Workplace  □ Probationary
   □ Random  □ Return to Duty  □ Follow-up
   □ Post-Accident  □ Post-Altercation  □ Reasonable Suspicion
   □ Other (please specify) _______________________________________

4. Employee/Applicant has picture identification card: □ Yes □ No

5. Transportation to test site or appointment instructions/comments:
   ___________________________________________________________________
   ___________________________________________________________________

6. Time of notification: _____________ a.m.       p.m.

I understand that the identified test is required and if I refuse to sign this form or refuse to take the tests identified, I am subject to consequences as stated in the Agreement. Applicants who refuse to sign are removed from the list of eligibles.

□ I received the Refusal to Test flyer (BU1 Non CDL)

________________________________________  ________________  
Employee/Applicant Signature     Date

________________________________________  ________________  
Department Representative     Date

RETAIN IN EMPLOYEE’S CONFIDENTIAL FILE
A refusal to take a required alcohol test (a violation of Section 63A.04a.5) or a required controlled substance test (a violation of Section 63A.04b.5), is when an Employee:

- Fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.

- Fails to remain at the testing site until the testing process is complete.

- Fails to provide a urine specimen for any controlled substances test required by this agreement.

- In the case of a directly observed or monitored collection in a controlled substances test, fails to permit the observation or monitoring of the specimen.

- Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

For the purposes of this Section, when an employee does not provide a sufficient quantity of urine and the applicable procedures are being followed, the following shall apply to the determination of the beginning of the three hour period within which the Employee must provide a specimen after he/she has provided an insufficient specimen:

The three hour time limit always begins when the donor provides a specimen of insufficient quantity. The three hour time limit does NOT begin with a no temperature specimen of sufficient quantity.

- Fails to provide an adequate amount of breath for any alcohol test required by this agreement.

- Fails to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

- Fails or declines to take an additional drug test the employer or collector has directed the employee to take (for example, if the MRO directs the employer to conduct a recollection under direct observation).

- Fails to undergo a medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the Employer in situations where an adequate specimen is not provided.

- Fails to undergo a medical examination or evaluation as directed by the employer as part of the insufficient breath procedure.

- Fails to sign the certification at Step 2 on the alcohol test form.

- Fails to cooperate with any part of the alcohol testing process.

- Fails to cooperate in any part of the controlled substances testing process (for example, refusing to empty his/her pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).

- Provides an adulterated and/or substituted specimen (as defined in the U.S. DOT Rules, 49 CFR Part 40).
State Drug and Alcohol Testing Program

Observed Behavior Reasonable Suspicion Record

Employee Name: _______________________________________________________
Dept: ___________________ Div: _____________________ Time Observed: _____________
Location of Observation: ____________________________________________________
Date/Period of Observation: _______________________________________________

Mark items based on your visual observation of the employee.

APPEARANCE: ___ disheveled clothing; ___ messy; ___ dirty; ___ partially dressed; ___ unsteady; ___ stumbling; ___ shaking; ___ trembling; ___ swaying; ___ staggering;

EYES/FACE: ___ bloodshot; ___ watery; ___ glassy; ___ flushed; ___ pale; ___ sweaty; ___ poor eye-hand coordination.  Additional __________________________________________________________

BEHAVIOR: ___ sullen; ___ erratic; ___ irritable; ___ excited; ___ sleepy; ___ crying; ___ argumentative; ___ mood swings; ___ lethargic; ___ fighting; ___ suspicious; ___ hostile; ___ loss of inhibitions; ___ blaming; ___ frequent use of breath mints, ___ mouthwash, ___ breath sprays, or eye drops; ___ confused; ___ disoriented. ___ paranoid. Additional: _________________________________

SPEECH: ___ slurred; ___ use of profanity; ___ loud; ___ shouting; ___ whispering; ___ inaudible; ___ rapid; ___ incoherent; ___ excessively talkative; ___ disconnected speech patterns; ___ exaggerated pronunciation; ___ inappropriate laughter. Additional________________________

BODY ODORS: ___ alcohol; ___ offensive smell; ___ no wash; ___ pakalolo/marijuana.
Additional ___________________________________________________________________

How is employee’s behavior different than previous observed on-the-job behavior?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

To the best of my knowledge and belief, this record represents the observed appearance, behavior and/or conduct of the employee upon which I base my decision to require the employee to submit to a reasonable suspicion alcohol and/or controlled substance testing.

Supervisor name (print)  Signature  Date  Time  Phone number
Witness (HGEA ONLY)  Signature  Date  Phone number
DER (Employer Rep.)  Signature  Date  Phone number

The Supervisor making the observation must have had 2 hours (4 hours for BU1 supervisors) of training on alcohol misuse and controlled substance use and indicators of probable use and misuse within the past 5 years (BU1 four years). This written record must be signed by the supervisor who made the observation and acknowledged by the Employer (DER) or other department management official within 24 hours of the observed behavior or before the results of the test is released.

(Copy to employee and BU1 & 10: State Director, as applicable.)
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 _______________________

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 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 and 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 ____________________________
   (PRINT) Alcohol Technician’s Name (First, M.I., Last) ____________________________
   Company Street Address ____________________________
   ( ) 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 .020 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 .020 or greater.

Signature of Employee ____________________________ Date __________ Month __________ Day __________ Year __________

Affix Or Print
Additional Results (e.g. Calibration Check) Here

Affix With Tamper Evident Tape

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CMI Inc. 666-635-0690 • P/N 650511

20
<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALA MOANA</td>
<td>Ala Moana Building, 1441 Kapiolani Blvd., Suite 506</td>
<td>(808) 945-3124</td>
<td>(808) 973-4639</td>
<td>M-F 9:00 am - 3:30 pm</td>
</tr>
<tr>
<td>KANEHOE</td>
<td>Kaneohe Medical Building, 45-939 Kanehameha Hwy. #102</td>
<td>(808) 247-6888</td>
<td>(808) 247-7433</td>
<td>M-F 9:00 am - 12:30 pm</td>
</tr>
<tr>
<td>THOMAS SQUARE AREA</td>
<td>Medical Arts Building, 1010 S. King Street, #107</td>
<td>(808) 591-9157</td>
<td>(808) 592-3749</td>
<td>M-F 7:00 am - 11:00 am</td>
</tr>
<tr>
<td>KAHALA</td>
<td>4400 Kalaniaaoe Hwy., #8, Honolulu, HI 96821</td>
<td>(808) 733-2410</td>
<td>(808) 733-2412</td>
<td>M-F 10:00 am - 3:00 pm</td>
</tr>
<tr>
<td>KAPOLEI</td>
<td>Market Place at Kapolei Shop. Ctr., 590 Farrington Highway, Kapolei, HI</td>
<td>(808) 693-9005</td>
<td>(808) 693-9884</td>
<td>M-F 9:00 am - 2:00 pm</td>
</tr>
<tr>
<td>WAHIAWA</td>
<td>302 California Avenue, #101, Wahiawa, HI 96786</td>
<td>(808) 622-3693</td>
<td>(808) 621-8125</td>
<td>M-F 8:30 am - 4:00 pm</td>
</tr>
<tr>
<td>KAHEKA</td>
<td>Kaheke Professional Center, 1481 S. King Street, Rm. 104, Honolulu, HI</td>
<td>(808) 973-3805</td>
<td>(808) 973-4637</td>
<td>M-F 9:00 am - 4:00 pm</td>
</tr>
<tr>
<td>MILILANI</td>
<td>Millian Family Clinic, 95-1249 Meheula Pkwy., #8-10, Mililani, HI 96789</td>
<td>(808) 623-9211</td>
<td>(808) 623-3040</td>
<td>M-F 12:45 pm - 3:30 pm</td>
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<tr>
<td>WAIAPAHI (A)</td>
<td>94-260 Waiapau Depot Road, Waiapau, HI 96797</td>
<td>(808) 671-4261</td>
<td>(808) 676-3603</td>
<td>M-F 8:00 am - 4:00 pm</td>
</tr>
<tr>
<td>KAILUA (A)</td>
<td>Kailua Professional Center, 30 Aulike Street, #105, Kailua, HI 96734</td>
<td>(808) 266-1222</td>
<td>(808) 266-1226</td>
<td>M-F 9:00 am - 4:00 pm</td>
</tr>
<tr>
<td>MOILIILI (JCCH)</td>
<td>Japanese Cultural Center of Hawaii, 2454 South Beretania St., Suite 110,</td>
<td>(808) 973-3011</td>
<td>(808) 947-5201</td>
<td>M-F 9:00 am - 2:00 pm</td>
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<tr>
<td>WAHIAWA (A)</td>
<td>94-260 Waiapau Depot Road, Waiapau, HI 96797</td>
<td>(808) 671-4261</td>
<td>(808) 676-3603</td>
<td>M-F 8:00 am - 4:00 pm</td>
</tr>
<tr>
<td>KALIHI (A)</td>
<td>2110 N. King Street, Suite 2, Honolulu, HI 96819</td>
<td>(808) 332-6408</td>
<td>(808) 332-6465</td>
<td>M-F 7:30 am - 11:30 am</td>
</tr>
<tr>
<td>PEARL RIDGE</td>
<td>Pearlridge Downtown, 98-130 Pali Momi St., #22-07B, Aiea, HI 96701</td>
<td>(808) 483-2013</td>
<td>(808) 486-1615</td>
<td>M-F 7:00 am - 2:00 pm</td>
</tr>
</tbody>
</table>

**EMPLOYER / DONOR INSTRUCTIONS**

Donor must provide:
1) An official photo ID with a unique number
2) Preprinted lab form for urine and/or breath alcohol
3) Be prepared to provide a urine specimen

Appointments are required except at Kailhi, Waipahu, and Thomas Square (Medical Arts Bldg.)

(A) Designates Breath Alcohol Site

Rev 1/2/07
# Diagnostic Laboratory Services Drug Collection Sites - N.I.

## Hawaii

### Hilo (A)
- Kinco Medical
- 1248 Kincoole Street, Suite 102
- Hilo, HI 96720
- Phone: (808) 935-9290
- Fax: (808) 989-6910
- Hours: M-F 6:30 am - 4:00 pm

## Kauai

### Lihue (A)
- Kuhio Medical Clinic
- 3-3235 Kuhio Highway
- Lihue, HI 96766
- Phone: (808) 245-7130
- Fax: (808) 246-1848
- Hours: M-F 8:00 am - 3:30 pm

## Maui

### Kahului (A)
- 200 Kalepa Place, #202
- Kahului, HI 96732
- Phone: (808) 877-8033
- Fax: (808) 877-3381
- Hours: M-F 8:00 am - 3:30 pm

## Kona (A)
- Hillside Plaza, Bldg. B, #B103
- 76-6225 Kuakini Highway
- Kailua-Kona, HI 96725
- Phone: (808) 328-2548
- Fax: (808) 331-0730
- Hours: M-F 8:00 am - 12 Noon
  - 1:30 pm - 3:00 pm

## Waimea (A)
- Parker Ranch Center
- 87-1185 Mamalahoa Highway, H144
- Kamuela, HI 96743
- Phone: (808) 885-9020
- Fax: (808) 885-0494
- Hours: M-F 7:30 am - 12:00 Noon
  - 1:30 pm - 3:00 pm

## Wailuku
- 90 Market Street, #207
- Wailuku, HI 96793
- Phone: (808) 244-1399
- Fax: (808) 242-5872
- Hours: M-F 8:30 am - 12 Noon
  - 1:30 pm - 3:00 pm

## Molokai

### Kaunakakai
- Molokai General Hospital
- Kaunakakai, HI 96748
- Phone: (808) 553-5331
- Hours: M-F By Appointment Only

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**Employer / Donor Instructions**

Donor must provide:
1) An official photo ID with a unique number
2) Preprinted lab form for urine and/or breath alcohol
3) Be prepared to provide a urine specimen

Appointments are required for Molokai and Maui

(A) Designates Breath Alcohol Site
Neighbor Island “After Hours” Lab Services

Diagnostic Laboratory Services provides “after hours” specimen collection and breath alcohol testing services via a paging process.

1. The DER or their designated associate should page the DLS technician and await their call back.

2. The DLS technician should call back within 30 minutes to confirm and secure the details of the test(s) needed.

3. If the DLS tech does not return the call within the 30 minutes, there may be problems with the pager connection and the company representative should call the technician via cell phone or at their home phone.

Please limit access of the following information to key personnel only.

<table>
<thead>
<tr>
<th>Island</th>
<th>Tech</th>
<th>Pager No.</th>
<th>Cell Ph.</th>
<th>Home Ph.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Island</td>
<td>Craig Manzano</td>
<td>808-326-0485</td>
<td>Paul Maeda</td>
<td></td>
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<tr>
<td>Hilo</td>
<td>Laura Doria</td>
<td>808-896-1090</td>
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<td>Kona</td>
<td>**Advanced</td>
<td>808-322-7026</td>
<td>808-938-0445</td>
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<td>Drug Testing</td>
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<tr>
<td>Kauai</td>
<td>Nancy Cezar</td>
<td>808-241-0097</td>
<td>808-651-5982</td>
<td>808-245-6504</td>
</tr>
<tr>
<td>Maui</td>
<td>Lisa Manual</td>
<td>808-873-1097</td>
<td>808-281-2831</td>
<td>808-579-8365</td>
</tr>
</tbody>
</table>

** Services contracted by DLS **

DLS Honolulu Contacts on call 24/7:
Carl Linden    cell phone 392-0588
Lois Yamada   pager 363-7025, cell phone 226-7664

\Toxlab2\Tox\Urine Collection\after hours contacts 2-07.doc Rev 2/1/07
MEDICATION DECLARATION

Department: ______________________ Division: __________ Branch: ______________
Employee: ______________________ Supervisor: ________________ Phone: _______
Position/Class: __________________ Operates motorized equipment/vehicle: _____
Job tasks: ____________________________ CDL safety sensitive position: ______
Prescription/Medication: ____________ Dosage: ___ Frequency: ____ times a:_____
Generic, common, or other known name of medication: __________________________
Initial prescription date: ___________ Drug Class (narcotic, depressant, etc.__________

☐ The medication provided will adversely affect the employee’s ability to work in a safe
manner (to self and others), including activities such as: operating a motorized or
electrical equipment or vehicle, or affect mental capacity to discern right and wrong or
the proper use of force, weapons, etc.

☐ The medication provided will not adversely affect the employee’s ability to work in
activities in a safe manner so as not to injure self or others in activities as illustrated
above.

Physician: (print): __________________________ Signature: _______________

MEDICATION DECLARATION

Department: ______________________ Division: __________ Branch: ______________
Employee: ______________________ Supervisor: ________________ Phone: _______
Position/Class: __________________ Operates motorized equipment/vehicle: _____
Job tasks: ____________________________ CDL safety sensitive position: ______
Prescription/Medication: ____________ Dosage: ___ Frequency: ____ times a:_____
Generic, common, or other known name of medication: __________________________
Initial prescription date: ___________ Drug Class (narcotic, depressant, etc.__________

☐ The medication provided will adversely affect the employee’s ability to work in a safe
manner (to self and others), including activities such as: operating a motorized or
electrical equipment or vehicle, or affect mental capacity to discern right and wrong or
the proper use of force, weapons, etc.

☐ The medication provided will not adversely affect the employee’s ability to work in
activities in a safe manner so as not to injure self or others in activities as illustrated
above.

Physician: (print): __________________________ Signature: _______________
Confidential Information Release Authorization

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

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

☐ Myself for my distribution.

☐ My official representative (Name): ______________________________.

☐ Other: (please specify): ______________________________.

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

_________________  __________________  _______________  __________
Printed employee name  Employee signature  Department  Date

_________________  __________________
Employer Representative  Position

Completion date
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<th>Drinks</th>
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<th>2</th>
<th>3</th>
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The Effects of Alcohol and Controlled Substances

Alcohol Fact Sheet

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

Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).

- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.

- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.

- **Distinguishing Characteristics:** Pure ethanol (sold in some States as “grain alcohol”) is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.

- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.

- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, “straight” liquor, glasses of wine). Alcohol is often consumed in combination with other beverages (“mixers”), either to make it more palatable or to disguise from others that alcohol is being consumed.

- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz.—roughly half the amount in a can of beer) of alcohol per hour.
The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual’s blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01 percent from it.

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

<table>
<thead>
<tr>
<th>BAC</th>
<th>Behavioral Effects</th>
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<tbody>
<tr>
<td>0.02-0.09%</td>
<td>Loss of muscular coordination, impaired senses,</td>
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<td>changes in mood and personality.</td>
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<td>0.10-0.19%</td>
<td>Marked mental impairment, further loss of</td>
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<td>coordination, prolonged reaction time.</td>
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<td>0.20-0.29%</td>
<td>Nausea, vomiting, double vision.</td>
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<td>0.30-0.39%</td>
<td>Hypothermia, blackouts, anesthesia.</td>
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<tr>
<td>0.40-0.70%</td>
<td>Coma, respiratory failure, death.</td>
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- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

**Signs and Symptoms of Use**

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver’s breath.

- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.

- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.
Effects of Alcohol on the Individual

Physical Health Effects

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.

- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.

- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.

- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.

- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.

- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

Other Health Effects

- In addition to having direct health effects through physiological changes in the drinker’s body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

  — One half of all traffic accident fatalities are alcohol-related.

  — The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.

  — Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.

  — Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.
Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.

Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

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

**Effects on Driver Performance**

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

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

**Overdose Effects**

- Unconsciousness, coma, death.

**Withdrawal Syndrome**

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

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

Description

• **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.

• **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.

• **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine (“speed”) is sold in counterfeit capsules or as white, flat, double-scored “mini bennies.” Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.

• **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.

• **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.

• **Duration of Single Dose Effect:** 2 to 4 hours.

• **Detection Time:** 1 to 2 days after use.

• **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use

• **Evidence of Presence of Amphetamines:** Most frequently—pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently—syringes, needles, tourniquets.

• **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
• **Behavioral Symptoms**: Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; “amphetamine psychosis” which might result from extended use (see health effects).

**Effects of Amphetamine Use on the Individual**

**Physical Health Effects**

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

**Effects on Mental Performance**

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

Large doses over long periods can result in

- Hallucinations
- Delusions
- Paranoia
- Brain damage.

**Effects on Driver Performance**

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The
hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

**Overdose Effects**

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

**Withdrawal Syndrome**

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

**Workplace Issues**

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.

- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.
Cocaine Fact Sheet

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

Description

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.

- **Common Street Names:** Coke, crack, snow, blow, flake, “C”, toot, rock, base, nose candy, snort, white horse.

- **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or “snorting coke” is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.

- **Paraphernalia:** Cocaine hydrochloride—single-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine base—a “crack pipe” (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.

- **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.

- **Duration of Single Dose Effect:** 1 to 2 hours.

- **Detection Time:** Up to 2 to 3 days after last use.

- **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate “reverse tolerance,” in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Signs and Symptoms of Use

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

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

**Effects of Cocaine Use on the Individual**

*Physical Health Effects*

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.

- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.

- Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.

- Treatment success rates are lower than those of other chemical dependencies.

- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

*Effects on Mental Performance*

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

*Effects on Driver Performance*

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.
The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

**Overdose Effects**

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

**Withdrawal Syndrome**

- Apathy
- Long periods of sleep
- Irritability
- Depression
- Disorientation
Cannabinoids (Marijuana) Fact Sheet

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

Description

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

Signs and Symptoms of Use

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

**Effects of Marijuana Use on the Individual**

*General Health Effects*

• When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.

• One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.

• Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.

• Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

*Pregnancy Problems and Birth Defects*

• The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.

• Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.

• Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.

• Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

• In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.

• Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant’s feet and hands.
• One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.

• Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

• Delayed decision-making

• Diminished concentration

• Impaired short-term memory, interfering with learning

• Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery

• Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements

• Erratic cognitive function

• Distortions in time estimation

• Long-term negative effects on mental function known as “acute brain syndrome,” which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

Effects on Driver Performance

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

Overdose Effects

• Aggressive urges
• Anxiety
• Confusion
• Fearfulness
• Hallucinations
• Heavy sedation
• Immobility
• Mental dependency
• Panic
• Paranoic reaction
• Unpleasant distortions in body image
Withdrawal Syndrome

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

Workplace Issues

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.

- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.

- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.
Opiates (Narcotics) Fact Sheet

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

Description

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).
  
  Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

- **Common Street Names:** Big M, micro, dots, horse, “H”, junk, smack, scag, Miss Emma, dope, China white.

- **Distinguishing Characteristics:** Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.

- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).

- **Method of Intake:** Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.

- **Duration of Single Dose Effect:** 3 to 6 hours.

- **Detection Time:** Usually up to 2 days.

- **Dependency Level:** Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper “bindles” (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.

- **Physical Symptoms:** Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or “tracks,” wearing long sleeves to cover “tracks”, loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
**Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

**Effects of Narcotics Use on the Individual**

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

**Effects on Mental Performance**

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

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

**Effects on Driver Performance**

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

**Social Issues**

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

Workplace Issues

• Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and
drowsiness place the legitimate user and abuser at higher risk for an accident.

• Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause
impairment of physical and mental functions.
Phencyclidine (PCP) Fact Sheet

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

Description

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

Signs and Symptoms of Use

- **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.
- **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.
**Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

**Health Effects**

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

**Effects on Mental Performance**

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

**Effects on Driver Performance**

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

**Overdose Effects**

- Longer, more intense “trip” episodes
- Psychosis
- Coma
• Possible death.

Withdrawal Syndrome

• None reported

Workplace Issues

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