

Addendum G

CDL Alcohol and Drug Testing Policy

Revised: Board approved 26 Oct 2009

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**Sources: Title 49, CFR, Part 40, Part 382, Part 390.5, and 395.2*

Section A

Bost, Inc. Board Resolution

on

Alcohol and Drug

The Code of Federal Regulations (CFR) requires that employers must immediately remove from duty all CDL drivers who are in violation of the regulations. Penalties for these violations are set by the employer. The penalties contained herein are guides and may be revised by the employer, but will require additional employee notification to comply with the CFR.

Bost, Inc. Board Resolution on Alcohol & Drug Abuse

A POLICY TO INCORPORATE THE FEDERAL DEPARTMENT OF TRANSPORTATION'S FINAL RULES FOR CONTROLLED SUBSTANCES AND ALCOHOL TESTING, UPDATING THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991 INTO EXISTING PERSONNEL POLICIES AND TO AMEND ANY PERSONNEL POLICY PROVIDING FOR CONDITIONS OF EMPLOYMENT, DECLARING AN EMERGENCY AND FOR OTHER PURPOSES.

WHEREAS, pursuant to Congressional mandate, the U. S. Department of Transportation has handed down its Final Rules for Controlled Substances and Alcohol Testing, (hereinafter called the Rules), which update the Omnibus Transportation Employee Testing Act of 1991; and

WHEREAS, all employees occupying positions which require a Commercial Driver's License in order to carry out the duties of their position will now be subject to the Rules, including those for drug and alcohol testing; and

WHEREAS, the Board of Directors of Bost, Inc. is committed to maintaining a safe workplace for its employees, passengers, and users of the public highways that is free from illegal drug use and the misuse of alcohol; and

WHEREAS, the Board of Directors of Bost, Inc. intends to comply with the requirements for drug and alcohol testing as mandated by the U.S. Department of Transportation and other Federal and State laws and regulations.

NOW, THEREFORE, BE IT ADOPTED BY THE BOARD OF DIRECTORS OF Bost, Inc.:

SECTION 1: That all personnel policies of Bost, inc. are hereby revised and amended to incorporate the DOT Final Rules, as amended. A copy of said Rules is attached hereto and by reference is incorporated herein in its entirety as if restated word for word.

SECTION 2: That this Employer Policy specifically amends any personnel policy providing for conditions of employment for employees whose duties require them to maintain a Commercial Driver's License in order to lawfully carry out their duties.

SECTION 3: Any Employer Policy, Resolution, Rule, Regulation or part of any Employer Policy, Resolution, Rule, Regulation now in effect which conflicts with the Rules is hereby repealed.

SECTION 4: The Human Resources Director is hereby directed to establish procedures to ensure compliance with the Rules, including the assignment of a Designated Employer Representative (DER) responsible for the execution of the procedures.

SECTION 5: Any laboratory, medical review officer, substance abuse professional or any other professional who receives payment for testing, evaluating, record-keeping, or other services mandated by the Rules must be qualified according to the Rules and must perform such services in conformance with 49 CFR Part 40 and Part 382.

SECTION 6: Drug and alcohol testing will be administered to those employees mandated by the Rules, in the circumstances and in the manner mandated by the Rules.

SECTION 7: The penalty for refusal to take a mandated test for drugs or alcohol is immediate discharge.*

SECTION 8: The penalty for a positive drug test result, once the time limit for requesting a second test of a split sample has expired, or upon receipt of a positive drug test result from the second test, is immediate discharge.*

SECTION 9: The penalty for a positive alcohol test results is immediate discharge.*

SECTION 10: Employees whose initial drug test results are positive and who request a test of the second portion of the split sample will be suspended without pay until such time as the DER receives the results of the second (split sample) test. Such second test will be at the employee's expense.

SECTION 11: A negative result from the second (split sample) drug test will render the first test invalid and the employee will be reinstated with back pay and reimbursed for the costs of the second test.

SECTION 12: An employee suspected of unlawful use of drugs and abuse of alcohol while on duty as established by the Rules, or who is involved in an accident as defined in 49 CFR 390.4 (and receives a citation for a moving traffic violation in this section) by the Rules, shall be suspended immediately with pay until the results of the drug or alcohol test are received by the DER.

SECTION 13: If any provision of this Employer Policy is held invalid by a court of law or subsequent legislative action, such holding shall in no way affect the validity of the remaining provisions or sections of this Employer Policy, which shall remain in full force and effect.

SECTION 14: The need to adopt the Department of Transportation's Final Rules on Drug and Alcohol Testing, as amended, is necessary for the effective, efficient, and safe operation of Bost, Inc. and to protect the health and welfare of its employees, passengers and the citizens who travel the streets and highways, THEREFORE, an emergency is hereby declared to exist and this Employer Policy shall be in full force and effect from and after October 26, 2009.

Dan Graham
President or Chair
Agency Governing Board

Section B

Bost, Inc.

Regulations and Policies

on

**Alcohol and Drug Testing
For Employee's Occupying Positions that Require a
Commercial Driver's License**

October 26, 2009

GENERAL REQUIREMENTS

The Employer is required to provide educational materials that explain the requirements of the DOT's alcohol and drug testing program and the Employer's policies and procedures with respect to meeting those requirements.

The Employer shall ensure that a copy of these materials is distributed to each covered employee prior to the start of alcohol and controlled substances testing under the applicable regulations and this policy, and to each covered employee subsequently hired or transferred into a position requiring driving a commercial motor vehicle.

Employers must require that each covered employee sign a receipt for these materials. The employer must keep the original receipt and may provide the employee with a copy.¹

The employer is required to obtain certain DOT drug and alcohol testing information from an applicant's previous employers for the past two years, along with the written authorization from the applicant for the release of this information.

TRAINING FOR SUPERVISORS

Each employer shall ensure that persons designated to determine whether reasonable suspicion exists to require a driver to undergo testing receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training shall cover the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

IMPLEMENTATION OF POLICY

The Federal Motor Carrier Safety Regulations, specifically Title 49, Code of Federal Regulations, Part 382, established by the US Department of Transportation Federal Highway Administration, requires the Employer to establish rules and regulations for controlled substances and alcohol use and testing.

The Board of Directors of Bost, Inc. on October 26, 2009, adopted the rules contained in the above regulations pertaining to certain employees and established penalties for violations. In addition, there may be other Employer Policy and policies regarding drug and alcohol testing.

PERSON DESIGNATED TO ANSWER QUESTIONS

To assist you in understanding the requirements placed on both the employee and employer, the following persons will answer your questions about the alcohol and drug testing programs for those whose positions require a Commercial Driver's License.

Director of Human Resources Telephone: (479) 478-5602

If not available,

¹ An example receipt is included in Appendix B.

EMPLOYEES SUBJECT TO ALCOHOL AND DRUG TESTING

The employees who must be tested are those required to have a Commercial Driver's License (CDL).

That is any employee whose position requires driving a motor vehicle

- with a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds;
- with a gross vehicle weight rating of 26,001 or more pounds;
- designed to transport 16 or more passengers, including the driver; or
- of any size that is used to transport hazardous material which require the vehicle to be placarded under the hazardous materials regulations.

SAFETY SENSITIVE FUNCTIONS

Safety Sensitive Functions as defined by the regulations means any of those on-duty functions set forth in Part 395.2, Definitions, "On Duty Time" Para. 1-9.²

On-duty time means all the time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. On-duty time shall include

- waiting at a facility or other property to drive, unless relieved from duty by the employer;
- performing pre-trip inspections or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- driving the motor vehicle;;
- in or upon any commercial motor vehicle;
- loading or unloading the vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, or remaining in readiness to operate the motor vehicle;
- all time repairing, obtaining assistance, or remaining in attendance of a disabled vehicle;
- all time spent providing a breath sample or urine sample, including travel time to and from the collection site, in order to comply with any test conducted under USDOT regulations;

² Covered employees may be called upon to perform safety-sensitive functions at any time during their scheduled work period. Covered employees are expected to adhere to this policy at all times during their scheduled work periods.

- performing any other work in the capacity, employ, or service of the agency;
- performing any compensated work.

PROHIBITED CONDUCT

A driver shall not report for duty or remain on duty requiring the performance of safety sensitive functions, or perform a safety sensitive function

- while using alcohol;
- while having an alcohol concentration of 0.04 or greater and shall not return to safety sensitive duty until having an alcohol concentration of less than 0.02;
- while possessing alcohol. This includes the possession of medicines containing alcohol (prescription³ or over-the-counter);
- within four hours after using alcohol;
- when using any controlled substance; except when instructed by a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a CMV. The employer may require a driver to inform the employer of any therapeutic drug use;⁴
- if tested positive for controlled substances.

A driver shall not refuse to submit to an alcohol or controlled substance test required by post-accident, random, or reasonable suspicion testing requirement.

Following an accident requiring a post-accident alcohol test, a driver or operator shall not use alcohol within eight hours after an accident⁵ that requires a post-accident test, or before taking the required post-accident alcohol test, whichever comes first.

No supervisor shall permit a driver or operator to perform or continue to perform safety sensitive functions when the supervisor has actual knowledge that a driver or operator⁶ [6]

- is using alcohol;
- has an alcohol concentration of 0.04 or greater;

³ Employer Policy: Employees are required to provide the supervisor with a physician's statement informing of any prescribed therapeutic use of a controlled substance. An Example Form is provided in Appendix B. An employee who refuses or fails to provide the required statement is subject to discharge.

⁴ See Footnote Number 3

⁵ An Accident as defined in 49 CFR Part 390 which resulted in the driver receiving a citation for a moving traffic violation or in which there was a fatality.

⁶ "On-call" employees have an affirmative duty to notify their supervisor when called if they are in violation of any provision of this policy. Employees are expected to be aware of inclement weather forecasts and be prepared to be called to duty, which includes not violating the provisions of these regulations.

- has used alcohol within four hours;
- possesses alcohol. This includes the possession of medicines containing alcohol (prescription⁷ or over-the-counter);
- has tested positive for controlled substances;
- is using any controlled substance, except when the employee has been instructed by a physician that the substance does not adversely affect the employees ability to safely operate a CMV;⁸
- has refused to submit to alcohol or controlled substance test.

WHEN A DRIVER MUST BE TESTED

The Federal Motor Carrier Safety Regulations are very specific about when a driver must submit for a drug and alcohol test. The drug test will use urine, and the alcohol test will use breath.

The regulations require four tests of CMV drivers. They are

- Pre-employment (Drug test only)
- Random
- Reasonable Suspicion
- Post-Accident
- Return to Duty *
- Follow-up *.

* Not necessary for agencies who follow a “zero tolerance” policy for positive test results and refusals.

TESTING PROCEDURES

ALCOHOL TESTS

Alcohol testing is done by testing breath, because it is the most easily obtained bodily substance and the results are known within minutes of testing. The test results are displayed and printed in terms of grams of alcohol per 210 liters of breath. The testing device is called an Evidential Breath Testing Device (EBT). The EBT is a scientific instrument which determines the concentration of alcohol expressed as “percent by weight”. It does this by analyzing a specific volume of expired

⁷ Employer Policy: Employees are required to provide the supervisor with doctor’s statement informing of any prescribed therapeutic use of any controlled substance. An example form is provided in Appendix B. An employee who refuses or fails to provide the required doctor’s statement is subject to disciplinary action, including discharge.

⁸ See Footnote Number 7

breath. The weight of alcohol in the breath sample is determined and the quantity of the alcohol converted to its equivalent value in blood. A BAC (blood alcohol concentration) of 0.10 means one tenth of gram of alcohol per 210 liters of breath.

The EBT will print three copies of each test result and the test results are numbered. A test may have two separate parts. The first is the initial test. If the initial test shows a reading less than 0.02, the test is recorded as “negative”. If the initial test result is 0.02 or greater, a confirmation test will be done.

The alcohol testing will be done in a site that affords privacy to the drivers being tested. This site could be a room, van, or a partitioned-off area. Only one breath test will be done at one time. The person giving the test will not leave the testing site during the test.

The first part of the testing process is to make sure that the EBT is operating properly. In the driver’s presence the technician runs an “air blank” test to make sure the EBT is working correctly and the reading is zero. Next, a sealed mouthpiece is opened and placed into the EBT. In order to get a sufficient quantity of deep lung air, the driver is requested to blow into the mouthpiece for at least 6 seconds, or until the EBT indicates that an adequate amount of breath has been obtained. The EBT will immediately read the results of the initial test.

When the initial test results show a reading of 0.02 BAC or greater, a confirmation test is necessary. Before the confirmation test, a 15-minute waiting period will be observed during which the driver cannot leave the test site and may not eat, drink, or smoke during this period. The purpose of the 15-minute waiting period is to ensure that the presence of mouth alcohol from the recent use of food, tobacco, or hygiene products does not artificially raise the test result. The confirmation test is done on the same EBT as the first test, and the testing procedures will be the same.

When the confirmation result is different from the initial test, the lower of the two test results will be used to determine the consequences. A breath alcohol testing form will be prepared with a copy for the tested driver.

DRUG TESTS

The testing program required by the regulations is limited to five drug types

Marijuana
Cocaine
Opiates
Amphetamines
Phencyclidine (PCP).

All drug testing must be done from urine specimens collected under highly controlled conditions. Specimen collection procedures require

- a designated collecting site;
- security for the collection site;
- chain of custody documentation;
- use of authorized personnel;
- privacy during collection;
- integrity and identity of the specimen;

- transportation to the laboratory.

Driver protection is built into the testing procedures. To meet the federal requirements the only laboratories to be used are those that have been certified by the federal government. The Substance Abuse and Mental Health Services Administration certifies laboratories that have met all of the guidelines established by the Department of Health and Human Services.

After the urine specimen has been collected and forwarded to the laboratory, two tests are performed

- Initial test: this is an immunoassay screening test to determine drug usage for the five classes of drugs.
- Second test: this is a confirmation test using gas chromatography mass spectrometry (GCMS)

The positive levels for the five classes of drug tests are in the table below:

DRUGS	Initial Test Levels (ng/mL)*	Confirmation Test Levels (ng/mL)*
Marijuana	50	15
Cocaine	300	150
Opiates	2000	-----
Morphine	-----	2000
Codeine	-----	2000
Phencyclidine (PCP)	25	25
Amphetamines	1000	500
Methamphetamine	-----	500

***ng/mL means nanograms per milliliter. A nanogram is one billionth of a gram. A milliliter is one thousandth of a liter.**

If the results of the initial test are negative, the testing laboratory will advise the employer's Medical Review Officer (MRO) that the drug test for the driver was negative. No additional tests on the specimen will be done.

If the results of the initial test are positive, that is, if the results exceed the test levels for any of the five drug classes, a second (confirmation) test is performed. This test done in an entirely different manner from the initial one. All specimens identified as positive on the initial test must be confirmed using gas chromatography/mass spectrometry techniques.

Only specimens that are confirmed positive on the second or confirmatory test are reported positive to the Medical Review Officer, who will contact the employee or applicant and confer regarding the results to determine if a false positive is possible. If after making all reasonable efforts and documenting these efforts, the MRO is unable to reach the employee directly, the MRO must contact the DER who then must direct the employee to contact the MRO. If, after making all reasonable efforts, the management official is unable to reach the employee, the employer may place the employee on medically unqualified status (suspension) until a determination has been made as to the appropriate course of action to be taken.

The MRO may verify a test as positive without having communicated directly with the employee about the test results under the following circumstances

- the employee expressly declines the opportunity to discuss the test results;
- the employee does not contact the MRO within 72 hours after having been instructed to do so;
- neither the MRO nor DER has been able to contact the employee within 10 days of the confirmed test.

Urine collections are made “split specimen.” That is, the urine is divided into two specimen bottles before the testing. If the test result of the primary specimen is positive, the driver, within 72 hours of being notified of the positive test result of the primary specimen, may request the Medical Review Officer to send the second (or split) specimen to a different certified laboratory for testing.⁹ The testing of the split specimen will be for the presence of drugs with no cut-off levels. If the result of the test of the split specimen is “negative”, the MRO shall cancel the test.

The employer is required to maintain a file for each covered driver showing the type of test (pre-employment, random, etc.); date of collection; location of collection; entity performing the collection; name of the lab; name of the MRO; and the test results. These records are to be maintained according to Federal Motor Carrier Safety Regulations.

TESTING PROGRAMS

Most testing will be done while the driver is performing a safety-sensitive function, or just before the driver is to perform a safety-sensitive function, or immediately available to perform any safety-sensitive function, or just after the employee has ceased performing such functions.

PRE-EMPLOYMENT TESTING

Persons whose positions require a commercial driver’s license must be tested for drug use prior to the first performance of a safety-sensitive function, as defined in 49 CFR Part 382.107. A negative drug test result must be received before the driver can perform these functions. Drivers must submit to pre-employment drug testing if they have been removed from the testing pool for more than 30 days. Pre-employment alcohol testing is not required.

REASONABLE SUSPICION TESTING

An employer shall require a driver to submit to an alcohol or controlled substance test, within the time limits set out in the regulations, when the employer has reasonable suspicion to believe the driver has engaged in prohibited actions as defined by Subpart B of Part 382 of the regulations concerning controlled substances or alcohol.¹⁰ Such reasonable suspicion shall be based on

⁹ Employer Policy: Second tests are at the employee’s expense. If the results of the second test are negative, the employee will be reimbursed the cost of the test by the Employer. Only the employee may request the MRO to run the second test. Such request must be received by the MRO within 72 hours of being notified of the positive test result.

¹⁰ Employer Policy: Any employee suspected of unlawful use of drugs or abuse of alcohol while on duty as established by the Federal Regulations, or who is involved in an accident as defined by the Federal

specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations leading to reasonable suspicion of use of a controlled substance may include indications of the chronic and withdrawal effects of such substances.

Reasonable suspicion means a very specific and objective basis for suspecting the particular employee of engaging in PROHIBITED CONDUCT. For the purpose of this section,

PROHIBITED CONDUCT shall include the listing earlier in this document under the topic heading "PROHIBITED CONDUCT".

The supervisor making the observations leading to reasonable suspicion controlled substance and alcohol testing must have received the required training in detection of probable alcohol misuse or controlled substance abuse.

The supervisor who determines that reasonable suspicion exists shall not conduct the breath alcohol test on the driver. Testing will be done only by someone trained to operate the EBT (evidential breath testing device) and proficient in the breath testing procedures. This may be by a contract service or a local law enforcement officer in a post-accident situation. The testing shall be accomplished in accordance with the procedures listed earlier in this document, under the topic heading "TESTING PROCEDURES".

The driver may be directed by the employer to undergo reasonable suspicion testing for alcohol only while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions. The driver must be taken immediately to the test site and the test must be done as soon as possible within the time limits set by the regulations.

In the case of suspected drug use, the driver must be taken immediately to a collection site and a urine sample must be obtained. The behavior, appearance or other condition of the employee that causes the supervisor to require the test must be documented in writing and signed by the witness within 24 hours after the behavior is noticed or before the controlled substances tests are released, whichever is earlier.

RANDOM TESTING

Random testing ensures that every driver has an equal chance of being tested.¹¹ Random tests are unannounced.

The rate for random testing is based on a 1-year period. The unannounced tests should be spread evenly throughout the year on a weekly, monthly, or quarterly basis.

The regulations provide that random drug testing is to be at a 50% annualized rate (minimum); and that random alcohol is to be at a 10% annualized rate (minimum). Employees may be selected to take both the drug and alcohol random tests at the same time.

POST ACCIDENT TESTING

regulations shall be immediately suspended with pay until the results of the drug or alcohol test are received by the Employer and a determination has been made as to the appropriate course of action to be taken.

¹¹ Employer Policy: Drivers are selected randomly by Social Security Number. Selection is made by a third party designated by the Employer, who shall notify the DER of the selected names.

As soon as practical following an accident¹² involving a commercial motor vehicle, the employer shall test for alcohol & controlled substances each surviving driver who was performing safety sensitive functions with respect to the vehicle if the accident involved

- a fatality; or
- the driver receives a citation under state or local law for a moving traffic violation arising from the accident; and ***either the accident involves a bodily injury to a person who receives medical treatment away from the accident site; or one of the involved vehicles is towed from the scene.***

A driver who is subject to post accident testing¹³ shall remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Drug tests must be administered within 32 hours of the accident. Alcohol tests are required to be administered within 2 hours, but not later than 8 hours, after an accident. Nothing in this section shall require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for a period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

The results of any breath or blood test for the use of alcohol or a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to applicable Federal, State or local requirements, and that the results of the tests are obtained by the employer.

REFUSAL TO SUBMIT TO AN ALCOHOL OR CONTROLLED SUBSTANCES TEST

The Federal Motor Carrier Safety Regulations provide that

- a driver or operator shall not refuse to submit to a post accident test, reasonable suspicion test, random selection test, or follow-up test; no employer shall permit a driver or operator who refuses to submit to a required test to perform or continue to perform safety sensitive functions.

Under the regulations, actions constituting a refusal to submit to a test include

- engaging in conduct that clearly obstructs the testing process;
- tampering, contaminating, adulterating or substituting specimen;
- the refusal to sign the certification in step 2 on the alcohol test form;
- failure to provide an adequate amount of breath without a valid medical explanation;
- failure to provide sufficient urine for a drug test without a valid medical explanation;
- leaving the scene of a accident without just cause prior to submitting to a test;

¹² Employer Policy: As required in Part 382.303 of Federal Regulations.

¹³ Employer Policy: Any employee involved in an accident as defined by the regulations shall be suspended immediately with pay until the results of the drug or alcohol tests are received by the DER.

- failure to appear for any test within a reasonable time, after being directed to do so by the agency, except a pre-employment test;
- failure to remain at the testing site until the testing process is complete;
- failure to cooperate with any part of the testing process;
- failure to undergo a medical examination or evaluation as required by a MRO or DER;
- failure to permit monitoring of observed testing;
- failure to take a second test when required;
- verification of a test that was adulterated or substituted;
- Failure to follow the observer's instructions during an observed collection;
- Possessing or wearing a prosthetic or other device that could be used to interfere with an accurate collection;
- Admission to the collector or MRO of adulteration or substitution of a specimen.

Collections Under Direct Observation

Given the increased availability of cheating products, the USDOT has adjusted the balance between safety and privacy by making direct observation collections mandatory and adding additional procedures in the observation and collection process.

Observed urine collections are authorized and required in the following circumstances:

1. The temperature of the original specimen is outside the accepted temperature range of 90°F - 100°F
2. The original specimen shows signs of tampering, such as an unusual odor, color or characteristic
3. A collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen
4. The MRO orders an observed collection following the report of certain atypical laboratory results of the original specimen without legitimate medical reason
5. The MRO determined that the original specimen was positive, adulterated or substituted, but had to be cancelled because the test of the split specimen could not be performed.

The observer does not have to be a certified collector, but must be the gender as the employee. The observer need only follow the directions of the certified collector. The observer shall request the employee to raise his or her outer upper garments, above the waist, just above the navel; lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have a prosthetic or other device designed to carry "clean" urine or urine substitute.

If the employee has such a device, the observer immediately notifies the collector, if the observer is not the collector; the collector stops the collection, and thoroughly documents the circumstances

surrounding the event in the remarks section of the CCF. The collector notifies the DER. This is a refusal to test.

If the employee does not have such a device, the employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine pass from the employee's body into the collection container. If the observer is not the collector, the observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.

Failure of the employee to permit any part of the direct observation procedure is a refusal to test and violation of this policy.

CONSEQUENCES OF A REFUSAL TO SUBMIT TO A DRUG OR ALCOHOL TEST

The regulations provide that no employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.¹⁴

CONSEQUENCES OF A POSITIVE TEST

The regulations require an employer to immediately remove an employee from safety sensitive duties following a positive drug test or alcohol test of 0.04 BAC and above.

ALCOHOL TEST RESULTS OF 0.04 BAC AND ABOVE

A driver who tests 0.04 or above will be

- immediately removed from safety sensitive functions;¹⁵
- made aware of resources for solving alcohol and drug problems;¹⁶

Note: If the employer chooses a different form of disciplinary action, then that should be substituted for the penalties stated in Footnotes 14 & 15.

ALCOHOL TEST RESULTS OF OVER 0.02 BAC OR OVER BUT LESS THAN 0.04 BAC

No Driver who is found to have a BAC of 0.02 or greater but less than 0.04 shall perform safety sensitive functions until the start of the driver's next scheduled duty period, but not less than 24 hours following the test.

DRUG TESTS

A driver who tests positive for drugs shall

- be immediately removed from safety-sensitive functions;¹⁷

¹⁴ Employer Policy: The penalty for refusal to take a mandated test for drugs or alcohol is immediate discharge.

¹⁵ Employer Policy: The penalty for a positive alcohol test is immediate discharge.

¹⁶ Employer Policy: Choice of Substance Abuse Professional (SAP) shall be made by the employee, who may use the list provided in this booklet. Cost of initial and all follow-up SAP evaluations shall be at the employee's expense if not covered by medical insurance.

¹⁷ Employer Policy: The penalty for a positive drug test result, once the time limit for requesting a second test of a split sample has expired, or upon receipt of a positive drug test result from the second test, is immediate

- be made aware of resources for solving alcohol and drug problems;¹⁸

Note: If the employer chooses a different form of disciplinary action, then that should be substituted for the penalties stated in Footnote 17.

discharge. Employees whose initial drug test results are positive and who request a test of the second portion of the split sample will be suspended without pay until such time as the DER receives the results of the second test. A negative result from the second drug test will render the first invalid and the employee will be reinstated with back pay and reimbursement for the costs of the second test.

¹⁸ See Footnote Number 16.

THE EFFECTS OF ALCOHOL AND DRUGS ON HEALTH, WORK, AND PERSONAL LIFE

The hazard of misuse of alcohol and illegal drugs extends far beyond the individual user. Impaired employees endanger themselves, fellow workers, and other users of our highways. Employees with drugs or alcohol in their systems are less productive and more likely to injure themselves or other persons in an accident. Alcohol and drug abusing employees increase the costs related to lost productivity, absenteeism, accidents, loss of trained personnel, theft, and treatment and deterrence programs. Also, medical costs are higher and are passed on to the employer in the form of higher health insurance rates. Alcohol and drug abuse costs both the employer and the employee. Alcohol remains the number one abused drug in this country. Alcohol consumption causes a number of changes in behavior. Even low doses can impair the judgment and coordination required for driving. Low to moderate doses increase the incidence of a variety of aggressive acts. Moderate to high doses cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressant drugs, much lower doses of alcohol will produce the effects just described. Long-term consumption of large quantities of alcohol can lead to permanent damage to vital organs such as the brain and the liver.

SIGNS AND SYMPTOMS OF AN ALCOHOL OR DRUG PROBLEM

Drugs can show their effects in many different ways. Some of the most noticeable signs of drug abuse are drowsiness, respiratory depression, constricted pupils, nausea, slurred speech, excitement, loss of appetite, poor perception of time and distance, relaxed inhibitions, disoriented behavior, watery eyes, runny nose, chills and sweats, convulsions, apathy, depression, and the use of drug paraphernalia. Some of the signs and symptoms of alcohol misuse are the odor of alcohol, slurred speech, staggering, tremors, vomiting, cramps, delirium, loss of appetite, using arms for balance, leaning against walls and doorways, swaying while maintaining balance, and confusion.

Multiple substance abuse is abuse of more than one drug, either at the same time or over a period of time and it involves any combination of

- Alcohol
- Prescription drugs
- Over-the-counter drugs
- Illegal drugs

Multiple substance abuse is especially dangerous because different substances interact with each other to produce unexpected effects and dangers.

Multiple substance abuse often begins with abuse of a single substance. This may happen because once a person begins to rely on a drug, abuse of additional substances becomes more likely.

People who abuse one substance are at a high risk for developing dependence and tolerance for other substances.

More detailed information on drugs that every driver needs to know is contained in Appendix A.

INTERVENTION AND ASSISTANCE

METHODS OF INTERVENTION FOR SUSPECTED ALCOHOL OR DRUG PROBLEMS

Alcohol and substance abuse is a complex problem calling for specialized supervision and care. Don't help or aid a person whom you think has an alcohol or drug abuse problem. Don't make excuses for them; don't do their work for them; and don't look the other way. The problem is not going to go away. Don't enable the person to continue the alcohol or drug abuse.

Leave the treatment and counseling of persons with an abuse problem to the professionals. The DOT regulations require that the person with a problem be evaluated by a professional – such as a physician, psychologist, or other persons with knowledge of abuse and clinical experience in the diagnosis and treatment of alcohol and drug related disorders.

WHERE CAN I GO FOR HELP?

LISTED BELOW ARE SOURCES FOR INFORMATION ON ALCOHOL AND DRUG ABUSE TREATMENT CENTERS (Local offices of these and other sources may be found in your city or county. Ask your employer.)

ALCOHOL ONLY

AA Central Office.....	501-664-7303
Alcohol Abuse & Addiction Information & Treatment.....	501-375-2733
Highway Hero Program, 1100 N. University, LR.....	501-666-9100
Serenity Park Inc., 2801 W. Roosevelt Rd., LR	501-663-7627
Southwest Employee Assistance Program Plaza West Bldg., LR	501-663-1797
Twenty Four Hour Center Inc., LR Alcohol Rehab Center for Men, 2021 S. Main.....	501-375-7585
Alcohol Rehab Center for Women, 3900 Affolter Ln.	501-868-5184
Wilson, Bill, 2500 McCain Blvd., N. Little Rock	501-753-1616
Wolfe Street Center, 1210 Wolfe, LR.....	501-372-5662

DRUG ABUSE ONLY

Arkansas Cares.....	501-661-7979
The Bridgeway, 21 Bridgeway Rd., Maumelle	501-771-1500
Gyst House, 4201 John Barrow Rd., LR.....	501-568-1682
Gyst O-P Center 1616 W. 14 th , LR	501-372-6800
Step Up Center, 9300 Geyer Springs Rd., LR	501-565-1333

ALCOHOL AND DRUG ABUSE

Alpha Link Inc., 7509 Cantrell Road, LR.....	501-664-7867
Pinnacle Pointe Hospital 11501 Financial Centre Pkwy, LR	800-880-3322
Central Arkansas Substance Abuse Programs, 7107 W. 12 th , LR	501-666-6460
Cocaine Anonymous, 1712 W. 16 th , LR.....	501-374-1334
Cocaine-Lifeline 24 Hr. Helpline	800-822-4898
Family Service Agency, 628 W. Broadway, Ste. 300, N. Little Rock, AR.....	501-372-4242
InterPhase of Arkansas, 5 Shackelford Plaza, LR	501-227-7305
Living Hope Institute, 600 S. McKinley, LR.....	501-663-4673
Ouachita Chemical Dependency Units, Camden.....	800-232-1289
Pinewood Resource Center, 425 W. Capitol, LR	501-374-4033
Recover, 9601 Interstate 630, LR.....	501-223-7507
Restore, Two St. Vincent Circle, LR	501-376-1200
Riverbend Recovery Center, 1201 River Rd., NLR.....	501-372-4611

ASACB

Arkansas Substance Abuse Certification Board

Department of Transportation Substance Abuse Professionals

(from ASACB website [<http://icrcaoda-arkansas.org/dotproviders.htm>], Feb. 6, 2009)

Becky Ausburn
(501) 278-0701
Renewal Date 12/12/2009

Sharon Bell
Cabot, A 72023
501-827-3111
Renewal date 12/15/2010

Weldon "Buck" Benthall
908 Club Parkway
Nashville, TN 37221
(615) 495-5258
Campus for Human Development

Robert Campbell
1501 N. 49th Street
Fort Smith, AR 72904
479-783-6842
Renewal date 12/9/2009

B. J. Franzen
Health Resources of Arkansas
P.O. Box 441
Augusta, AR 72006
870-347-5908
Renewal date 12/13/2009

José Fred Garcia
P.O. Box 633
Siloam Springs, AR 72761
479-283-1374
fgarcia@ipa.net
Renewal date 3/11/2009

Lisa J. Jackson, CADC, CCS, SAP
3900 Armour Avenue
Ft Smith, AR 72904
479-783-8849 ext. 212 or ext 219
479-782-5682 fax
479-883-9182 cell
Renewal Date 6/14/2011

Frank McIlroy
401 Crittenden
Arkadelphia, AR 71923
870-246-7636
Cell 501-617-1308
Renewal date 6/12/2010

Debbye Miller
369 Hawthorne
Memphis, TN 38112
cell 901-487-5134
work 901-521-1131
Renewal date 9/09/2009

Martha C. Mosley
CASS Job Corps
21424 N. Hwy 23
Ozark, AR 72949
Phone (479) 667-0332 Fax (479) 667-3989
Renewal date 12/13/2009

Steven Nelson
806 S. 26th
Fort Smith, AR 72901
479-441-3392
Renewal date 12/9/2009

John Parker
Serenity Counseling Advocates, Inc.
P.O. Box 1108
Van Buren, AR 72957
479-410-1700
jpcca@swbell.net:
Renewal date 12/13/2009

Chuck Perry
1078 CR 1035
Greenville, TX 75401
Renewal date 12/13/09

J.G. Regnier
Counseling and Psychology Associates
100 South University Avenue
Little Rock, AR 72205
501-766-1697
jgregnier@msn.com
Renewal date 12/13/2009

Charles A. Scott, LCSW, ACADC,SAP
768 E. Birwin St.
Fayetteville, AR 72703
479-856-1929

Duling56@cox.net

Pat Stricker
McCain Psychotherapy Clinic
3805 Mc Cain Park Drive, Suite 116
North Little Rock, AR 72116
501-758-9993
Renewal date 12/13/2009

Michael Teague
P.O. Box 10040
Jonesboro, AR 72401
870-972-6199
Renewal date 12/13/2009

Catherine Totten
Private Practice
618 North Willow Avenue
Fayetteville, AR 72701
479-521-3025
Renewal date 3/13/2007

Frank 'Mic' Wright
UAMS Department of Psychiatry
4301 W. Markham St. 825A
Little Rock, AR 72205-7199
501-554-4938
micwright@uams.edu
Renewal date 12/13/2009

LISTED BELOW ARE NATIONAL SOURCES OF HELP AND INFORMATION

National Clearinghouse for Alcohol and Drug Information
Monday through Friday
1-800-729-6686

The National Federation of Parents for Drug-Free Youth
Monday through Friday
1-800-622-2255

Parents Resource Institute for Drug Education (PRIDE)
Monday through Friday
Saturday and Sunday, 12:00 p.m. – 3:00 a.m.
1-800-COCAINE

Appendix A

Alcohol and Drug Misuse

Note: The 'Fact Sheets' contained herein are excerpted from Arkansas State Highway and Transportation Department training materials.

ALCOHOL FACT SHEET

Alcohol is a socially acceptable 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.

Signs and Symptoms of Use

- Dulled mental process
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounce glass) over time may result in the following health hazards

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver disease
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related)

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average
- Forty percent of family court cases are alcohol problem related
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population
- More than sixty percent of burns, forty percent of falls, 69 percent of boating accidents and 76 percent of private aircraft accidents are alcohol related

The Annual Toll

- 24,000 people will die on the highway due to the legally impaired driver
- 12,000 more will die on the highway due to the alcohol-affected driver
- 15,800 will die in non-highway accidents
- 30,000 will die due to alcohol-caused liver disease
- 10,000 will die due to alcohol-induced brain disease or suicide
- Up to another 125,000 will die due to alcohol-related conditions or accidents

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person

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 U.S. or clandestinely manufactured in crude laboratories.

Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored “mini-bennies.” It is usually taken by mouth.
- Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- Trade/street names include Biphphetamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior.

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.
- Withdrawal from the drug may result in severe physical and mental depression.

Workplace Issues

- Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of 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

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia include a single-edged razor blade and 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.
- Cocaine Base – a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness

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 (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for 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 has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986 – up from 11th place in 1980.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

MARIJUANA (CANNABINOID) FACT SHEET

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

Description

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. 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. It may also be sold in an oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- 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.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

Signs and Symptoms of Use

- Reddened eyes (often masked by eye drops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat.

Health Effects

General

- 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, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in 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, TUC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who 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 causes 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.

Acute Effects

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

Workplace Issues

- The active chemical, THC, stores 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

- Natural and natural derivatives – opium, morphine, codeine, and heroin
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

Signs and Symptoms of Use

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting, and constipation
- Impaired respiration

Health Effects

- IV needle users have a high risk for contracting Hepatitis B and C 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.

Social Issues

- There are over 500,000 heroin addicts in the U.S., 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 of the drug 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 coma-like 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

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper “packets.”
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness.

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.

Workplace Issues

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

Appendix B

Forms



**U. S. Department of Transportation
Federal Motor Carrier Safety Administration
Substance Abuse Program**



Acknowledgement of Employer's Policy Addressing Drug and Alcohol Abuse

I, _____, the undersigned, hereby acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U. S. Department of Transportation, Federal Motor Carrier Safety Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 382, and has been duly adopted by the governing board of Bost, Inc. Any provisions contained herein which are not required by 49 CFR Part 382, as amended, that have been imposed solely on the authority of the entity stated above, have been so noted.

I understand that the use of possession of alcohol in any form is prohibited in the workplace, and that there are restrictions on alcohol use for a period prior to reporting for work and after an accident.

I understand that the possession or use of unauthorized or illegal drugs is prohibited at any time whether in the workplace or not.

As a condition of employment, I understand that I must submit to random testing for alcohol and drugs, and must submit to collection of breath, urine, and/or saliva samples when requested by my Employer or a contractor acting for my Employer. I also understand that I may be subject to drug and alcohol testing in other circumstances, including, but not limited to, post accident and reasonable suspicion.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarifications for any questions from the Drug and Alcohol Program Administrator listed in the policy. I also understand that compliance with all provisions contained in the policy is a condition of my employment.

I further understand that the information contained in the approved policy dated October 26, 2009 is subject to change, and that any such changes or addendum shall be disseminated to me in a manner consistent with the provision of 49 CFR Part 382 as amended.

Acknowledged this _____ day of _____, _____.

Signature of Employee

Witness



U. S. Department of Transportation
 Federal Motor Carrier Safety Administration
Substance Abuse Program



Physician's Statement

_____ Date

_____ Employee's Name

_____ Prescribed Controlled Substance

- Impairs the patient's ability to operate a commercial motor vehicle.

- Does not impair the patient's ability to operate a commercial motor vehicle.

_____ Date patient will cease to be impaired by this medication.

Physician:

_____ Printed Name

_____ Signature

Mailing Address:

Phone Number:

