

Reviewed 1/24/11 no changes made

DRUG-FREE WORK PLACE POLICY
FOR ALL TOWN OF DERBY EMPLOYEES
AND
DRUG & ALCOHOL TESTING
POLICY FOR
CDL-QUALIFIED EMPLOYEES
FOR
THE TOWN OF DERBY, VERMONT

ADOPTED: NOVEMBER 06, 1995

BY: TOWN OF DERBY
SELECT BOARD

V500254
Drugs

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ALCOHOL AND DRUG ABUSE POLICY

We, the **Town of Derby**, Vermont, value our employees and drivers and recognize each person's need for a safe and healthy work environment. Employees who use illegal drugs and abuse alcohol tend to be less productive, less reliable, more prone to accidents, and more prone to greater absenteeism, resulting in the potential for increased accidents, costs, and risks to the **Town of Derby**.

We are committed to maintaining a safe workplace for our drivers and other users of the highways that is free from illegal drug use and the misuse of alcohol.

We, **The Town of Derby** will comply with the requirements for testing of the U.S. Department of Transportation and other Federal and State laws and regulations. We therefore forbid the unlawful use and possession of alcohol and controlled substances.

The violation of this policy or regulation and laws may result in severe disciplinary action, up to and including termination, at our sole discretion.

APPLICABILITY AND GENERAL POLICY CONDITIONS

The following conditions shall be applicable to all employees of the Town of Derby:

1. Employees shall be required, as a condition of their employment, to abide by the terms and conditions of this Drug-Free Workplace policy.
2. An employee shall notify his or her Supervisor of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure to do so will result in discipline, up to and including dismissal.
3. If a convicted employee works in a federally funded program, the involved federal grant agency shall be notified of the conviction within ten days of the Town of Derby receiving the notice of the conviction.
4. An employee convicted under any criminal drug statute for a violation occurring in the workplace, while on or off duty, or on the first offense, and shall be subject to further disciplinary actions and shall be required to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement or other appropriate agency.
5. In the absence of compelling mitigating circumstances, an employee convicted under any criminal drug statute for a violation not occurring in the workplace while not on duty may be subject to immediate dismissal for the first offense if convicted of a felony, and shall be subject to further disciplinary actions and shall be required to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement or other appropriate agency. If the conviction is not a felony, discipline up to and including dismissal may be imposed, including the first offense, provided that there is nexus between the offense and the job of the employee.
6. Appropriate disciplinary and or corrective action is to be taken within (30) days after the employer receives notice of a conviction. This, however, is not to be construed to limit the authority of the employer to take such action thereafter.
7. Any employee on municipal premises who appears to be under

the influence of, or who possesses illegal or non-medically authorized drugs, or who has used such drugs on municipal premises, may be temporarily relieved from duty pending on further investigation.

8. If the use of legal drugs endangers safety, management may reassign work on a temporarily or permanent basis.
9. Each employee of the Town will make a good faith effort to maintain a drug-free workplace and uphold and promote this policy.

USE OF DRUGS

LEGAL DRUGS:

For certain positions, the legal use of a drug can pose a significant risk to the safety of the employee or others. Employees who feel or have been informed that the use of such a drug may present a safety risk, are to report such drug use to their Supervisor.

ILLEGAL DRUGS:

The use, sale, purchase, transfer or possession of an illegal drug by an employee while in a municipal facility while performing municipal business or while on the job is prohibited. Misuse of prescription drugs is considered to be the illegal use of drugs. This includes both the use of such drugs in a manner inconsistent with the prescribed use and any use of prescription drugs by persons for whom they are not prescribed.

RESPONSIBILITIES:

EMPLOYER:

It is the responsibility of the Board of Selectmen to advise each employee of this policy; to post the policy annually at each work site; to include a copy of this policy in each new employee's orientation.

EMPLOYEE:

It is the responsibility of each employee to be aware of and abide by this policy.

ADMINISTRATION:

It is the responsibility of the Board of Selectmen to ensure that employees receive training and orientation regarding the implementation of this policy.

PERSON IDENTIFIED TO ANSWER QUESTIONS

As part of our continuing policy to ensure fair and equal treatment of our drivers, we understand that there may be questions and concerns involving our controlled substance and alcohol testing policies and programs. To assist you in understanding the requirements placed on both you, the driver, and us, the employer **The Town of Derby** we have designated **Nicole M. Daigle** to answer your questions regarding the alcohol and drug testing program.

Please call: **(802) 766-4906** or **VLCT-PACIF** at **(800) 649-7915** and ask for the Loss Prevention Department.

DRIVERS SUBJECT TO ALCOHOL AND DRUG TESTING

The Federal Highway Administration of the United States Department of Transportation requires certain drivers to undergo drug and alcohol testing. The drivers who must be tested are those required to have a Commercial Driver's License (CDL).

Who must have a CDL and be tested? Any driver who drives a motor vehicle-

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

There are four exemptions to the testing requirements. These exemptions are listed in §382.103 of the Federal Motor Carrier Safety Regulations (49 CFR 382.103).

SAFETY SENSITIVE FUNCTIONS

A driver shall not use alcohol when performing safety sensitive functions nor perform safety sensitive functions within four hours of using alcohol.

A driver shall not report for duty or remain on duty when his or her job requires performing safety sensitive functions if he or she has been using drugs or has tested positive for drug use.

A driver is performing a safety sensitive function when -

- * Waiting at a terminal, facility, or other property to be dispatched, unless the driver has been relieved from duty by the Town of Derby,

- * Performing pre-trip inspection or servicing the motor vehicles;
- * Driving the motor vehicle;
- * On the vehicle;
- * Loading or unloading the vehicle, supervising the loading or unloading, giving receipts for the load, or remaining in readiness to operate the motor vehicle;
- * Performing duties and service at an accident scene; or,
- * Repairing, obtaining assistance or remaining in attendance of a disabled vehicle.

It should be noted that the Federal Highway Administration has interpreted this regulation to mean that if a municipal employee has reported to work on a particular day and is not operating that day, the CDL Qualified Employee is still subject to the testing requirements under the regulation. There is additional interpretation on this subject; available through FHWA or VLCT-PACIF.

PROHIBITED CONDUCT

A driver shall not:

- * Report for or remain on duty performing a safety-sensitive function while having a blood alcohol concentration of 0.04 or greater;
- * Use alcohol while performing safety sensitive functions;
- * Abuse controlled substances;
- * Be on duty or operate a commercial motor vehicle while possessing alcohol unless the alcohol is manifested and transported as part of the shipment;
- * Perform safety sensitive functions within four hours of using alcohol;
- * Use alcohol for 8 hours following an accident unless the driver has been given a post-accident test; or

* Refuse to submit to a required alcohol and/or drug test involving post-accident, random, reasonable suspicion or follow-up testing.

WHEN A DRIVER MUST BE TESTED

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

<u>TYPE OF TEST</u>	<u>ALCOHOL</u>	<u>DRUGS</u>
Pre-employment	No	Yes
Random	Yes	Yes
Reasonable Suspicion	Yes	Yes
Post Accident	Yes	Yes
Return to Duty	Yes*	Yes
Follow-Up ¹	Yes*	Yes

*Required if the test result of the original test were >04 BAC

TESTING PROCEDURES DRUG TESTING PROCEDURES

The testing program required by the regulations is limited to five drug types: (1) Marijuana, (2) Cocaine (3) Opiates, (4) Amphetamines, (5) Phencyclidine (PCP).

All drug testing must be done from urine specimens collected under highly controlled conditions. Specimen collection procedures require a designated collection site; security for the collection site; chain of custody documentation; use of authorized personnel; privacy during collection; integrity and identity of the specimen; and transportation to the laboratory.

¹ If required by a substance abuse professional.

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

After the urine specimen has been collected and forwarded to the laboratory two test may be performed. The initial test is the immunoassay test. This is a screening test to determine drug usage for the five classes of drugs. The second test is a confirmation test.

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

<u>DRUGS</u>	<u>INITIAL TEST LEVELS (ng/ml) *</u>	<u>CONFIRMATION TEST LEVELS (ng/ml) *</u>
Marijuana	50	15
Cocaine	300	150
Opiate	300	
Morphine		300
Cocaine		300
Phencyclidine (PCP)	25	25
Amphetamines	1000	500
Methamphetamine		500

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

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

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

Only specimens that are confirmed positive on the second or confirmatory test are reported positive to the Medical Review Officer for review and analysis.

A split specimen collection will be done. That is, the urine is divided into two specimen bottles. If the test result of the primary specimen is positive, you may request the Medical Review Officer to send the second (or split) specimen to a different certified lab for testing. The testing of the split specimen will be for the presence of drugs and no cut off levels. If the result of the test of the split specimen is "negative" the MRO shall cancel the test. If you want the split specimen tested, you must advise the MRO within 72 hours of being notified of the positive test result of the primary specimen. The employee will be responsible for the cost of the second test.

The Town of Derby needs to keep a record in the driver's file showing the type of test (pre-employment, periodic, etc.) date of collection; location of collection; entity performing the collection; name of the lab; name of the MRO; and the test results.

ALCOHOL TESTING PROCEDURES

Alcohol testing is done by testing breath, because breath is the most easily obtained bodily substance and the results are known within minutes of testing. The test results are displayed and printed in terms of grams of alcohol per 210 liters of breath. The testing device is called an Evidential Breath Testing Device (EBT). The EBT is a scientific instrument which determines the concentration of alcohol expressed as "percent by weight." It does this by analyzing a specific volume of expired breath. The weight of alcohol in the breath sample is determined and the quantity of the alcohol converted to its equivalent value in blood. A BAC (blood alcohol concentration) of 0.10 means on tenth of a gram of alcohol per 210 liters of breath. The EBT will print three copies of each test result and the test results are numbered. A test may have two separate parts. The first test is the initial test. If the initial test shows a reading less than 0.02 the test is recorded as "negative". If the initial test is 0.02 or greater a confirmation test will be done. The alcohol testing will be done in a site that affords privacy to the drivers being tested. This site could be a room, van, or a partitioned-off area. Only one breath test will be done at one time. The person giving the test will not leave the testing sight during the test.

The first part of the testing process is to make sure that the EBT is operating properly. In the drivers presence the technician runs an "air blank" test to make sure the EBT is working correctly and the reading is zero. Next, a sealed mouthpiece is opened and placed into the EBT. In order to get a sufficient quantity of deep lung air, the driver is requested to blow into the mouthpiece for at least 6 seconds, or until the EBT indicates that an adequate amount of breath has been obtained. The EBT will immediately read the results of the test and a copy of the printed results will be given to the driver. Printed results are not required for the initial test.

When the initial test results show a reading of 0.02 BAC or greater a confirmation test is necessary. Before the confirmation test, a 15 minute waiting period will be observed. The purpose of the 15 minute waiting period is to ensure that the presence of mouth alcohol from recent use of food, tobacco or hygiene products, does not artificially raise the test result. As the confirmation test is done on the same EBT as the first test, the testing procedures will be the same.

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

TESTING PROGRAMS

PRE-EMPLOYMENT TESTING

Those persons that The Town of Derby intends to hire as drivers must be tested for drug use prior to employment. For drug testing, a negative test result must be received before the driver makes the first trip.

REASONABLE SUSPICION TESTING

Reasonable suspicion means that the Town for Derby believes that the driver's appearance or conduct are indicative of the use of alcohol and/or drugs. The actions or observations of the driver must occur while the driver is on duty or just preceding the work period, or just after the period of the work day. The conduct, appearance, or actions of the driver must be observed by a supervisor or city or town official. The supervisor or official must have received training in detection of probable alcohol and/or drug use.

In the case of suspected drug use, the driver must be taken immediately to a collection site and a urine sample must be obtained. The driver's action that causes the city or town supervisor or official to require the test must be documented and signed by the supervisor/official within 24 hours after the behavior is noticed.

In the case of suspected alcohol use, the test should be done within 2 hours. The supervisor who makes the determination that reasonable suspicion exists shall not conduct the breath alcohol test on the driver.

If over 2 hours have passed before the alcohol test has been done, the employer shall prepare and maintain on file, a record stating the reasons the alcohol test was not promptly administered. If over 8 hours have passed and the alcohol test has not been administered then all attempts should cease and a written explanations should be filed as to why the test was not given.

RANDOM TESTING

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

The regulations provides that a minimum testing rate of 50% is to be used in drug testing. This rate should provide a sufficient deterrent to drug use. For alcohol testing the random rate is 25%.

The rate for random testing is based on a one year period. The unannounced test would be spread reasonably throughout the year. There are no requirements as to how often the random test must be conducted. It could be on a monthly or quarterly basis.

POST ACCIDENT TESTING

A driver must supply a urine specimen for drug testing and a breath test for alcohol following certain types of accidents. If there is a fatality, testing must be done. Also, testing must be done if the accident results in a citation issued by a law enforcement authority for a moving violation.

RETURN-TO-DUTY AND FOLLOW-UP TESTING

These tests are required when a driver who has violated the prohibited alcohol conduct standards or testing positive for drugs return to performing safety-sensitive duties. Follow-up test are unannounced and at least six tests must be conducted in the first 12 months after a driver returns to duty. Follow up testing may be extended for up to 60 months following return to duty.

REFUSAL TO SUBMIT TO A TEST

The Federal Motor Carrier Safety Regulation provide that a driver shall not refuse to a post accident test, reasonable suspicion test, random selection test, or follow-up test.

The Town of Derby shall not permit a driver who refuses to submit to a required test to perform or continue to perform safety-sensitive functions.

In alcohol testing, the refusal to sign the certification in Step 2 on the form is regarded as a refusal to take the test. Not providing an adequate amount of breath may,, under certain conditions, be regarded as a refusal to take a test.

In drug testing, failure to provide sufficient urine may constitute a refusal.

CONSEQUENCES OF A POSITIVE TEST

CONSEQUENCES FOR DRIVERS WHO TEST 0.04 BAC AND ABOVE

A driver who test 0.04 or above

- * Cannot perform a safety-sensitive function,
- * Will be made aware of resources for solving alcohol and drug problems,
- * Must be evaluated by a substance abuse professional (SAP),
- * Comply with treatment recommendations, and
- * Must undergo a return to duty breath test with a negative result.

The positive tested driver will also be subject to unannounced follow up breath tests for up to 5 years depending on the evaluation of the substance abuse professional.

CONSEQUENCES OF A TEST OVER 0.02 BAC BUT LESS THAN 0.04 BAC.

No driver who is found to have a BAC of 0.02 or greater but less than 0.04 shall perform safety sensitive functions until the start of the driver's next scheduled duty period, but not less than 24 hours following the test (SEE TABLE AT THE END OF THIS POLICY.)

CONSEQUENCES OF A POSITIVE DRUG TEST

A driver who tests positive for drugs

- * Cannot perform a safety sensitive function
- * Must be evaluated by substance abuse professional
- * Comply with treatment recommendation, and
- * Must undergo a return to duty drug test with a negative test result.

The positive tested driver will also be subject to unannounced follow up drug testing for up to 5 years depending on the evaluation of the substance and abuse professional.

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

The hazard of misuse of alcohol and illegal drugs extend far beyond the individual user. Impaired employees endanger themselves, fellow workers, and other users of our highways. Employees with drugs or alcohol in their systems are less productive and more likely to injure themselves or other persons in an accident. Alcohol and drug abusing employees increase the cost related to lost productivity, absenteeism, accidents, loss of trained personnel, theft, and treatment and deterrence programs. Also, medical costs are higher and are passed on to the employer in the form of higher health insurance rates. Alcohol and drug abuse cost both the employer and employee. Alcohol remains the number one abused drug in this country. Alcohol consumption causes a number of changes in behavior. Even low doses can impair the judgment and coordination required for changes in behavior. Even low doses can impair the judgement and coordination required for driving. Low to moderate doses increase the incidence of a variety of aggressive acts. Moderate to high doses cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory

depression, and death. If combined with other depressant drugs much lower doses of alcohol will produce the effects just described. Long-term consumption of large quantities of alcohol can lead to permanent damage of vital organs such as the brain and liver.

SIGNS AND SYMPTOMS OF AN ALCOHOL OR DRUG PROBLEM

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

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

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

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

Multiple substance abuse often begins with single substances. This may happen because once a person begins to rely on a drug, abuse of additional substance becomes more likely. People who abuse one substances are at a high risk for developing dependence and tolerance for other substances.

METHODS OF INTERVENTION FOR SUSPECTED ALCOHOL OR DRUG PROBLEMS

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

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

DISCIPLINE

Disciplinary Action for an Alcohol Test for 0.04 BAC or Greater or a Positive Drug Test:

An employee who violates this policy will be subject to disciplinary action up to and including termination of employment.

The following disciplinary action will be taken for violations of this policy discovered during post accident, reasonable suspicion and random testing. The measure of disciplinary action taken shall in all cases be properly and reasonably related to the severity of the offense.

1. FIRST OFFENSE:

A minimum of one (1) week unpaid suspension and a letter of reprimand in personnel file or other disciplinary action, up to and including termination if test results are positive.

2. SECOND OFFENSE:

A minimum of two (2) weeks unpaid suspension and a letter of reprimand in personnel file, or other disciplinary action up to and including termination if test results are positive

3. THIRD OFFENSE:

Termination

WHERE CAN I GO FOR HELP

Listed below are sources of help and information:

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

THE NATIONAL FEDERATION OF PARENTS FOR DRUG FREE YOUTH
Monday through Friday
1-800-554-KIDS

NATIONAL COUNCIL ON ALCOHOLISM
7 days a week, 24 hours a day
1-800-622-2255

PARENT'S RESOURCE INSTITUTE FOR DRUG EDUCATION (pride)
Monday through Friday
1-800-241-9746

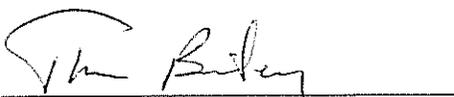
COCAINE HELP LINE
Monday through Friday
Saturday and Sunday 12:00 p.m. - 3:00 a.m.
1-800-COCAINE

For information on where to find treatment for alcohol and other drug problems, the best place to look is in the Yellow Pages under "Alcoholism Information" or "Drug Abuse and Addiction Information. Usually there is a listing of the nearest Council on Alcoholism (or Council on Alcohol and Drug Abuse). These Councils provide information over the phone on the availability of the nearest alcohol treatment programs. Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) may also be listed. Both offer immeasurable help in enabling people to cope with problems with alcohol and other drugs.

The Drug-Free Work Place Policy For All Town of Derby Employees and The Drug & Alcohol Testing Policy for CDL-Qualified Employees for the Town of Derby, Vermont is hereby adopted this 6th day of November, 1995 and is effective immediately.

TOWN OF DERBY SELECT BOARD


DOUGLAS NELSON


THOMAS BAILEY


BEULA-JEAN SHATTUCK


LARRY CURTIS


ROBERT ORR

This policy supersedes the policy previously in place on this subject dated May 29, 1995

ABBREVIATIONS AND DEFINITIONS

Abbreviations:

BAT	Breath Alcohol Technician
CDL	Commercial Drivers' License
CPL	Conforming Products List (list including evidential breath measurement devices approved by NHTSA)
CMV	Commercial Motor Vehicle
DHHS	Department of Health and Human Services
DOT	Department of Transportation
EAP	Employee Assistance Program
EBT	Evidential Breath Testing
FAA	Federal Aviation Administration
FHWA	Federal Highway Administration
FRA	Federal Railroad Administration
FTA	Federal Transit Administration
GC/MS	Gas Chromatography/Mass Spectrometry (ensures that over-the-counter medicines are not reported as positive results)
MRO	Medical Review Officer
NHTSA	National Highway Traffic Safety Administration
PCP	Phencyclidine (illicit drug)
RSPA	Research & Special Programs Administration (pipelines)
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Substance Abuse Professional
THC	Tetrahydrocannabinol (a mood altering chemical in marijuana)
USCG	United State Coast Guard

DEFINITIONS:

Alcohol:

Intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

Alcohol Concentration (or content)

Alcohol in a volume of breath (shown as grams of alcohol/210 liters of breath) as indicated by an evidential breath test.

Alcohol Use

Consumption of any beverage, mixture, or preparation, including medications containing alcohol

Breath Alcohol Technician (BAT)

An individual who instructs and assists individuals in alcohol testing process and operates an evidential breath testing (EBT) device.

Collection Site

A place designated by an employer where individuals present themselves to provide a urine specimen to be analyzed for the presence of drugs.

Collection Site Person

A person who instructs and assists individuals at a collection site and who receives and makes a screening examination of the urine specimen provided by those individuals

Commercial Motor Vehicles (CMV)

A motor vehicle or combination of motor vehicle used in commerce to transport passengers or property if the motor vehicle

- * has a gross combination weight rating of 26,001 pounds or over including a towed unit with a gross vehicle weight rating of over 10,000 pounds; or
- * has a gross vehicle weight rating of 26,001 pounds or over or
- * is designed to transport 15 or more passengers (including the driver; or
- * is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Material Regulations (4(CFR part 172 subpart F)).

Confirmation Test

In alcohol testing; a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. In controlled substance testing; a second test to identify the presence of a specific drug or metabolite. In order to ensure reliability and accuracy, this test is a separate form that uses a different technique and chemical principle from that of the screening test.

Controlled Substances

For purposes of this regulation, the terms, 'drugs' and controlled substances' are interchangeable and have the same meaning. Unless otherwise specified, these terms refer to

- * marijuana (THC)
- * Cocaine
- * opiates
- * phencyclidine (PCP)
- * amphetamines, including methamphetamine

Conviction

A finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes

Criminal Drug Statute

A Federal or non Federal criminal statute involving the manufacture, distribution, dispensing, use or possession of any controlled substance

Driver

Any person who operates a commercial motor vehicle (CMV). This includes but is not limited to:

- * full time, regularly employed drivers
- * casual intermittent or occasional drivers
- * leased drivers
- * independent, owner operator contractors who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle (CMV) at the direction of or with the consent of an employer

Evidential Breath Testing (EBT) Device

A device used for alcohol breath testing that has been approved by the National Highway Safety administration (NHTSA) and placed on NHTSA's Conforming Products List (CPL) of Evidential Breath measurement Devices

Illegal Drug:

Any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and not being used for prescribed purposes

Legal Drug

Prescribed drugs and over the counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured

Medical Review Officer (MRO)

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory result generated by an employer's drug testing program. The MRO must have knowledge of substance abuse disorder and appropriate medical training to interpret and evaluate an individual's confirmed positive test, medical history and other relevant biomedical information

Performing (a safety-sensitive function)

When he or she is actually performing, ready to perform or immediately available to perform any safety sensitive functions.

Refusal to Submit (to an alcohol or controlled substances terms)

An employee

- * fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing in accordance with the provisions of this part or
- * Fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with the provisions of this part, or
- * engages in conduct that clearly obstructs the testing process.

Safety Sensitive Function

Any on duty functions set forth in part 395.2, on duty time paragraphs 1-7. This includes the following time and or activities

- * at a carrier or shipper plant, terminal, facility, or other property, or on any public property waiting to be dispatched unless, the driver is relieved from duty by the motor carrier

- * inspecting equipment as required by section 392.7 and 392.8 of part 392
Driving Motor Vehicles:

- Service brakes, including trailer brake connections
- Parking (hand) brakes
- Steering mechanism
- Lighting devices and reflector
- Tires
- Horn

- Windshield wipers
- Rear vision mirrors
- Coupling devices
- Fire extinguisher
- Spare fuses
- Warning devices for stopped vehicles or

- * otherwise inspecting servicing or conditioning any commercial motor behind (CMV) at anytime
- * at the driving controls of a commercial vehicle (CMV) in operation
- * while in or upon any commercial motor vehicle (CMV) except when resting in a sleeper berth
- * supervising or assisting in loading or unloading a vehicle, attending a vehicle being loading or unloading, remaining in readiness to operate the vehicle or when giving or receiving receipts for shipments loaded or unloaded
- * performing the driver requirements of section 392.20 and 392.41 of part 392 Driving Motor Vehicles, relating to accidents
- * repairing, obtaining assistance or remaining in attendance upon disabled vehicle

Screening Test (initial test)

In alcohol testing: a procedure to determine if a driver has a prohibited concentration of alcohol in his or her system

In controlled substances testing: a screen to eliminate 'negative' urine specimens from further consideration.

Substance Abuse

Refers to patterns of use that result in health consequences or impairment in social, psychological and occupational functioning.

Substance Abuse Professional

A licensed physician (medical doctor or doctor of osteopathy) or a licensed or certified psychologist, social worker, employee assistance professional or addition counselor (certified by National Association of Alcoholism and Drug Abuse Counselors Certification Commission with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

Under the Influence

Means for the purpose of this policy that the employee is noticeably affected by a drug.

Workplace

Is defined to include Town owned property, including vehicles and equipment which is used in the conduct of Town business including property used temporarily for municipal related purposes such as sited leased for gravel or accommodation for training or other municipal activities.

PRIVATE ORGANIZATIONS, CIVIC GROUPS, RELIGIOUS ORGANIZATIONS

Adult Children of Alcoholics
(ACoA)
P.O. Box 3216
Torrance, CA 9505
213/534-1815

Al-Anon Family Groups
P.O. Box 862
Midtown Station
New York, NY 10018
212/302-7440
800/344-2666

Alcoholics Anonymous
15 E. 26th Street, Room 1810
New York, NY 10010
212/683-3900

American Council for
Drug Education
204 Monroe Street, Ste. 110
Rockville, MD 20850
301/294-0600
800/488-DRUG

The Chemical People/WQED
1 Allegheny Square
Suite 720
Pittsburgh, PA 15212
412/391-0900

Cocaine Anonymous (CA)
3740 Overland Avenue
Suite G
Los Angeles, CA 90034
213/559-5833
800/347-8998

CoAnon Family Groups
P.O. Box 64742-66
Los Angeles, CA 90064
213/859-2206

Families Anonymous, Inc.
P.O. Box 528
Van Nuys, CA 91408
818-989-7841

Institute on Black
Chemical Abuse
2616 Nicollet Avenue
Minneapolis, MN 55408
612/871-7878

Just Say No Foundation.
1777 No. California Blvd.
Room 210
Walnut Creek, CA 94596
415/939-6666
800/258-2766

Mothers Against Drunk Driving
511 E. John Carpenter Freeway
Suite 700
Irving, TX 75062
214/744-6233

Nar-Anon Family Groups
P.O. Box 2562
Palos Verdes Peninsula, CA
90274
213-547-5800

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
818/780-3951

National Asian Pacific American
Families
Against Drug Abuse
6303 Friendship Court
Bethesda, MD 20817
310/530-0945

National Association for
Children of Alcoholics
(NACoA)
31582 Coast Highway
Suite B
South Laguna, CA 92677
714/499-3889

National Association of State
Alcohol and Drug Abuse
Directors (NASADAD)
444 No. Capitol Street, NW
Suite 642
Washington, DC 20001
202/783-6868

National Black Alcoholism
and Addictions Council
(NBAC)
1629 K Street, NW
Suite 802
Washington, DC 20006
202/296-2696

Nat'l Coalition of Hispanic
Health and Human Services
Organizations (COSSMHO)
1030 15th Street, NW
Washington, DC 20005
202/371-2100

National Families in Action
2296 Henderson Mill Road
Suite 204
Atlanta, GA 30345
404-934-6364

National Federation of Parents
for Drug-Free Youth
9551 Big Bend
St. Louis, MO 63122

National Parents Resource
Institute for Drug Education
(PRIDE)
The Hurt Building
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
404/577-4500

National Prevention Network
444 North Capitol Street, NW
Suite 642
Washington, DC 20001
202/783-6868

Quest International
537 Jones Road
P.O. Box 566
Granville, OH 43023
614/587-2800

Women for Sobriety
P.O. Box 618
Quakertown, PA 18951
215/536-8026

What You Need to Know About the Dangers and Effects of DOT Prohibited Substances

The law also requires that you, the driver, be made aware of the effects of substance abuse. It is the concern of all that employees report to work "fit for duty" and remain fit throughout the workday in order to perform in a safe, efficient, and productive manner.

In an effort to establish a work environment free from the adverse effects of substance abuse, the following information is provided to help you evaluate the risks of involvement with chemical substances.

Substances Tested For:

- Alcohol
- Marijuana (THC Metabolite)
- Cocaine
- Amphetamines
- Opiates (including Heroin)
- Phencyclidine (PCP)

Alcohol

Immediate Effects

- Odor on breath
- Initial stimulation followed by depressed nervous system
- Flushed skin
- Glazed appearance of eyes
- Slowed reaction time
- Impaired motor skills

Chronic and Long Term Effects

- Nutritional deficiencies and sleeping difficulty
- Impaired short term memory
- Inability to concentrate
- Physical and psychological dependence
- Brain and nervous system damage
- Liver damage
- Digestive problems (gastric ulcer)
- Higher likelihood of stroke, coronary problems in general and several forms of cancer
- Disease of pancreas and kidneys
- Birth defects in children of heavy drinking woman

Effects on Driving

A person operating a motor vehicle while using alcohol is likely to experience the following under even minute amounts of alcohol. These reactions increase in intensity with blood alcohol level.

Impaired reaction time and impaired motor coordination

- Reaction time is increased, and braking time is slowed.
- Thinking and reflexes slow, making accidents more likely in unexpected situations.
- Errors in steering are related to low blood alcohol levels.

Reduced concentration

- Memory is impaired and learning processes slowed
- Remembering sequences of numbers or directions can be difficult
- Daydreaming can lead to accidents

Tendency to take unnecessary risks

- Impaired judgment and disinhibition make it more likely that driver will take unnecessary risks
- May also occur due to false sense of security

Possibility of reacting with anger towards other motorists

- As blood alcohol level decreases, agitation may cause outbursts of anger

Euphoric high followed by a period of stuporous inactivity

- Daydreaming occurs and attention is diverted. Possibility of accidents is increased due to sluggishness and inattention

Visual distortion

- Blurred and/or double vision occurs as with any depressant drug.

BLOOD ALCOHOL LEVELS

Weight In Lbs.	1 DRINK				2 DRINKS				3 DRINKS				4 DRINKS			
	After Hours				After Hours				After Hours				After Hours			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
100	.043	.028	.013	-	.087	.072	.057	.042	.130	.115	.100	.085	.174	.159	.144	.129
125	.034	.019	.004	-	.069	.054	.039	.024	.103	.088	.073	.058	.139	.124	.109	.094
150	.029	.014	-	-	.058	.043	.028	.013	.087	.072	.057	.042	.116	.101	.086	.071
175	.025	.010	-	-	.050	.035	.020	.005	.075	.060	.045	.030	.100	.085	.070	.055
200	.022	.007	-	-	.043	.028	.013	-	.065	.050	.035	.020	.087	.072	.057	.042
225	.019	.004	-	-	.039	.024	.009	-	.058	.043	.028	.013	.078	.063	.048	.033
250	.017	.002	-	-	.035	.020	.005	-	.052	.037	.022	.007	.070	.055	.040	.025

Marijuana

Effects on Driving

A person operating a motor vehicle while using marijuana is likely to experience:

Impaired reaction time

Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.

Impaired short term memory

The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.

Reduced concentration

Inability to display continuous attention or process complex information occurs. There is difficulty with complex decisions.

Impaired tracking

The act of following a moving stimulus is significantly and consistently diminished. Tracking can be affected up to ten hours after use.

Distorted time and distance sense

The ability to perceive accurately the passage of time is adversely affected. The user typically over-estimates the time that has elapsed.

Lack of control of vehicle velocity and proper positioning

Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.

Lengthened glare recovery and blurred/double vision

Distorted visual and depth perception

Confusion is created about traffic movement and appropriate driver response.

Cocaine

A powerful stimulant drug extracted from the leaves of the *Erythroxylon coca* plant. It is the most powerful central nervous system stimulant known to mankind. (Crack is a form of cocaine).

Immediate Effects

- Euphoria
- Dilated pupils
- Increase in blood pressure, heart rate, respiration rate and body temperature
- Hyperactivity
- A momentary "rush" of sensation; sense of well-being; increased feelings of self confidence, strength and endurance.

Chronic and Long Term Effects

- Short attention span
- Irritability, anxiety and depression
- Seizure and heart attack
- Loss of appetite and sleeplessness
- Psychological problems and dependence
- Hallucinations of touch, sight, taste, and/or smell
- Nasal problems

Paraphernalia

- Razor blades
- Mirror
- Small spoons
- Little bottles of white powder
- Straws (plastic, glass or metal)

Withdrawal

Symptoms occur when the usage of cocaine is stopped, but the effects are not easily determined visually as with other drugs. The most profound symptom is an intense craving for cocaine and feelings of depression.

Effects on Driving

A person operating a motor vehicle while using cocaine is likely to experience:

Lapses in attention and concentration

Driving awareness is adversely affected regardless of the amount used.

Aggressive behavior

The result manifestations are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overreacts to minor traffic irritations.

Tendency to overreact and overcompensate

Acceleration, braking, shifting, etc. are affected by overstimulated reflexes.

Impaired motor coordination

A decrease in hand-steadiness and eye/hand coordination affects proper driving response.

Periods of loss of consciousness

This is the result of fatigue due to lack of sleep and food.

Impaired judgment

False sense of alertness and security

Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.

Convulsions, seizures, cardiac arrest and/or stroke

These effects can obviously result in a collision.

Distorted vision and difficulty in seeing

The pupils are so dilated that sunlight or bright head lights cause pain and discomfort. Glare recovery is also affected.

Auditory and visual hallucinations as well as cocaine psychosis

Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.

Profound depression, anxiety, irritability and restlessness

Cocaine is a fast-acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the "high" the lower the "low."

Amphetamines

Drugs which are central nervous system stimulants used to increase alertness and physical activity. In pure form they are yellowish crystals that are manufactured into tablets or capsules. The three amphetamines include: Amphetamine, Dextroamphetamine, and Methamphetamine (free-based methamphetamine is called ICE).

Immediate Effects

- Increased heart rate
- Increase blood pressure
- Dilated pupils
- Dry mouth
- Hyperactivity
- Irritability, anxiety
- False sense of self confidence and power
- Paranoia

Chronic and Long Term Effects

- Sweating, headache, blurred vision, and dizziness
- Decreased appetite
- Sleeplessness and anxiety
- Rapid or irregular heartbeat
- Tremors
- Loss of coordination
- Physical collapse
- Depression
- Addiction and brain damage
- Amphetamine psychosis: hallucinations, delusions, or paranoia

Note: Amphetamines and/or appetite suppressants are addictive. Statistics prove that hundreds of thousands of people misuse and abuse these drugs.

Effects on Driving

(Very similar to the effects of Cocaine/Crack, except intensity decreases and duration increases.)

A person operating a motor vehicle while using amphetamines is likely to experience:

Over-estimation of performance capabilities

Driver takes more risks as the result of this attitude.

A likelihood of being more accident-prone

Actual driving records indicate that drivers who take amphetamines are more accident-prone.

Anxiety, irritability and frequent over-reaction

Minor irritations effect inappropriate driver reactions.

Extreme mental and physical fatigue

This occurs during the "down" period. During this time the driver is unable to concentrate and make sound judgments.

Food and sleep deprivation

Leads to inappropriate increased vehicle speed.

Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where he/she is going.

Auditory and visual hallucinations

Impaired motor coordination

Responses necessary for hand/eye coordination are impaired.

Stimulant Drugs

(Including cocaine) used to combat fatigue and keep driver awake, make the driver edgy, less coordinated and more likely to be involved in traffic collisions.

A driver who uses stimulants is four times more likely to be involved in a collision than a non-user.

Opiates

Opiates or narcotic analgesics are the most effective compounds used for pain relief in the practice of medicine. They are also prescribed as antidiarrheal medications. Narcotic analgesics are:

Opium

Opiates - opium derivatives:

Morphine

Codeine

Heroin (semi-synthetic)

Opioids (synthetic substitutes)

Methadone

Meperidine hydrochloride

Methadone is used in the maintenance treatment of heroin dependency but it produces tolerance and dependence. A popular street opiate is Dilaudid. Synthetic opiates, not chemically derived from opiates but having similar effects, are Darvon, Methadone and Demerol; and a combination of an opiate and synthetic compound (semi-synthetic opiate) is Percodan.

Paraphernalia

- Syringes
- Bent spoons
- Bottle caps
- Eye droppers
- Rubber tubing
- Cotton
- Needles

Immediate Effects

- Relaxation and induced sleep
- Droopy eyelids
- Tracks on arms - injection wounds
- Reduction of pain
- Decrease in size of pupils
- Cold, moist and bluish skin
- Euphoria
- Impaired coordination

Chronic and Long Term Effects

- Restlessness, nausea and vomiting
- Breathing slows down, and death may occur
- User may go "on the nod" going back and forth from feeling alert to drowsy
- Loss of appetite
- Addiction even with occasional use
- Infections of the heart lining and valves, skin abscesses and congested lungs
- Infections from unsterile solutions, illness such as liver disease, tetanus, serum hepatitis and AIDS from use of needles

Opiates

Effects on Driving

A person operating a motor vehicle while using Opiates/Opioids is likely to experience:

Effects of intoxication

These effects are similar to those produced by alcohol abuse.

False sense of security

This state of mind will cause the driver to take more chances and risks.

Euphoric high followed by a period of stuporous activity

The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.

Difficulty in focusing

The pupils are so constricted (pinpoint size) that vision is impaired.

Visual distortion

Blurred and/or double vision occurs as it does with any depressant drug.

Loss of consciousness

This is due to extreme fatigue and drowsiness.

Coma

This creates an obvious safety risk.

Phencyclidine (PCP)

PCP was first developed as an anesthetic in the 1950's and was taken off the market because it sometimes caused hallucinations. Most often called "angel dust," it is available in various forms: a white crystal-like powder, a tablet or capsule.

Immediate Effects

- Increased heart rate and blood pressure
- Flushing, sweating, dizziness and numbness
- Increased strength
- Extreme agitation

Chronic and Long Term Effects

- Stimulation (speeding up) of body functions (may also act as a depressant, pain killer, anesthetic, or hallucinogenic drug)
- Change in user's perception of own body and other forms
- Changes in speech, muscle coordination and vision
- Slowing of body movements
- Dulled sense of touch and pain
- "Spacing out" of time
- Drowsiness, convulsions and coma (effects of large doses)
- Death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain
- Signs of paranoia, fearfulness and anxiety
- Flashbacks or PCS psychosis

Effects on Driving

The driver using this drug is extremely dangerous on the road. Its effects are so varied and so bizarre that the dangers are unpredictable.

A person operating a motor vehicle while using PCP is likely to experience:

A feeling of owning the road

The user feels that he/she is the superior being on the road.

Sense of invulnerability and power

This causes the driver to take more risks on the road.

Aggressive behavior

This drug creates a very aggressive, hostile and violent driver with very little patience and no fear of death.

Auditory and visual hallucinations

This creates the likelihood of the driver reacting to something not there, causing a collision.

Visual distortion

Blurred and/or double vision can occur.

Convulsions, coma and/or death

This creates the obvious possibility of a collision. Loss of perception of time. Time appears to slow down.

Impaired coordination and dulled senses

**CONTROLLED SUBSTANCES -
USES AND EFFECTS**

DRUGS/ CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE Physical Psychological	TOLERANCE	DURATION (Hours)	USUAL METHODS OF ADMINISTRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
Marijuana (I)	Po!, Acapulco, gold, Grass, Reefer, Sinsemilla, Thai Slicks	None	Unknown/Moderate	Yes	2-4	Smoked/oral	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior.	Fatigue, paranoia, possible psychosis	Insomnia, hyperactive and decreased appetite occasionally reported
Tetrahydrocannabinol (I; II)	THC, Marinol	Cancer chemotherapy, anti-nauseant	Unknown/Moderate	Yes	2-4	Smoked/oral			
Hashish (I)	Hash	None	Unknown/Moderate	Yes	2-4	Smoked/oral			
Hashish Oil (I)	Hash Oil	None	Unknown/Moderate	Yes	2-4	Smoked/oral			

**CONTROLLED SUBSTANCES -
USES AND EFFECTS**

DRUGS/CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE Physical Psychological	TOLERANCE	DURATION (Hours)	USUAL METHODS OF ADMINISTRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
Cocaine	Coke, Flake, Snow, Crack	Local anesthetic Attention deficit disorders, narcolepsy, weight control	Possible+High	Yes	1-2	Sniffed, smoked, injected	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsion, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Ampetamines	Biphetamine, Detobese, Desoxyn, Dexedrine, Obetrol	Weight control	Possible+High	Yes	2-4	Oral/injected			
Phenmetrazine (II)	Preludin	Weight Control	Possible+High	Yes	2-4	Oral/Injected			
Methamphetamine (II)	Ralain	Attention deficit disorders, narcolepsy	Possible+Moderate	Yes	2-4	Oral/injected			
Other Stimulants (III, IV)	Adipex, Cylert, Dixerex, Ionamin, Meflat, Plegine, Sanorex, Tenuate, Tepanil, Prelu-2	Weight Control	Possible+High	Yes	2-4	Oral/injected			

**CONTROLLED SUBSTANCES -
USES AND EFFECTS**

DRUGS/ CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE Physical Psychological	TOLERANCE	DURATION (Hours)	USUAL METHODS OF ADMINISTRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
Opium (II, III, V)	Dover's Powder, Paregonic, Parepectin	Analgesic, antidiarrheal	High/High	Yes	3-6	Oral/smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine (II, III)	Morphine, Ms-Contin, Roxanol, Roxanol-SR	Analgesic, antitussive	High/High	Yes	3-6	Oral/smoked/injected			
Codeine (II, III, V)	Tylenol w/Codeine, Empirin w/Codeine, Robitussin A-C, Fiorinal w/Codeine	Analgesic, antitussive	Moderate/Moderate	Yes	3-6	Oral/injected			
Heroin (I)	Diacetylmorphine, Horse, Smack	None	High/High	Yes	3-6	Injected/smoked/injected			
Hydromorphone (II)	Dilaudid	Analgesic	High/High	Yes	3-6	Oral/injected			
Meperidine (Pethidine) (II)	Demerol, Mepergan	Analgesic	High/High	Yes	3-6	Oral/injected			
Methadone	Dolophine, Methadone, Methadose	Analgesic	High/High-Low	Yes	12-24	Oral/injected			
Other Narcotics (I, II, III, IV, V)	Numorphan, Percodan, Percocet, Tylox, Tusstonex, Fentanyl, Dervon, Lomolij, Talwin	Analgesic, antidiarrheal, antitussive	High-Low/High-Low	Yes	Variable	Oral/injected			

Summary of Signs and Symptoms

Marijuana

(dope, weed, herb, grass, pot, reefer, mary jane)

- Rapid loud talking
- Excessive laughter or inappropriate happiness
- Forgetfulness in a conversation (i.e. "What was I saying?")
- Inflammation in whites of eyes; pupils unlikely to be dilated
- Appearance of intoxication, but has no smell of alcohol
- Appearance of sleepiness or stupor in the latter stages
- Distorted sense of time passage, tendency to overestimate time intervals
- Tendency to drive vehicles slowly, below speed limit
- Increase in appetite, especially after smoking marijuana
- Odor similar to burn rope on clothing or breath
- Presence of rach clips (e.g. paperclips, bobby pins, hemostats or tweezers) and bongs or water pipes

Opiates

(horse, smack, junk, H, morpho, dollies, heroin, opium, morphine, codeine)

- Pinpoint pupils that fail to respond to light
- Respiratory depression
- Drowsiness
- Nausea and vomiting
- Apathy and decreased physical activity
- Short lived euphoria or feeling good effects
- Changes in state of mind, going back and forth from feeling alert to drowsy
- Coma or death (result of overdose)

Cocaine

(coke, crack, snow)

- Dilated pupils
- Runny nose, reddened and sore nose, cold or chronic sinus/nasal problems, nosebleeds
- Respiratory problems
- Unexplained bursts of energy

- Restlessness or nervousness
- Repetitive and non-purposeful behavior
- Irritability and anxiety
- Long periods without sleeping or eating, likely to be emaciated
- White powder in container and/or around nose
- Use or possession of paraphernalia including spoons, razor blades, mirrors, little bottles of white powder, and straws

Amphetamines

(speed, meth, hearts, pep pills, beeenies, uppers, peaches, cartwheels, sky-rockets)

- Dilated pupils
- Dryness of mucous membranes (dry mouth and lips)
- Excessive sweating and shakiness
- Reduced or loss of appetite
- Lack of sleep, insomnia
- Talkativeness, but conversation often lacks continuity; changes subjects rapidly
- Unusual energy, accelerated movements and activities

Phencyclidine (PCP)

- Pupils may appear dilated
- Mask-like facial appearance
- Rigid muscles, strange gait
- Irrational speech or behavior
- Symptoms of intoxication
- Hallucinations
- violent or frightened reactions
- Subject to flashbacks
- Exaggerated physical and mental reactions to situations
- Disorientation; agitation and violence if exposed to excessive sensory stimulation
- Deadened sensory perception (may experience severe injuries while not appearing to notice)

RECEIPT

*I HEREBY ACKNOWLEDGE RECEIPT OF THIS
DRUG FREE WORKPLACE POLICY
AND
DRUG AND ALCOHOL TESTING
POLICY*

I agree to learn more about the negative effect and serious consequences of drug and alcohol abuse on my personal health and safety, and the safety regulations and procedures regarding the testing of drugs and alcohol.

Signature

Date

To be kept on file by employer