



Administrative Policy and Procedure City of Prosser, Washington

SUBJECT: Drug and Alcohol Policy – NON-DOT Regulated Employees		
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Effective Date:		
Developed By: Toni Yost	Department Head Approval: David Stockdale	City Administrator Approval: David Stockdale

The City of Prosser is committed to protecting the health, safety and well being of its employees and all individuals who come into contact with our employees and workplace. In addition, we strive to create and maintain a productive and efficient work environment in which all employees have an opportunity to thrive and be successful.

Recognizing that drug and alcohol use and abuse can pose a serious threat to these goals, the City of Prosser is committed to providing a drug and alcohol-free workplace for all of its employees. This policy is in accordance with Chapter 296-800 of the State Administrative Code (WAC) and with the federal Drug Free Workplace Act.

This policy applies to all employees of the City. Employees who are required to maintain a commercial driver's license (CDL) are also subject to the City's Drug and Alcohol Policy for DOT Employees.

Policy/Procedure

The City of Prosser strictly prohibits the following in the workplace, on City property (including in City vehicles) or on work time:

- the use, sale, distribution, dispensation, manufacture or possession of alcohol or drugs (including marijuana and other drugs included in Schedule I or II of the federal Controlled Substances Act) or drug paraphernalia;
- the unauthorized use or distribution of prescription drugs;
- the use of any legally obtained drug (prescriptions or over-the-counter medications) when such use may adversely affect an employee's job performance, their safety or the safety of others, or any combination thereof;
- reporting to work or working while under the influence of alcohol or drugs (including marijuana and other drugs included in Schedule I or II of the federal Controlled Substances Act). An employee will be deemed under the influence of a drug if the employee tests positive following a test conducted in accordance with this policy or when the employee acknowledges impairment.

Prescription medication. The possession and use of medically prescribed or over-the-counter drugs during work hours is permissible, subject to certain conditions. The employee shall have no obligation to inform the City of such use unless, according to a warning notice or the input of a physician or pharmacist, the drug may cause a possible impairment that could prevent the employee from performing his or her job safely or effectively. In such cases, the employee should notify his or her supervisor or Human Resources so that a determination can be made as to whether it is in the best interests of the City and the employee that the employee work, not work or be reassigned during the period medication is used. Medical information will be handled in a confidential manner. Notwithstanding the above, the medical use of marijuana that causes drug or drug metabolites to be present in the body above minimum thresholds established by federal law constitutes prohibited conduct regardless of whether the marijuana was used under the guidance of a medical practitioner and regardless of whether the medical practitioner advised that such use will not adversely affect the employee's ability to safely and effectively perform job duties.

On occasion, alcohol may be served at City-sponsored events or at off-site conferences or other events an employee may attend as part of his/her job. This policy does not prohibit an employee from consuming alcohol at such events, provided that employees conduct themselves responsibly. Employees may be subject to discipline or discharge for unacceptable behavior, including behavior attributed to alcohol consumption.

Workplace drug related convictions

The Drug Free Workplace Act of 1988 requires employees, as a condition of employment, to report any criminal convictions of drug-related activity in the workplace to the City no later than five (5) days following a conviction. Any such report should be directed to Human Resources. Employees convicted of workplace drug-related crimes may be subject to discipline up to and including termination.

Drug and alcohol testing

The City of Prosser asserts its right to test employees or applicants for alcohol and/or controlled substances to the extent allowed by law. This includes urine drug testing and evidential breath alcohol testing. Employee or applicant acceptance of testing, when required in accordance with this policy, is a mandatory condition of employment. Refusing to submit to such tests constitutes a violation of City policy and will result in termination of employment or, for an applicant, withdrawal of the job offer. The City of Prosser reserves the right to test for drugs and/or alcohol as defined below:

Pre-employment – After receiving a conditional offer of employment, an applicant for a safety sensitive position must submit to, and successfully pass, a drug test.

Post-accident – An employee who is involved in an accident that causes significant property damage while driving a vehicle for City business, or who sustains or causes an injury that requires medical attention, will be required to submit to drug and alcohol testing, unless the circumstances surrounding the accident do not indicate a reasonable possibility that drug or alcohol use was a contributing factor.

Reasonable Suspicion – Reasonable suspicion is based on specific personal observations that a City of Prosser Human Resource representative, physician, physician’s assistant or advance registered nurse practitioner, or supervisor can describe and document (using a Reasonable Suspicion Testing and Documentation Form) regarding an employee’s appearance, behavior, speech and breath odor.

The City of Prosser will follow the collection and drug testing guidelines and standards issued by the U.S. Department of Health and Human Services and the U.S. Department of Transportation (DOT).

To ensure the accuracy and integrity of the program, the City of Prosser also will follow these employee protection guidelines:

- For drug analysis, we will use a laboratory that has been certified by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- A strict chain of custody will be used to ensure specimen integrity; a split specimen will also be collected.
- The process will ensure privacy and confidentiality of all test results.
- All positive drug test results will be confirmed by gas chromatography/mass spectrometry before they are reported to the City of Prosser.
- All confirmed positive, invalid, substituted and adulterated results will receive medical review by a Medical Review Officer (MRO), who will give the employee an opportunity to provide possible medical explanations for the result.
- All negative test results will be reported to the Director of Human Resources or a Human Resources designee.

In addition, when the City has a reasonable suspicion that an employee is violating any aspect of this policy, the employee may be asked by the City of Prosser to submit immediately to a search or inspection at any time (including breaks and the lunch period) while on City premises or in City property. Any refusal to consent to a search constitutes a violation of this policy and is grounds for disciplinary action, up to and including termination of employment.

Procedures for administering tests

Drug screen

1. Upon identifying an event that requires testing (pre-employment, post-accident or reasonable suspicion), the City of Prosser Human Resources will provide the employee with a non-DOT Custody and Control Form indicating the reason for the test and the specific services to be performed.

2. The employee will report to a clinic or authorized collection site with the Custody and Control Form and photo identification within 60 minutes of notification. In the event of a post-accident or reasonable suspicion testing event, the employee will be transported to the collection site by a City of Prosser supervisor or Human Resources representative.
3. Samples will be collected by personnel who have met DOT collector training requirements as specified by U.S. Department of Transportation (DOT) Regulations 49 CFR Part 40. Collectors will follow standard DOT collection procedures and use a non-DOT chain of custody form. A split sample collection is required.
4. Shy bladder collections – In the event that an employee is unable to provide an adequate specimen on the first attempt, he or she will be given 40 ounces of water over a 3-hour period. The employee may attempt to provide a sample at any time within the 3-hour period. The employee must remain at the collection site until the collection is completed. If the employee is not able to provide an adequate specimen within 3 hours, the City of Prosser Human Resources will be notified immediately, and they will then notify the Medical Review Officer (MRO) for an evaluation. In this instance, the employee shall have the option to undergo a medical evaluation for “shy bladder” at their expense. If no medical explanation is found for their inability to produce urine, it shall constitute a refusal to test and be considered a failed test.
5. Suspected substitution or adulteration collections – If the employee provides a sample and the collection temperature does not register on the collection cup, or the collector suspects that the specimen has been adulterated (for example, it has a blue color or chemical odor that is not consistent with urine, such as bleach or perfume), that collection will be completed, and a second sample will be collected under same-gender direct observation. Both samples will be submitted to the lab for analysis, and both results will require MRO review. If an employee refuses to provide a second sample under observation, the event will be deemed as a refusal to test.
6. The sample will be shipped via courier to a SAMHSA-certified lab.
7. Each sample will undergo a screening test and, if it demonstrates a positive response for any drug, it also will be subject to a confirmation test by gas chromatography/mass spectrometry (GC/MS).
8. All negative results will be reported by an authorized SAMHSA-certified lab directly to the City of Prosser. All results reported from the laboratory as positive, invalid, substituted or adulterated results will be reported to the MRO for review. The MRO will contact the employee by telephone to give that individual an opportunity to provide a valid medical explanation for the positive result.
9. If the MRO accepts and employee’s explanation and/or documentation as a valid, medically acceptable explanation, the result may be deemed “negative” and reported to Human Resources as such. All results for which the MRO determines that there is no valid, acceptable medical explanation will be deemed a “confirmed positive” and reported to Human Resources as a failed test. The MRO may require a re-collection under direct observation in the event of some invalid results.

Breath alcohol

1. All alcohol tests will be conducted using an evidential breath testing device operated by a trained Breath Alcohol Technician who has met qualification and proficiency requirements.
2. The Breath Alcohol Technicians will use a non-DOT Alcohol Testing Form to record the test. The employer copy of the Alcohol Testing Form will be sent to the City of Prosser Human Resources.
3. A breath alcohol result of ≤ 0.019 grams of alcohol/210 L of breath will be considered negative, and no further testing will be required for that incident.
4. A breath alcohol result of ≥ 0.020 grams of alcohol/210 L of breath will require a second, confirmatory test conducted no sooner than 15 minutes after the initial test. If the confirmation test result is ≥ 0.020 grams of alcohol/210 L of breath, the result will be considered positive and will be reported immediately to Human Resources.
5. If the result is positive, the employee will not be allowed to return to work, and arrangements must be made to provide transportation to the employee's home.

Confidentiality

All information received by the employer through the program is confidential. Access to this information is limited to those who have a legitimate need to know.

Consequences

An employee's refusal to do any of the following when required is considered non-compliance and may result in disciplinary action, up to and including termination of employment:

1. Take a drug or alcohol test.
2. Appear for testing.
3. Accept the EAP recommendations when required to use the EAP because of a positive drug test or due to violating a City rule pertaining to drugs or alcohol.
4. Comply with the conditions of the Last Chance Agreement.

First verified positive test: An employee may be terminated solely for a first-time confirmed positive drug or breath alcohol test. However, if not terminated, the employee will be given an opportunity for job retention through a Last Chance Agreement. This policy does not prohibit an employee from being terminated for reasons other than a confirmed positive test result. The availability of a Last Chance Agreement in a given situation, as well as the specific terms of that agreement, shall be subject to the City's discretion and approval.

Second verified positive test: If an employee has a confirmed positive drug screen or positive breath alcohol test for a second time, the employee will be terminated immediately.

Implementation details

1. **Supervisor training.** The City of Prosser will provide a supervisor training program to help supervisors recognize an employee with possible alcohol and/or drug problems. This program will train supervisors how to recognize specific performance or behavior criteria related to substance abuse and how to refer employees for assistance.
2. **Employee education.** The City of Prosser will provide alcohol and drug awareness information for all employees. This will include the City of Prosser policy on alcohol and drug abuse; the dangers of alcohol and drug abuse; and treatment and counseling services available through the Employee Assistance Program.
3. **Employee Assistance Program.** The City of Prosser recognizes that alcohol and drug addiction can be successfully treated and is willing to help employees who suffer from these problems while holding them responsible for their own recovery. The City of Prosser maintains an Employee Assistance Program (EAP). Employees may also have access to professional services through the City's health insurance plans medical program Washington Teamsters Welfare Trust to aid them with any alcohol or drug problems. Employees who need help with drug and/or alcohol misuse or abuse are encouraged to use these resources.

Employees are strongly encouraged to seek help to address their drug or alcohol problems before such issues affect their performance or result in a positive drug or alcohol test. Seeking assistance after an employee has tested positive or demonstrated performance issues will not allow the employee to avoid the disciplinary consequences of his/her behavior. For employees seeking assistance for alcohol and/or drug problems, the EAP will be administered as follows:

- Employees seeking help on their own, or who are referred to the EAP by their supervisor, will be provided assistance on a confidential basis without jeopardizing their employment status.
- Employees who are offered a Last Chance Agreement in lieu of termination for a violation of this policy may be required to use the EAP and/or successfully complete a treatment program as a condition of continued employment. In such case, the employee may be required to authorize the EAP or treatment provider to disclose to the City information regarding compliance with the treatment program. A Last Chance Agreement may also include requirements for follow-up drug and alcohol testing for a period of two years as a condition of continued employment.

Effective date

The City of Prosser's Employee Drug and Alcohol Abuse Policy is effective immediately. Current employees with substance abuse problems are encouraged to obtain help through the Employee Assistance Program before the testing program takes effect.

Certificate of receipt

I hereby certify that on the date shown below I received and read a copy of City of Prosser, Drug and Alcohol Policy for NON-DOT-Regulated Employees, consisting of twenty-four (24) pages including these Certificates of Receipt, and a copy of drug and alcohol awareness training materials. By signing this document, it is that I understand and acknowledge that I have read to comply with this policy, including any required alcohol or controlled substance testing. In no way does this waive my rights to Union representation or rights under the Collective Bargaining Agreement .

Employee – print name

Employee – signature

Dated: _____

(Original to be kept in employee personnel file.)

Certificate of receipt

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Employee – print name

Employee – signature

Dated: _____

Appendix to Employer Drug and Alcohol Policy

Drug and alcohol awareness training materials: Information on effects and signs of alcohol and controlled substance use

Detection periods

Detection periods vary; rates of metabolism and excretion are different for each drug and use and vary by individual. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Drug and detection period

Amphetamines	Amphetamine	1 to 2 days
	Methamphetamine	1 to 2 days
Cocaine	Benzoyllecgonine	2 to 3 days
Cannabinoids (Marijuana)	Casual use	Up to 7 days
	Chronic use	Up to 30 days
Alcohol		12 to 24 hours
Opiates	Codeine	Usually up to 2 days
	Hydromorphone (Dilaudid)	Usually up to 2 days
	Morphine (for Heroin)	Usually up to 2 days
Phencyclidine (PCP)	Casual use	Up to 8 days
	Chronic use	Up to 30 days

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. or 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 following table shows some general effects of varying levels of BAC:

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

Detection time: The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT

testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

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

Signs and symptoms of use

Evidence of presence of alcohol: Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; employees drinking from paper bags; odor of alcohol on containers or on employee'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 non-vehicular 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 employee performance

The statistics reported above make it clear that alcohol can have a devastating effect on employee 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 an employee's attention and lead to accidents even though alcohol may no longer be detectable in the body.

Overdose effects

Unconsciousness, coma, death.

Withdrawal syndrome

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

References

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

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

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, Dexamex, 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 non sterile 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 employee performance

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Employees 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
- Convulsions
- Increase in body temperature
- Hallucinations
- Death

Withdrawal syndrome

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

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.

Reference

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

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 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, hyper-excitability, 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
- Hyper excitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

Effects on employee 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
- Convulsions
- Increase in body temperature
- Death
- Hallucinations

Withdrawal syndrome

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

Reference

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

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 tar like 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. Tetrahydrocannabinol (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 employee 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
- Immobility
- Anxiety
- Mental dependency
- Confusion
- Panic
- Fearfulness
- Paranoid reaction
- Hallucinations
- Unpleasant distortions in body image
- Heavy sedation

Withdrawal syndrome

- Sleep disturbance
- Irritability
- Hyperactivity

- Gastrointestinal distress
- Decreased appetite
- Salivation, sweating, and tremors

Workplace issues

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

Reference

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

Opiates (Narcotics) 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 employee 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 employee, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

Social issues

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

Workplace issues

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

Reference

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

Phencyclidine (PCP) 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

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 employee performance

The distortions in perception and potential visual and auditory delusions make employee 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.