

This chapter applies to all Washington State Department of Transportation (WSDOT) employees, excluding Ferries Division marine fleet employees. However, in the absence of collective bargaining agreements, or the Safety Management System (SMS) policies and procedures, this chapter will apply to Ferries Division marine fleet employees.

I. Introduction

WSDOT is committed to providing a drug- and alcohol-free workplace to protect the health and safety of employees, and to promote an efficient and productive work environment. This chapter includes general rules and procedures that apply to all employees, as well as additional rules and procedures specific to employees required to have a Commercial Driver's License (CDL), and to Keller Ferry employees. Please refer to [Appendix 19-3, Classifications Requiring a Commercial Driver's License \(CDL\)](#). All employees must abide by the terms of the Drug/Alcohol-Free Workplace Policy as a condition of employment.

All drug and alcohol testing shall be conducted in accordance with 49 CFR Part 40 rules and regulations as amended. Specifically, individuals will be tested for the presence of any of the following controlled substances: cannabinoids, cocaine, opiates, amphetamines, phencyclidine (PCP), and alcohol in adherence in 49 CFR Part 40 as amended.

For further information or questions regarding this policy and/or materials, please contact Kathy Dawley, WSDOT Human Resources at 360-705-7808.

II. Citations of Federal/State Laws

- Federal Drug-Free Workplace Act of 1988
- Federal Commercial Motor Vehicle Act of 1986
- Federal Motor Carrier Safety Regulations 49 Code of Federal Regulations (CFR) Pt 382, revised October 1, 2007
- Federal Motor Carrier Safety Regulations CFR 49 Part 40, "Procedures for Transportation Workplace Drug Testing Programs"; final rule published in the Federal Register on December 1, 1989 (54FR49854), revised February 15, 1994 as "Procedures for Transportation Drug and Alcohol Testing Programs" (59FR7340), amended on August 19, 1994 (59FR42996), June 25, 2008 (73FR35970), June 25, 2008 (73FR35961), November 11, 2008 (73FR70283), July 30, 2009 (74FR37949), February 25, 2010 (75FR8524, 75FR8526, and 75FR8528), July 2, 2010 (75FR38422), August 16, 2010 (75FR49850), and September 27, 2010 (75FR59105).

- Procedures for 49 CFR Part 40 are based on the Department of Health and Human Services “Mandatory Guidelines for Federal Workplace Drug Testing Programs” published in the Federal Register on April 11, 1988 (53FR11970), revised June 9, 1994 (59FR29908), September 30, 1997 (62FR51118), November 13, 1998 (63FR63483), April 13, 2004 (69FR19644), and March 25, 2008 (73FR71858).
- U.S. Coast Guard Regulations 46 CFR, Part 4 and 16
- State Executive Order EO 92-01, Governor’s Policy on a Drug-Free Workplace
- RCW 69.50, Uniform Controlled Substances Act
- RCW 46.25, Washington’s Uniform Commercial Driver’s License (CDL) Act
- WAC 357-37, Performance Management
 - 357-37-200, Can an employer require an employee to submit to testing?
- WAC 357-40, Discipline
- WAC 357-52-010, What actions may be appealed?

All relevant changes to state and federal regulations are incorporated by reference and Part 40, as amended.

III. WSDOT Drug-Free Workplace Rules and Certification

In support of the department’s commitment to a drug- and alcohol-free workplace, the following rules have been established:

- A. Any activities involving the manufacturing, dispensing, use, possession, distribution, or sale of alcohol, unauthorized prescription drugs, controlled substances, or drug paraphernalia at department facilities are prohibited.
- B. Employees will report to work in a fit condition, unaffected by alcohol, controlled substances, or unauthorized prescription drugs. Employees will not use alcohol, controlled substances, or unauthorized prescription drugs during working hours or while in paid standby status.
- C. Employees will not utilize the department’s equipment, facilities, worksites, or properties for prohibited activities described in A, above.
- D. When there is reasonable cause to believe that an employee’s work performance is affected by alcohol, controlled substances, authorized or unauthorized prescription drugs, management may relieve the employee of duty, direct that the employee be tested for alcohol and controlled substances, and provide transportation to the employee’s personal residence. Such incidents will be documented and reported to the appointing authority for further action, which may include a fitness for duty assessment and possible disciplinary action.

- E. Employees will not operate a state-owned, rented, or privately-owned vehicle while performing official duties if their performance is affected by alcohol, controlled substances, or unauthorized prescription drugs.
- F. Employees using a prescription or non-prescription drug, which they believe may impair job performance, will inform their supervisor of such drug use. For the safety of all, supervisors may require employees to disclose use of prescription and non-prescription medication and provide information on potential job impacts. Employees whose work performance is temporarily impacted by prescription and non-prescription drugs may be reassigned productive alternate work if available, or be required to take leave (see Leave, [Chapter 8](#)).
- G. Employees convicted of a violation of a criminal drug statute occurring in the workplace or while an employee is in paid status must notify their immediate supervisor within five days of their conviction. Within 30 days of this notification, the department may impose appropriate disciplinary action, up to and including dismissal, and/or require that the employee satisfactorily complete an approved substance abuse rehabilitation program.
- H. If at any time driving is a job assignment, employees (who are in positions requiring a valid driver's license) will immediately notify their supervisor in writing of any and all driving citations involving controlled substances or alcohol, and any convictions or administrative license suspensions or revocations that result from the citations.
- I. Employees must submit to alcohol and controlled substance testing when required by the procedures of this chapter. A refusal to test has the same consequences as a positive test and may be any one of the following:
 - 1. Fails to show up for any test (except a pre-employment test) within a reasonable time after being directed to do so by the agency. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a Consortium/Third Party Administrator.
 - 2. Fails to remain at the testing site until the testing process is complete; provided, that an applicant who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused a test. The testing process commences once the applicant has been provided the specimen collection cup.
 - 3. Fails to provide a urine specimen for any drug test or an adequate breath or saliva sample for any alcohol test required by 49 CFR Part 382, 46 CFR Parts 4 or 16, if the employee leaves after the testing process has commenced.

4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the provision of a specimen.
5. Fails to provide a sufficient amount of urine, breath, or saliva when directed, unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure to provide.
6. Fails or declines to take a second test the employer has directed following a negative dilute result as described in 49 CFR Part 40.197(b)(1).
7. Fails to undergo an additional medical examination, as directed by the Medical Review Officer (MRO) as part of the verification process, or as directed by the Designated Employer Representative (DER) concerning the evaluation as part of the “shy bladder” procedures in 49 CFR Part 40, Subpart I.
8. Fails to undergo a medical examination or evaluation as directed by the employer as part of the insufficient breath procedures outlined in 49 CFR Part 40.265(c);
9. Fails to cooperate (e.g. refuses to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector) or otherwise interferes with any part of the testing process.
10. Fails to sign the certification at Step 2 of the alcohol testing form (ATF).
11. Is reported by the MRO as having a verified adulterated or substituted test result.
12. For an observed collection, fail to follow the observer’s instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
13. Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
14. Admit to the collector or MRO that you adulterated or substituted the specimen.

(See 49 CFR Part 40.191 and 40.261 “What is a refusal to take a DOT drug test, and what are the consequences?” and “What is a refusal to take an alcohol test, and what are the consequences?”)

- J. All employees will comply with these rules, and those found to be in violation will be subject to corrective/disciplinary action.

Generally, the department will focus on rehabilitation for the first violation coupled with, at minimum, a letter of reprimand. Upon subsequent violations of the drug and alcohol policy severe discipline, up to and including dismissal, will be considered. However, disciplinary action, up to and including dismissal, may be considered for any violation (see Corrective Action, [Chapter 12](#)).

IV. Procedures for All Employees

- A. **Notification** – At the time of appointment, all new employees shall be provided a copy of this chapter. Periodically, all employees will be notified by the department of the requirements for a drug/alcohol-free workplace.
1. For information regarding the effects of alcohol misuse and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol problem; and available methods of intervening when an alcohol and/or controlled substance problem is suspected, please contact one of the following resources:
 - a. Washington State Department of Enterprise Services, Employee Assistance Program (EAP) at 1-877-313-4455 or <http://hr.wa.gov/eap/pages/default.aspx>.
 - b. Regional Human Resources Consultant or Manager/Supervisor.
 - c. WSDOT Drug and Alcohol Program intranet page at wwwi.wsdot.wa.gov/hr/employees/drughelp.htm.
 - d. Headquarters Drug and Alcohol Program Coordinator at 360-705-7735.
- B. **Training** – Training, including refresher courses, will be made available to all supervisors, managers, and lead workers. The training courses will include:
1. The elements of WSDOT's Drug/Alcohol-Free Workplace Program.
 2. The effects of drugs and alcohol in the workplace.
 3. Behavioral symptoms of being affected by controlled substances and/or alcohol.
 4. Rehabilitation services available.

C. **Voluntary Self-Disclosure and Referral** – Employees who recognize they may have a problem with controlled substance or alcohol abuse are encouraged to come forward and seek assistance to solve their problem. If employees requests assistance in dealing with a problem with controlled substances or alcohol, the department will remove the employee from any safety-sensitive job tasks, grant leave, refer the employee to a Substance Abuse Professional (SAP), and allow the employee to return to work when the SAP provides them with a return-to-work agreement acceptable to the appointing authority. Any violation of a return to work agreement may result in corrective or disciplinary action. A request for assistance in dealing with a drug- or alcohol-related problem, however, will not serve to insulate an employee from corrective action for performance-related problems. Employees seeking treatment for controlled substance or alcohol abuse can be assured that the treatment will be kept confidential. (See 49 CFR Part 382.121, Employee admission of alcohol and controlled substances use.)

D. **Reasonable Suspicion Testing – Procedures for All Employees**

1. Please refer to [Appendix 19-2, Flowchart 1](#), for a typical sequence of events for reasonable suspicion testing.

Reasonable suspicion testing for alcohol use may be directed for any employee when there is reason to suspect that alcohol usage may be adversely affecting the employee's job performance. Specific objective grounds must be stated in writing that supports the reasonable suspicion that the employee's work performance is impaired.

Reasonable suspicion testing for controlled substances and/or alcohol may be directed for any employee when there is reason to suspect that the employee may present a danger to the physical safety of the employee or another in the workplace and that controlled substance usage and/or alcohol misuse may be adversely affecting the employee's job performance. Specific objective grounds must be stated in writing that supports the reasonable suspicion that the employee's work performance is impaired.

Examples of specific objective grounds may include but are not limited to:

- a. Documentation of decreased quality and/or quantity of work.
- b. Physical symptoms consistent with controlled substance and/or alcohol usage.
- c. Evidence or observation of controlled substance or alcohol use, possession, sale, or delivery.

2. **Basis for Referral Requires Verification** – Referral for such testing will be made on the basis of specific objective grounds as stated above and documented by a supervisor or lead worker who has attended the training focusing on detecting the signs/symptoms of being affected by controlled substances/alcohol and verified in person or over the phone by another trained supervisor or manager.
3. **Testing Process** – In such circumstances, the employee will be removed immediately from duty and transported to the collection site. In the event of a remote work location, the employee may be driven by a supervising employee to the collection site or a cab service may be utilized if necessary. Under no circumstances may the employee under reasonable suspicion be allowed to drive an agency vehicle or personal vehicle. If circumstances warrant that the employee may be a danger to himself or others, local law enforcement should be contacted for assistance. The Headquarters Drug and Alcohol Administrator, or the region point-of-contact or Human Resource representative, may be consulted if needed, and must be notified following referral for testing. The cost of reasonable suspicion testing, including the employee's salary and per diem expenses, will be paid by the department. To the extent reasonably possible, requests for representation will be honored during this process. (See Section IV.G, Testing Procedures for All Employees.)
4. **Return-to-Work Agreements** – The employee will be advised of the test results and, in the event of a positive test report, the employee will be removed from the workplace, precluded from returning, and referred to a Substance Abuse Professional by the agency's third-party administrator, for assessment. The employee may use any accrued annual leave, compensatory time or personal holiday, or other accrued leave per the Collective Bargaining Agreements or WAC rules or the time at home will be considered Leave Without Pay (LWOP), however sick leave may not be used. The employee will be required to participate in substance abuse counseling and/or sign a return-to-work agreement developed in participation with the agency's third-party administrator. An employee who violates the return-to-work agreement will be subject to further corrective action, up to and including dismissal.

(For additional reasonable suspicion testing procedures for CDL drivers, see Section VI.C.3 below.)

E. Post Accident Testing Procedures for All Non-CDL Employees

1. Any employee while engaged in pay status and operating a vehicle owned by the agency may be required to submit to controlled substances and alcohol testing following an accident in addition to any tests required by investigating law enforcement agencies if the accident meets any of the following criteria:
 - a. A fatality.
 - b. An injury treated away from the scene and the employee receives a citation for a moving violation.
 - c. The vehicle is required to be towed from the scene and the employee receives a citation for a moving violation.
2. Testing Process
 - a. Following such an accident, the employee must be readily available to submit to post-accident testing as soon as possible. Such testing is secondary to the employee's need for medical treatment, or public safety considerations at the accident scene.
 - b. The department or local authority personnel will transport the employee to the collection site preferably within two hours of the accident (but in no case more than eight hours) for alcohol testing, and within 32 hours of the accident for controlled substance testing. If these time limits cannot be met, Federal regulations require a written statement explaining the delay be filed with the Headquarters Drug and Alcohol Administrator.
 - c. Requests for union representation will be honored during this process to the extent reasonably possible. However, testing cannot be delayed pending arrival of union representation at the collection site.
 - d. The cost of the test is borne by the department and the time for the test is considered time worked.

(For post-accident testing procedures for CDL drivers, see Section VI.C.4 below.)

- F. **Return-to-Duty and Follow-Up Testing** – All employees who test positive on a controlled substance test or alcohol test will be reassigned to home removed from the workplace, precluded from returning and referred to a Substance Abuse Professional by the agency's third-party administrator, for assessment. The employee may use any accrued annual leave, compensatory time, or personal holiday or any other accrued leave per the Collective Bargaining Agreements or WAC rules or the time at home will be considered Leave without Pay (LWOP), however sick leave may not be used.

Prior to being considered for return to work the employee must:

1. Be in compliance with, and agree to continue, treatment recommendations from the Substance Abuse Professional.
2. Sign a return-to-work agreement developed in participation with the agency's third-party administrator and accepted by the department.
3. Produce a negative test result. An employee with a negative test result with a noted dilute specimen will be required to retest immediately upon the agency receiving the dilute result.

In developing the return-to-work agreement, the Substance Abuse Professional and the agency's third-party administrator, should consider whether follow-up testing is appropriate. Return to duty and follow-up testing for CDL Drivers and Keller Ferry employees' will be performed under direct observation by a same-sex observer. Testing for non-CDL employees may be performed under direct observation by a same-sex observer, at the discretion of the employer.

Follow-up controlled substance and alcohol testing may include at least six unannounced, follow-up tests during the first 12 months following return-to-work in addition to any ongoing CDL or Keller Ferry employees' random testing.

At the discretion of the Substance Abuse Professional and the agency's third-party administrator, such follow-up testing may be extended for up to 60 months after the employee's return to work. When notified by their supervisors of a follow-up test, employees are to proceed to the testing site immediately. The department will approve sick leave, vacation leave, or leave without pay for the employee's absences to participate in counseling, treatment, and return-to-duty testing and for follow-up testing. The cost for collecting and processing department directed follow-up tests will be paid for by the department. Cost of counseling and treatment is the responsibility of the employee. The employee will provide his or her own transportation for counseling, treatment, return-to-duty testing, and follow-up testing.

- G. Testing Procedures for All Employees** – All drug and alcohol testing shall be conducted in accordance with 49 CFR Part 40 rules and regulations as amended. Specifically, individuals will be tested for the presence of any of the following controlled substances: cannabinoids, cocaine, opiates, amphetamines, phencyclidine (PCP), and alcohol in adherence to 49 CFR Part 40 as amended.

Washington State Law ([RCW 69.51.A](#)), "Medical Marijuana" protects qualifying patients with a valid prescription from prosecution within the state of Washington; however, marijuana remains a drug listed in Schedule I of the Controlled Substances Act and is not accepted as a valid medical explanation for an employee's positive drug test result.

1. **Designated Sample Collection Sites** – The collection of samples will take place at a designated collection site. The names, locations, and office hours of collection sites are available from the Headquarters Drug and Alcohol Administrator, the organizational point of contact, or a Human Resource representative. If assistance is needed finding a site, contact A WorkSAFE Service, Inc, at 1-888-391-9363, or the 24-hour pager number at 1-503-942-2499.
2. **Testing** – Testing will be conducted in such a way to ensure maximum accuracy and reliability by using the techniques, chain of custody procedures, equipment and laboratory facilities which have been approved by the U.S. Department of Health and Human Services. Both alcohol and controlled substance testing will be conducted in an environment which affords personal privacy to the maximum extent practicable. Testing conducted upon employees subject to non-federally mandated testing should conform as much as reasonably practicable to standards approved by the United States Department of Health and Human Services. All employees notified of a positive controlled substance test result may request an independent test of their split sample at the employee's expense. If the test result is negative, the department will reimburse the employee for the cost of the split sample test.
3. **Test Results** – An employee who has a positive **alcohol test of 0.02 percent or above and/or a positive** controlled substance test result that is confirmed by a Medical Review Officer, may be subject to corrective/disciplinary action based on the incident that prompted the testing, including a violation of the drug/alcohol-free workplace rules.

No adverse action will be taken by the department based on a negative alcohol test result below 0.02 percent.

Management may disclose the results at the employee's request, or as necessary for the conduct of department business, including a challenge to any corrective/disciplinary action arising from the incident or behavior that led to the testing.

- a. **Negative Dilute Test Results** – A candidate or employee with a negative test result with a noted dilute specimen will be required to retest immediately upon the agency receiving the dilute result.

If a second negative dilute test result is received the Medical Review Officer (MRO) will make personal contact with the applicant or employee to discuss fluid consumption, medications, and any other relevant situations that would explain the negative dilute test result.

The employee will return to full duty while waiting for test results.

4. **Urine Specimen Collection** – Specimen collections will be conducted in accordance with the procedures of 49 CFR Part 40, as amended. The collection procedures are designed to ensure the security and integrity of the specimen provided by each covered employee, and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be to preserve the individual's privacy as much as possible consistent with ensuring an accurate result. Employees will be required to empty their pockets before providing the drug test specimen.
5. **Direct Observation Collections** – Under normal circumstances the applicant or covered employee will be afforded complete privacy in the restroom for providing the urine sample. Certain situations per 49 CFR Part 40 do require the urine sample be provided under same gender direct observation. Those situations include:
 - a. The temperature on the original specimen was out of range; or
 - b. The original specimen appeared to have been tampered with (i.e., unusual color, odor, foam); or
 - c. The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to the agency there was not an adequate medical explanation for the result; or
 - d. The MRO reported to the agency that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed; or
 - e. All return-to-duty or follow-up drug tests.

When that occurs, the donor will be required to follow the observer's instructions to raise their clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if there is any type of prosthetic or other device that could be used to interfere with the collection process.

Refusing to permit an observed collection, possessing or wearing a prosthetic or other device that could be used to interfere with the collection process are considered a refusal to test and will constitute a verified positive drug test result.

6. **Laboratory Analysis** – As required by 49 CFR Part 40, only a laboratory certified by the Department of Health and Human Services (DHHS) will be retained by the agency to perform the analysis of the urine specimen for controlled substances. The initial screening test will be performed by immunoassay and will test for substances and at cutoff levels required by 49 CFR Part 40, as amended. All specimens identified as positive on

the initial screening test will be confirmed using gas chromatography/mass spectrometry techniques at cutoff levels required by 49 CFR Part 40, as amended.

7. **Breath Alcohol** – Testing will be conducted by a qualified technician according to 49 CFR Part 40 procedures. Either a saliva or breath test by an Evidential Breath Testing device (EBT) will be used for the testing.

H. **Record Keeping**

1. Results of controlled substance/alcohol testing will be maintained by the department's Drug and Alcohol Administrator at Headquarters, Office of Human Resources, in a confidential file, separate from the employee's personnel file.
2. Regional point of contact for drug and alcohol testing, as designated by the Region Administrator, may keep records of drug/alcohol test scheduling, results, and information.
3. Information from a positive drug/alcohol test will be provided to appropriate supervisors and managers as needed for corrective/disciplinary action, and/or the return-to-work plan.
4. Information used in corrective/disciplinary action may be included in the employee's official personnel file (see Employee Records, [Chapter 4](#)).
5. If an employee, who tests positive, chooses to resign rather than meet with a Substance Abuse Professional (SAP), or if an employee is dismissed, a copy of the resignation/dismissal letter is to be forwarded to the Headquarters Drug and Alcohol Administrator.

V. Rules for CDL Employees

In addition to the Rules for All Employees in Section III above, the following rules are specific for WSDOT employees whose job requires a Commercial Driver's License (CDL), including but not limited to those individuals who are not classified as WSDOT employees, but are in a state-funded re-training program for vocational rehabilitation or dislocated workers and their essential job functions require them to operate agency equipment requiring a CDL.

- A. The department does not allow CDL employees to report to work if they have consumed alcohol within four hours prior to reporting to work. A CDL employee with an alcohol test result of 0.02 – 0.039 will be removed from safety sensitive duties for 24 hours and referred to a SAP for a non-DOT evaluation and required to comply with any recommendations of the SAP.

- B. In addition, CDL employees are in violation of federal and state CDL regulations if they have a positive alcohol test of 0.04 or above, a verified positive controlled substance test, or a refusal to test for controlled substances and/or alcohol. The employee will be removed from performing safety sensitive functions and referred to a Substance Abuse Professional.
- C. Employees must participate in the evaluation by, and comply with the recommendations of, a Substance Abuse Professional (SAP) if a controlled substance test is positive or an alcohol test is 0.04 or above, or any refusal to test as required by 49 CFR Part 40.
- D. CDL employees shall not perform safety-sensitive functions and must refuse call out for overtime if the employee has consumed alcohol within the previous four hours, or believe they may be impaired. This refusal for call out will move the employee to the bottom of the rotation list.
- E. All superintendents, supervisors, and managers of CDL employees are required to attend WSDOT approved drug/alcohol-free workplace reasonable suspicion supervisor training. It is recommended that lead workers also receive this training.
- F. In accordance with CDL rules, a CDL employee is required to inform his or her supervisor, in writing, within one day of notification if his or her license is suspended, revoked, or canceled, or if the employee is disqualified from operating a commercial vehicle.
- G. Any CDL employee who refuses to comply with a request for testing, who provides false information in connection with a test, or who attempts to falsify test results through tampering, contamination, adulteration, or substitution shall be in violation of this chapter. Such action will be treated as insubordination, a willful violation of department policy and as a positive test result for drugs or alcohol at the level of 0.04.
- H. All CDL employees will comply with these rules, and those found to be in violation will be subject to corrective/disciplinary action.
- I. CDL employees are subject to the federal drug testing any time during their workday and federal alcohol testing can only be conducted just before, during, or immediately after the driver's performance of a safety-sensitive function (as defined by 49 CFR Part 382.107). CDL employees are not allowed to consume alcohol four hours or less prior to the start of their shift and for eight hours after being involved in an accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.
- J. Safety-sensitive function means all time an employee who is a CDL 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. Safety-sensitive functions shall include:

1. All time at an employer facility, or other property, or on any public property, waiting to be dispatched, unless the employee has been relieved from duty by the employer;
2. All time inspecting equipment, or otherwise servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the controls of a commercial motor vehicle or equipment in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle or equipment;
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle or equipment, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

K. Prohibited Conduct – The following is considered prohibited conduct under this policy:

1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.
2. No driver shall use alcohol while performing safety-sensitive functions.
3. No driver shall perform safety-sensitive functions within four hours after using alcohol.
4. No driver required to take a post-accident alcohol test under 49 CFR 382.303 shall use alcohol for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.
5. No driver shall refuse to submit to a post-accident, random, reasonable suspicion, or follow-up controlled substance and/or alcohol test required by 49 CFR Part 382.
6. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

7. No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive for controlled substances.

If the agency has actual knowledge of a driver violating any of the above listed prohibited conduct the agency shall not permit a driver to continue to perform safety sensitive functions. Information of prohibited conduct violations can be obtained by the agency through the employer's direct observation of the employee, information provided by the driver's previous employer(s) or a traffic citation for driving.

VI. Procedures for All CDL Employees

In addition to the procedures for all employees in Section IV above, the following procedures are specific for employees and those individuals specified in Section V above, whose job requires a CDL:

- A. All CDL employees and individuals who operate any agency equipment that requires a CDL will receive a copy of WSDOT's Drug/Alcohol-Free Workplace rules, informational materials about the effects of controlled substances/alcohol in the workplace, and rehabilitation services available. Training materials on the effects of controlled substances and alcohol in the workplace are available from the Headquarters Drug and Alcohol Administrator.
- B. Per federal requirement, all candidates selected for CDL positions are subject to a background review within 30 days of employment.
 1. Candidates must complete the standard [DOT Form 732-081 EF](#), Consent for Release of Drug and Alcohol Test Results ([Appendix 19-1](#)), which provides consent for release of verified positive controlled substances tests, alcohol test results of 0.04 alcohol concentration and of any controlled substances or alcohol refusal to test history. This consent will be sent to all previous employers for the past two years.
 - a. **Distribution** – The original is mailed or faxed to the central drug and alcohol file of the applicant (Headquarters Drug and Alcohol Administrator) who will forward a copy to the agency's third-party administrator for processing and one copy is given to the applicant.
 - b. Results of background checks which contain information of concern will be reported by the agency's third-party administrator to the regional point of contact for appropriate action and a copy to the Headquarters Drug and Alcohol Administrator.

C. Testing Requirements for CDL Employees

1. **Pre-Employment Testing for Positions Requiring CDL** – Please also refer to [Appendix 19-2, Flowchart 2](#), for a typical sequence of events for pre-employment controlled substance testing.

All candidates selected for positions requiring a Commercial Driver's License (CDL) will undergo testing for controlled substances prior to employment if they currently possess a valid CDL.

If a CDL is required within six months of hire the candidate selected for employment would not undergo a pre-employment controlled substance test until the CDL or CDL permit has been obtained. An employee who does not possess a permit or CDL should not be engaged in any type of CDL Safety Sensitive functions.

All pre-employment testing will be at the department's expense.

- a. The hiring manager arranges for testing at an approved collection site. A list of approved sites is available from the Human Resource representative.
- b. A negative test result for controlled substances is required prior to employment.
 - (1) A candidate with a negative test result with a noted dilute specimen will be required to retest immediately upon the agency receiving the dilute result. This retest may be done under direct observation if specifically requested by the MRO. A second dilute sample during the retesting process will disqualify the candidate for appointment.
- c. A positive test result will disqualify the candidate for appointment.
- d. Permanent WSDOT employees that are selected for a position that requires a CDL will be tested on department time. Non-WSDOT employees will be tested on their own time.
- e. All candidates for positions that require a CDL must test negative on a pre-employment test prior to operating any department commercial vehicles. Examples may include (1) an employee in a training capacity, (2) a non-employee in a state-funded re-training program for vocational rehabilitation or dislocated workers, or (3) an employee whose job duties are expanded to include operating commercial vehicles.

2. Return to Test Pool Testing for WSDOT CDL Employees

- a. **120 Calendar Days or More on Authorized Leave** – A WSDOT CDL employee on authorized leave for an expected 120 calendar days or more will be removed from the random testing pool. If the employee's name has been removed from the random pool for 30 days or more, they must submit to a pre-employment drug/alcohol test before returning to duty. After completing the test, the employee may return to work and perform non-safety sensitive work while waiting for the test results.
- b. **119 Calendar Days or Less on Authorized Leave** – A WSDOT CDL employee on authorized leave for 119 calendar days or less is considered in the testing pool, but unavailable for random testing during the authorized leave period.

Upon the employee's return, the employee is not required to submit to a pre-employment test prior to returning to duty. The employee will, however, be required to submit to a random drug and/or alcohol test if he or she was on approved leave and the employee's test group was selected for random testing while the employee was absent during the same calendar quarter that the employee returns to work. The employee may begin driving duties and perform other safety sensitive work while waiting for the test results.

3. Reasonable Suspicion Testing – Same as Part D of Section IV, Procedures for All Employees.

The trained supervisor's determination that reasonable suspicion exists to require the driver to undergo testing must be on specific, contemporaneous, articulable observations concerning the appearance, behavior, and speech or body odors of the driver.

Reasonable suspicion alcohol testing of a CDL employee can only be conducted if observations are made just before, during, or immediately after the driver performing safety sensitive functions as defined in Section V.J.1-6 (49 CFR Part 382.107).

However, a CDL employee may be sent in for a non-DOT test at any time when reasonable suspicion exists.

4. Post-Accident Testing – Please also refer to [Appendix 19-2, Flowchart 4](#), for a typical sequence of events for post-accident testing for controlled substance and alcohol testing of employees in CDL and Keller Ferry positions.

- a. When a CDL employee is involved in an accident while operating a commercial vehicle or a piece of equipment requiring a CDL, the employee is required by federal regulations to be tested for alcohol and controlled substances. The department required test will be in addition to any tests required by investigating law enforcement agencies if the accident results in one or more of the following:
 - (1) A fatality.
 - (2) An injury treated away from the scene and the CDL employee receives a citation for a moving violation.
 - (3) The vehicle is required to be towed from the scene and the CDL employee receives a citation for a moving violation.
- b. In addition, an employee may request to undergo voluntary controlled substance/alcohol testing following an accident that does not meet the above criteria. This testing will be conducted as non-DOT testing.
- c. Following such an accident, the employee must be readily available to submit to post-accident testing as soon as possible. Such testing is secondary to the employee's need for medical treatment, or public safety considerations at the accident scene.
- d. The employee will be transported to the collection site preferably within two hours of the accident (but in no case more than eight hours) for alcohol testing, and within 32 hours of the accident for controlled substance testing. If these time limits cannot be met, federal regulations require a written statement explaining the delay be filed with the Headquarters Drug and Alcohol Administrator.
- e. Requests for union representation will be honored during this process to the extent reasonably possible. However, testing cannot be delayed pending arrival to the collection site of union representation.
- f. The cost of the test is borne by the department and the time for the test is considered time worked.
- g. Testing may be done at any designated collection site. If assistance is needed in finding a site, contact A WorkSAFE Services, Inc., at 1-888-391-9363 or 24-hour number at 1-888-942-2499.
- h. At the discretion of the supervisor, the employee may take authorized leave or return to full duty while waiting for test results.

5. **Random Testing** – Please also refer to [Appendix 19-2, Flowchart 3](#), for a typical sequence of events for random controlled substance and alcohol testing of employees in CDL and Keller Ferry positions.
 - a. CDL employees will be subjected to random, unannounced alcohol and/or controlled substance testing, spread reasonably throughout the calendar year, as required by federal law. All employees that operate agency equipment in a position that qualifies as requiring a CDL license and who possess a CDL license or permit will be subject to random testing including but not limited to those individuals who are not classified as WSDOT employees, but are in a state-funded re-training program for vocational rehabilitation or dislocated workers and those contracted out by the agency. The law requires that random testing for controlled substances and random testing for alcohol be performed at an annualized rate established each year by the Federal Motor Carrier Safety Administration. A scientifically valid method of random selection will be determined by the Department and the agency's third-party administrator.
 - b. Only permanent, seasonal, intermittent, or non-permanent CDL employees who are on the list submitted to the third-party administrator for random test selections will be tested. New employees hired after the selection of crews to be tested will not be included in the testing process. However, these employees will be added to the list for the scheduling of the next quarters random selection process. If an employee is on pre-approved leave or not scheduled to work on the day of the random testing, they will be sent to a collection site for testing as soon as possible upon their return to work.
 - c. If, on a day that the employee's test group is to be randomly tested, the employee leaves his/her duty station or work site without obtaining prior approval for such leave, an effort should be made to contact the employee at home and advise the employee that, unless he/she returns to work for a random drug/alcohol test, the department will view the employee's departure as a refusal to test which, as noted in Section III of this chapter, has the same consequences as a positive test result.
 - d. The cost of the test is borne by the department, and the time for the test is considered time worked.
 - e. At the discretion of the supervisor, the employee may return to full duty while waiting for test results.

6. **Return-to-Duty and Follow-Up Testing** – In addition to Part G of Section IV, Procedures for All Employees, above, all CDL employees who test positive on a controlled substance test or alcohol test must have follow-up controlled substance and alcohol testing which includes at least six unannounced, follow-up tests during the first 12 months upon returning to work, in addition to any ongoing random testing. All return-to-duty and follow-up controlled substances tests for CDL employees are required to be conducted as same gender observed collections. (See 49 CFR Part 40.67 “When and how is directly observed collection conducted?”)

VII. Rules for Keller Ferry Employees

In addition to the Rules for All Employees in Section III above, the following rules are specific for employees or others who are assigned work aboard the Keller Ferry (Martha S) on a part-time, temporary, or permanent basis and whose duties directly affect the safety of the vessel’s navigation or operations.

- A. Employees must submit to controlled substance and/or alcohol testing when required by the procedures of this chapter. A refusal to test has the same consequences as a positive test and will be reported to the United States Coast Guard (USCG) for appropriate action.
- B. Per federal requirement, all candidates selected for Keller Ferry positions are subject to a background review within 30 days of employment.
 1. Candidates must complete the standard [DOT Form 732-081 EF](#), Consent for Release of Drug and Alcohol Test Results ([Appendix 19-1](#)), which provides consent for release of verified positive controlled substances tests, alcohol test results of 0.04 alcohol concentration, and of any controlled substances or alcohol refusal to test history. This consent will be sent to all previous employers for the past two years.
 - a. Distribution – The original is mailed or faxed to the central drug and alcohol file of the applicant (Headquarters Drug and Alcohol Administrator) who will forward a copy to the agency’s third-party administrator for processing and one copy is given to the applicant.
 - b. Results of background checks which contain information of concern will be reported by the agency’s third-party administrator to the regional point of contact for appropriate action and a copy to the Headquarters Drug and Alcohol Administrator.
- C. Any crew member who fails any required test must be removed from duties which directly affect the safe operation of the vessel as soon as practicable (or denied employment in the case of a pre-employment test) unless/until the Medical Review Office (MRO) determines that person is drug-free and at low risk to return to drug use following the completion

of a return-to-work agreement. This requirement applies to all persons who fail drug tests, whether or not they hold a Certificate of Registry (COR) or Merchant Mariner's Document (MMD) license. Test results for licensed crew members will be reported by the department to the United States Coast Guard (USCG).

- D. Licensed crew members (COR or MMD) who fail any required test will be relieved from duty, and their test results reported to the USCG. Those crew members should expect revocation of their USCG licenses, as a result of a positive drug test.
- E. All superintendents, supervisors, and managers of Keller Ferry employees are required to attend WSDOT approved drug/alcohol-free workplace training. It is recommended that ferry operators also receive this training.
- F. Per United States Coast Guard regulations, all Keller Ferry employees are required to have at least one training experience related to drugs and alcohol.
- G. All Keller Ferry employees will comply with these rules, and those found to be in violation will be subject to corrective/disciplinary action.

VIII. Procedures for Keller Ferry Employees

In addition to the procedures for all employees in Section IV above, the following procedures are specific for any employees who are assigned to work aboard the Keller Ferry (Martha S) on a part-time, temporary, or permanent basis and whose duties directly affect the safety of the vessel's navigation or operations.

A. Testing Requirements for Keller Ferry Employees

1. **Pre-Employment Testing and Returning to Testing Pool** – Please also refer to [Appendix 19-2, Flowchart 2](#), for a typical sequence of events for pre-employment controlled substance testing of employees in CDL and Keller Ferry Positions.

Candidates selected for positions assigned to the Keller Ferry will undergo testing for controlled substances prior to employment. All pre-employment testing will be at the department's expense.

- a. The hiring manager arranges for testing at an approved collection site. A list of approved sites is available from the human resource representative or on the back of the Consent for Release of Drug and Alcohol Test Results, [DOT Form 732-081 EF \(Appendix 19-1\)](#).

- b. A negative test result for controlled substances is required prior to employment.

- (1) A candidate with a negative test result with a noted dilute specimen will be required to retest immediately upon the agency receiving the dilute result.

- c. A positive test result will disqualify the candidate for appointment and steps will be taken to remove them from the civil service register.

If an applicant has a USCG license, any positive test results will be reported to the USCG.

- d. Employees that have been out of the random testing pool in excess of 60 days are required to undergo pre-employment controlled substance testing before returning to a position assigned to the Keller Ferry.

- e. Permanent WSDOT employees selected for a position assigned to the Keller Ferry will be tested on department time. Non-WSDOT employees will be tested on their own time.

2. **Reasonable Suspicion Testing** – Same as IV. D. above.

3. **Post-Accident Testing** – Please also refer to [Appendix 19-2](#), [Flowchart 4](#), for a typical sequence of events for post-accident testing for controlled substance and alcohol testing of employees in CDL and Keller Ferry positions.

- a. When a marine casualty, discharge of oil, or release of a hazardous substance occurs, the department needs to make a timely, good faith determination as to whether the occurrence is or is likely to become a serious marine incident (see Glossary, [Appendix A](#)). The department shall require all persons (not limited to crew members) on board the vessel whom the department determines to be directly involved in a serious marine incident to be chemically tested for controlled substances and alcohol.

- b. Following such an incident, the employee must be readily available to submit to post-accident testing as soon as possible. Such testing is secondary to the employee's need for medical treatment, or public safety considerations at the incident scene.

- c. The department will transport the employee to the collection site as soon as feasible for controlled substance and alcohol testing. The department required tests will be in addition to any tests required by investigating law enforcement agencies.

- d. A performance impairment physical examination, conducted by a physician or other licensed medical person, may be required.
 - e. Requests for union representation will be honored during this process to the extent reasonably possible. However, testing cannot be delayed pending arrival of union representation at the collection site.
 - f. The cost of employee testing is borne by the department and the time for the test is considered time worked.
 - g. Testing may be done at any designated collection site. If assistance is needed in finding a site, contact A WorkSAFE Services, Inc., at 1-888-391-9363 or the 24-hour page number at 1-503-942-2499.
 - h. All post-accident test results, positive or negative, must be reported to the USCG.
 - i. A candidate with a negative test result with a noted dilute specimen will be required to retest immediately upon the agency receiving the dilute result.
4. **Random Testing** – Please also refer to [Appendix 19-2, Flowchart 3](#), for a typical sequence of events for random controlled substance and alcohol testing of employees in CDL and Keller Ferry positions.
- a. Keller Ferry employees will be subjected to random, unannounced controlled substance testing as required by federal regulations.
 - b. The law requires that annually, a percentage of Keller Ferry employees be randomly selected for controlled substance testing. The percentage is determined by the United States Coast Guard. A scientifically valid method of random selection will be determined by the department and the third-party administrator.
 - c. Employees on pre-approved leave or scheduled time off will not be required to report to work on that day for testing. Upon the employee's return from pre-approved leave of a scheduled day off, the supervisor will coordinate with their regional HR Office or HR Consultant to send the employee to a collection site for testing.
- If, on a day that the employee's test group is to be randomly tested, the employee leaves his/her duty station or work site without obtaining prior approval for such leave, an effort should be made to contact the employee at home and advise the employee that, unless he/she returns to work for a random drug/alcohol test, the department will view the employee's departure as a refusal to test which, as noted in Section III of this chapter, has the same consequences as a positive test.

- d. If seasonal, intermittent, or temporary employees who are in a group that is selected for random testing are scheduled to work the day their crew is randomly tested, they are to be included. If they were not previously scheduled to work that day, seasonal, intermittent, or temporary employees may be required to report to work on that day to be tested. Or supervisors may coordinate with their regional HR Office or HR Consultant to send the employee to a collection site for testing at a later date during the quarter.

If such employees are on pre-approved leave or not scheduled to work, they are not required to report to work on that day for testing. Upon the employee's return from pre-approved leave or a scheduled day off, the supervisor will coordinate with their regional HR Office or HR Consultant to send the employee to a collection site for testing.

- e. The cost of the test is borne by the department and the time for the test is considered time worked.

5. **Return-to-Duty and Follow-Up Testing** – In addition to Part G of Section IV, Procedures for All Employees, above, the following also applies to Keller Ferry employees per USCG requirements:

- a. If the individual holds a license, COR, or MMD, the test results will be reported in writing to the nearest USCG Officer In Charge, Marine Inspection. The crew member shall be subject to suspension and revocation proceedings against his or her license, certificate, or document. Re-issuance in a return to duty as a crew member cannot be considered until he or she has completed a controlled substance or alcohol rehabilitation program and passed a test for controlled substances and/or alcohol.
- b. Crew members who are reinstated following rehabilitation and subsequent passing of a test for dangerous substances will be subject to periodic, unannounced drug testing for a period of up to 60 months. All return-to-duty and follow-up controlled substances tests for Keller Ferry employees are required to be conducted as same gender observed collections.

IX. Responsibilities

- A. Executives and appointing authorities will:
 1. Provide leadership by promoting a work environment free from controlled substances and alcohol.
 2. Provide the resources necessary to carry out the WSDOT Drug/Alcohol-Free Workplace Program.

3. Ensure the contents of this program are communicated to affected employees.
 4. Ensure supervisors are released for training that will enable them to understand the provisions of this program and to recognize behaviors which may indicate substance abuse.
 5. Initiate corrective/disciplinary action, as appropriate, to gain compliance with these rules and procedures.
 6. Serve as a positive role model.
- B. Supervisors and managers will:
1. Attend training which explains the provisions of this program and how to recognize behaviors which may indicate substance abuse.
 2. Provide educational materials to their employees which explain the department's program, the testing process, and rehabilitation services available.
 3. Enforce the provisions of this policy within their area of responsibility.
 4. Serve as a positive role model.
- C. Department Drug and Alcohol Administrator will:
1. Oversee the activities of the third-party administrator.
 2. Provide data to the third-party administrator to develop a database to be used in random selection process.
 3. Receive and maintain background checks and other confidential records necessary to administer this chapter. Respond to inquiries from other employers regarding release of test results that are in violation of the Code of Federal Regulations, 49 CFR Part 40 – Procedures for Transportation Workplace Drug and Alcohol Testing Programs, treatment records, and refusal to test history.
 4. Develop and implement a record-keeping and reporting system meeting the requirements of the United States Department of Transportation and the United States Coast Guard while protecting the privacy of those tested.
 5. Promote a drug/alcohol-free workplace by providing training and information which informs employees, supervisors, and managers of the requirements of this chapter and the impact of drug/alcohol use in the workplace.
 6. Serve as the point of contact for Headquarters employees.

- D. Office of Human Resources in Headquarters will:
1. Promote a drug/alcohol-free workplace by informing applicants for employment of the requirements of this chapter.
 2. Periodically notify all employees of the requirements for a drug/alcohol-free workplace.
 3. Coordinate the development and delivery of training for supervisors and managers as outlined in this chapter.
 4. Assist in planning and implementing corrective action plans for employees who have violated these rules.
- E. Agency Third-Party Administrator will:
1. Develop a database to select employees for random testing.
 2. Develop a network of fixed and mobile collection sites for random, pre-employment, post-accident, reasonable suspicion, and follow-up testing.
 3. Establish and maintain chain of custody, transport, and test samples.
 4. Provide Medical Review Officer and Substance Abuse Professional services.
 5. Report test results to the department's Drug Alcohol Administrator or regional point of contact.
- F. The regional point of contact or alternate, as designated by the regional administrator, is the liaison between supervisors and managers, and the third-party administrator. They will:
1. Distribute information to supervisors and managers regarding this chapter.
 2. Assist in the scheduling of all drug and alcohol testing of employees and applicants.
 3. Receive reports from the third-party administrator on test results and advise supervisors and managers when appropriate.
 4. Assist appointing authority with any corrective/disciplinary action.
 5. Coordinate the return-to-work plan recommended by the Substance Abuse Contractor.
 6. Provide information to the Department Drug and Alcohol Administrator necessary to administer this chapter.

X. Appendices

- Appendix 19-1 Consent for Release of Drug and Alcohol Test Results, WSDOT Form 732-081 EF (Revised 07/2005)
- Appendix 19-2 Typical Sequence of Events Flowcharts
 - Flowchart 1: Reasonable Suspicion
 - Flowchart 2: Pre-Employment
 - Flowchart 3: Random
 - Flowchart 4: Post-Accident
- Appendix 19-3 Classifications Requiring a Commercial Drivers License (CDL)
- Appendix 19-4 Fact Sheets – Effects and Consequences
 - Alcohol
 - Phencyclidine (PCP)
 - Amphetamine
 - Cannabinoids (Marijuana)
 - Cocaine
 - Opiates (Narcotics)
 - General Detection Periods for NIDA 5 and Alcohol

Consent for Release of Drug and Alcohol Test Results



**Washington State
Department of Transportation**

**Consent for Release of
Drug and Alcohol Test Results**

This form is a consent for release of drug and alcohol test results, treatment records, and refusal to test information for any job applicants applying for positions with the Washington State Department of Transportation requiring drug and/or alcohol testing as a condition of employment.

Applicant's Name (Last, First, MI)		Social Security Number	Phone	
Address	City	State	Zip Code	

Past Employment History

List previous employers, including any self-employment, for the last two (2) years with the most recent first. Employers Legal Business Name, complete address, and phone numbers (including area code) are required.

Previous Employer Name and Address	Phone (Include Area Code)	Supervisor Name	Dates Employed
			From:
			To:
			From:
			To:
			From:
			To:
			From:
			To:

Explain any gaps of two (2) months or more in the employment history listed above.

I, (Sign Full Name), _____ authorize my above listed previous employers to disclose to **A WorkSAFE Service, Inc.**, a service agent for the Washington State Department of Transportation, the results of any drug test, evidential breath or saliva alcohol test, refusals to test including verified adulteration or substitutions, and treatment records (to determine compliance with 49 CFR Part 40 Subpart 0) performed upon myself within the last two (2) years as required under Federal Requirements 49 CFR Part 40.25. I understand I have the right to inspect and copy any written information disclosed.

Please check Yes or No in response to the following questions as required by 49 CFR Part 40.25.J.

1. Have you ever tested positive or refused to test for a drug or breath alcohol by a company or employer that did not hire you to perform safety sensitive functions under the DOT requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you answered yes, can you provide or obtain proof that you successfully completed the DOT Return to Work requirement as required by 49 CFR Part 40 Subpart O, Substance Abuse Professionals and the return to duty process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that my responses to the above questions are true:

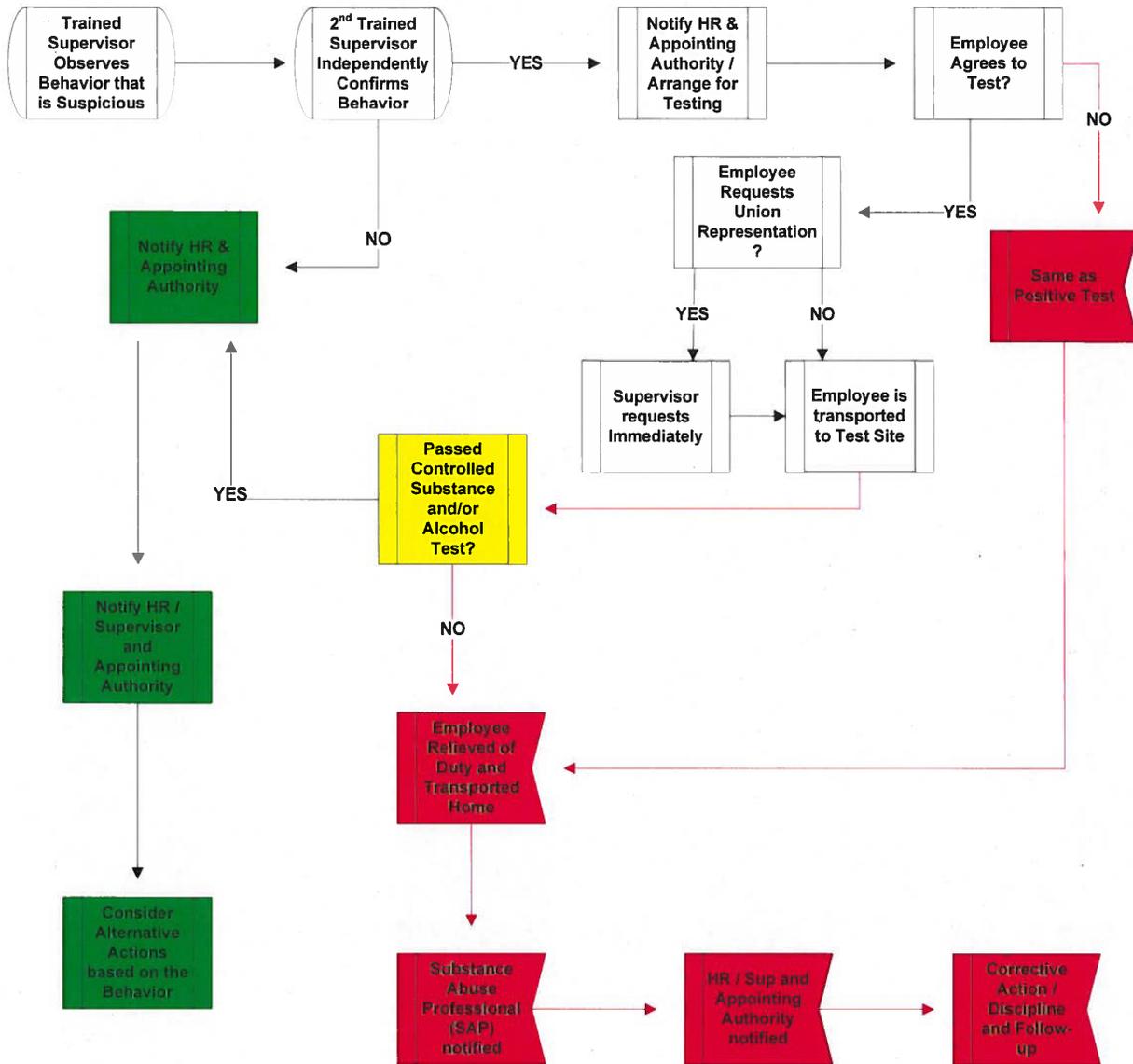
Signature of Applicant		Date Signed
WSDOT Supervisor Name	Region	Phone
Address		

Fax To: 1-360-705-6807
 Attention: Office of Human Resources
 Drug and Alcohol Program

Submit originals to:
 Attention: Office of Human Resources
 Drug and Alcohol Program
 Washington State Department of Transportation
 PO Box 47310
 Olympia, WA 98504-7310

DOT Form 732-081 EF
 Revised 7/2005

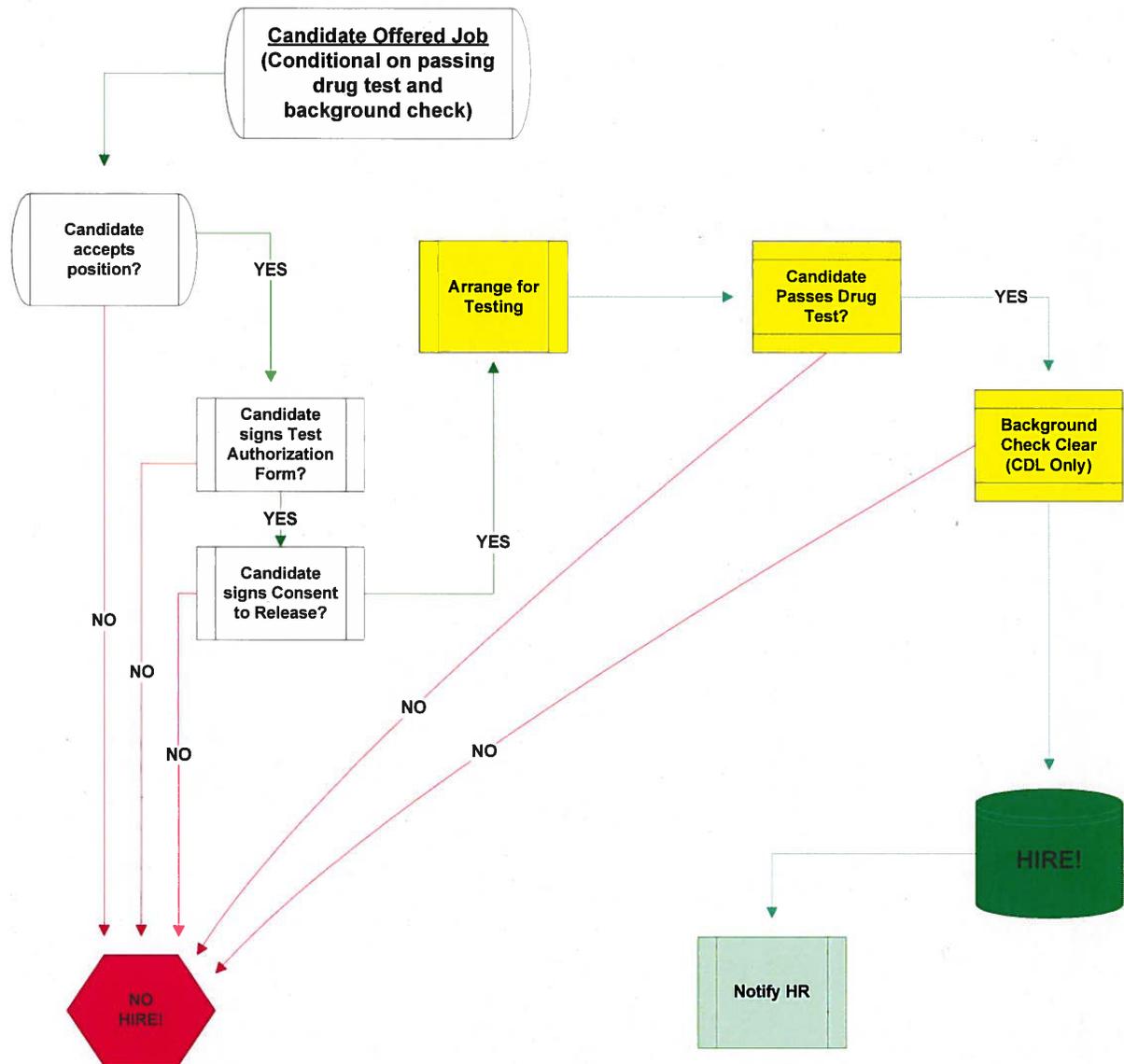
Appendix 19-2 Typical Sequence of Events Flowcharts



Flow Chart 1 – Reasonable Suspicion
Not a Detailed Summary – Please See Chapter for Guidance

Flow chart follows typical sequence of events for testing of any employee when there is reasonable suspicion of the use of controlled substances and/or alcohol.

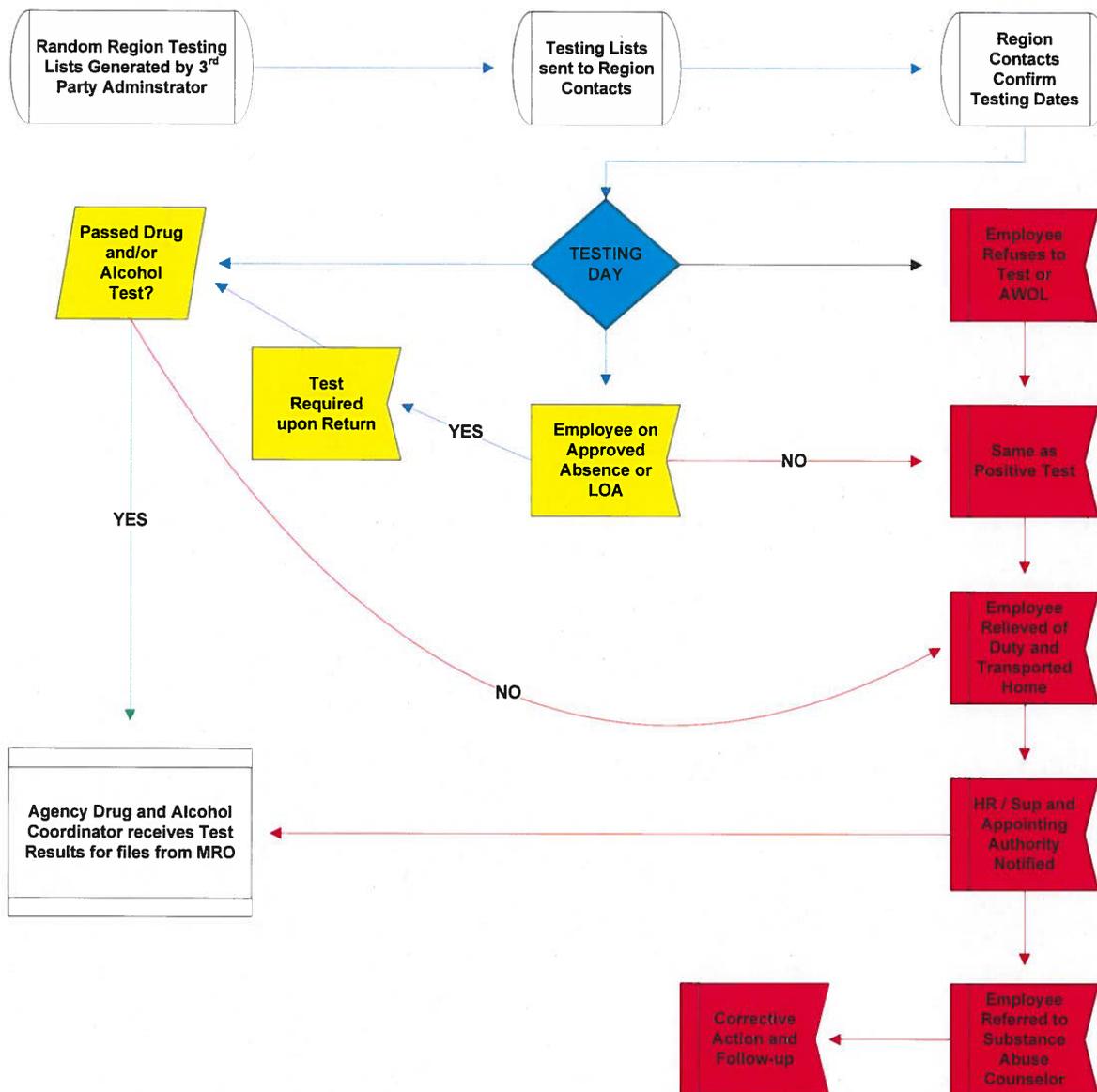
Drug/Alcohol Free Work Place - Chapter 19 Human Resource Desk Manual
 January 2012



Flow Chart 2 – Pre Employment
Not a Detailed Summary – Please See Chapter for Guidance

Flow Chart follows typical sequence of events for pre-employment controlled substance testing for employees with CDL licenses, Keller Ferry positions and those required within the Ferries Division

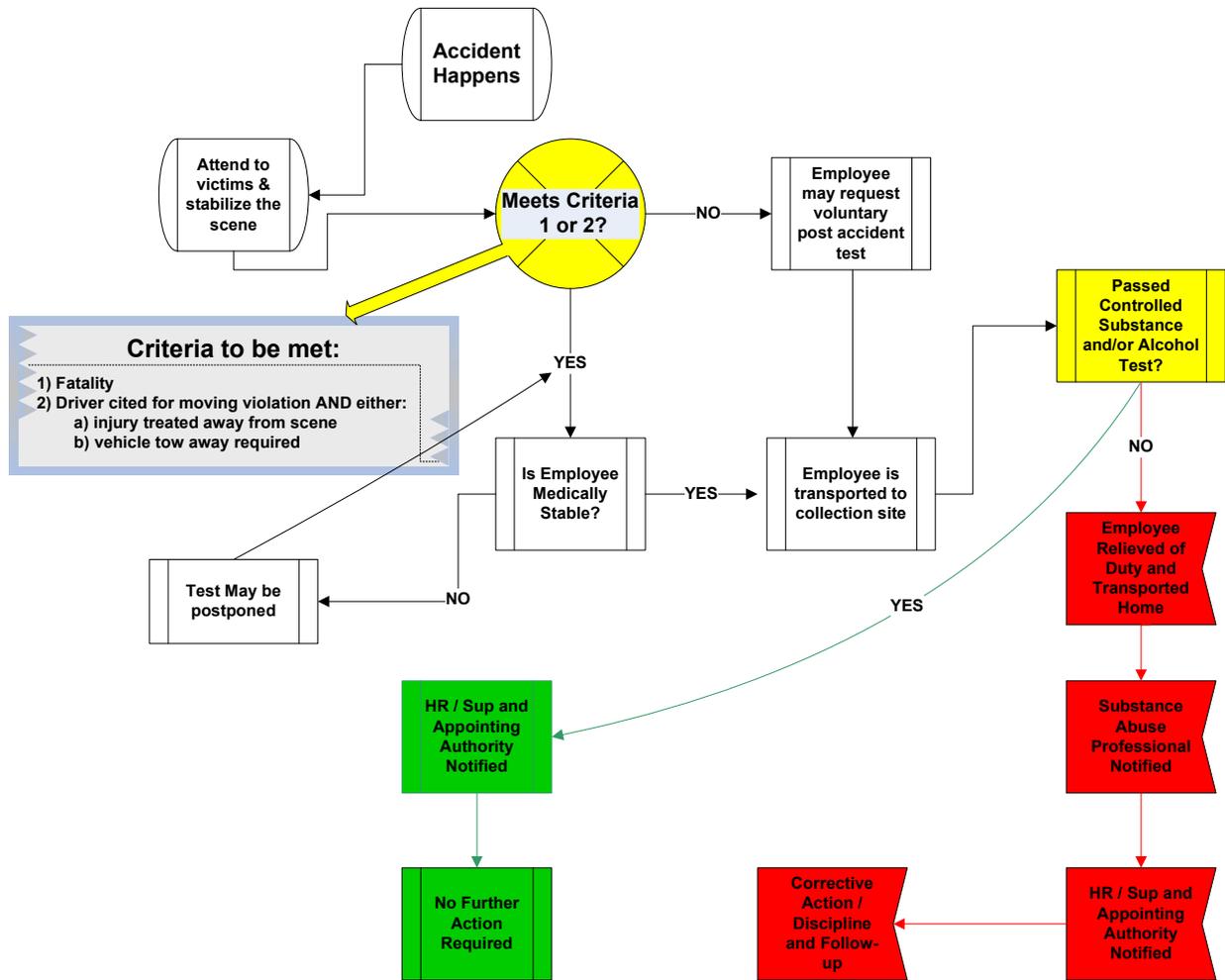
Drug/Alcohol Free Work Place – Chapter 19 Human Resources Desk Manual
 January 2012



Flow Chart 3 – Random
Not a Detailed Summary – Please See Chapter for Guidance

Flow chart follows a typical sequence of events for random controlled substance and alcohol testing of employees in CDL positions and random controlled substance testing only for employees of the Keller Ferry.

Drug/Alcohol Free Work Place – Chapter 19 Human Resource Desk Manual
 January 2012



Flow Chart 4 – Post Accident
Not a Detailed Summary – Please See Chapter for Guidance

Flow chart follows typical sequence of events for post-accident testing for controlled substance and alcohol testing of employees.

Drug/Alcohol Free Work Place – Chapter 19 Human Resource Desk Manual
 January 2012

599A	Avalanche Forecast & Control Spec. 1
599B	Avalanche Forecast & Control Spec. 2
599C	Avalanche Forecast & Control Spec. 4
600I	Equipment Technician 1 (within 1st 6 months)
600J	Equipment Technician 2
600K	Equipment Technician 3
600L	Equipment Technician 4
600M	Equipment Technician 5
594K	Electronic Supervisor-Trans
596P	Maintenance Technician 1
596Q	Maintenance Technician 2
596R	Maintenance Technician 3
597F	Maintenance Technician 1 Bridge
597G	Maintenance Technician 2 Bridge
596O	Maintenance Trainee
597L	Maintenance Lead Suspension Bridge
596S	Maintenance Lead Technician
597H	Maintenance Lead Bridge
596I	Maintenance Specialist 2
596J	Maintenance Specialist 3
596K	Maintenance Specialist 4
596L	Maintenance Specialist 5
598P	Maintenance Operations Assist Supervisor (some positions)
598R	Maintenance Operations Staff Assist (some positions)
598Q	Maintenance Superintendent (some positions)
597K	Maintenance Specialist Suspension Bridge
596T	Maintenance Supervisor
597I	Maintenance Supervisor Bridge
597J	Maintenance Supervisor Floating Bridge
597M	Maintenance Supervisor Suspension Bridge
594M	Trans System Technician A (within 1st 6 months)
594N	Trans System Technician B (within 1st 6 months)
594O	Trans System Technician C (within 1st 6 months)
594P	Trans System Technician D (within 1st 6 months)

Appendix 19-4 Fact Sheets – Effects and Consequences

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 0.01percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session.

The 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 is 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.

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.

Amphetamine Fact Sheet

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

Description

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

Signs and Symptoms of Use

- **Evidence of Presence of Amphetamines:** Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.
- **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

Effects of Amphetamine Use on the Individual

Physical Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.

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

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.

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:** Dronabinol, 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 • Paranoiac 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.

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.

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 an 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 who 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 narcotics 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.

General Detection Periods for NIDA 5 & Alcohol

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**
 - Benzoylcegonine 2 to 3 days

- **Cannabinoids (Marijuana)**
 - Casual Use Up to 7 days
 - Chronic Use Up to 30 days

- **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**
 - 12 to 24 hours