

**DOT ALCOHOL & DRUG
TESTING RULES**

**TRAINING HANDBOOK
FOR DOT REGULATED
SAFETY-SENSITIVE
OPERATORS**

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DOT REGULATION

What DOT Covered Employees Need to Know About the DOT 49 CFR Part 40 Workplace Drug and Alcohol Testing Programs

The Department of Transportation (DOT) amended certain provisions of its drug and alcohol testing procedures to change instructions to collectors, laboratories, medical review officers, and employers regarding adulterated, substituted, diluted, and invalid urine specimen results. These changes are intended to create consistency with specimen validity testing requirements (i.e., testing for adulterants and/or substitutions) established by the U.S. Department of Health and Human Services and to clarify and integrate some measures taken into the DOT's Interim Final Rules. This Final Rule makes specimen validity testing and other drug testing provisions mandatory within the regulated transportation industries, and therefore the *COMPANY* must comply with these new regulations.

You can find DOT Final Rulings at: www.transportation.gov/regulations

Key Points:

1. Laboratories are mandated to test all DOT specimens for specimen validity (i.e., adulterants and urine substitutes).
2. Observed collections will afford less privacy in order to guard against employee use of items designed specifically to beat the testing process.
 - a. Directly observed collections will continue to occur when the collector has specific reason to believe that an employee may be attempting, or have sufficient reason, to evade the testing process (*i.e., out-of-temperature specimens, a specimen appears to have been tampered with, evidence of vials or items used to carry clean urine, or when an employee's conduct clearly indicates an attempt to tamper with a specimen*) or as directed by the MRO based upon the laboratory test result;
 - b. During the observed collection, items such as prosthetic devices designed to carry clean urine will be checked for by observers with both male and female donors, by asking the donor to raise and lower clothing, turn around, and then put the clothing back into place for the observed collection. With the exception of medically licensed physicians, nurses, or technicians, the observer must be of the same gender; and
 - c. Observed collections are DOT mandated for all return-to-duty and follow-up drug tests.
3. Negative dilute urine test results (a negative dilute determination is based upon the laboratory test result and the directions of the MRO) also mandate different action by the DOT employer as follows:

- a. At the direction of the MRO, the employee may be required to submit to an immediate recollection under direct observation (as detailed above). Failure of the employee to submit is classified by the DOT as a **refusal to test**;
- b. For current employees required to submit to a return-to-duty test or follow-up test (both of which under DOT regulations must be a negative test result) a second directly observed collection resulting in a negative dilute urine test result will render the final result a “negative” test; and
- c. An applicant with a second directly observed negative dilute urine test result will not be eligible for hire under the Company’s uniformly enforced policy.

4. During the Medical Review Officer’s (MRO) review of an invalid result, an employee admission of adulterating or substituting a specimen is a **refusal to test**.

5. An employee with a previously diagnosed medical condition which has caused them in the past to provide an invalid urine test result when called for testing, may now be referred directly to the MRO who will conduct a “signs and symptoms” medical evaluation (or the MRO may direct a licensed physician acceptable to the MRO to perform such an evaluation in accordance with DOT Regulations) to determine if there is evidence the employee is an illicit drug user. If no such evidence is found, the MRO will determine the test result to be a “negative” test and provide a report to the Company. The MRO will also provide the Company a report if the report is other than negative and the Company will take appropriate action.

6. The DOT has also expanded the definition of a “**refusal to test**” found at 49 CFR Part 40.191, which states as follows:

(a) As an employee, you have refused to take a drug test if you:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by C/TPA (see §40.61(a));
- (2) Fail to remain at the testing site until the testing process is complete; provided that an employee who leaves the testing site before the testing process commences (see §40.63(c) pre-employment test is not deemed to have refused to test;
- (3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations; provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see §§40.67(l) and 40.69(g));
- (5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2));
- (6) Fail or decline to take an additional drug test the employer or collector has directed you to take (see, for instance, Sec.40.197(b));
- (7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d). In the case of a pre-

employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer or employment, the MRO will cancel the test; or

(8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).

(9) 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.

(10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

(11) Admit to the collector or MRO that you adulterated or substituted the specimen.

(b) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

(c) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations.

DOT requires authorizing employers of Commercial Motor Vehicles Drivers holding a CDL, and TPA of owner operator consortiums, to comply with state laws requiring **notice of positive drug and alcohol test and refusals**.

ALCOHOL AND DRUG RULES: AN OVERVIEW

This pamphlet provides a general overview of the Federal Motor Carrier Safety Administration (FMCSA) & FTA drug and alcohol testing rules for persons required to obtain a commercial driver's license (CDL). The rules published by the FMCSA and the U.S.A. Department of Transportation (DOT), Office of the Secretary, provide the requirements applicable to employers and employee/volunteer drivers covered by the rules. Because the information that follows is a general summary of the rules, it should not be relied upon for the legal requirements of the rules. It does not contain many of the requirements or special circumstances detailed in the DOT rules.

WHAT ARE THE RULES?

The DOT has issued a rule requiring alcohol and drug testing of drivers who are required to have a CDL. The DOT rules include procedures for urine drug testing and breath alcohol testing. The urine-testing and breath alcohol screen (BAT) programs are Federally mandated.

November 13, 2017 the Department of Transportation has issued its revised rule governing drug testing procedures (49 CFR Part 40). The rule was published in the **Federal Register** and the DOT web site at www.transportation.gov/odapc. Provisions of the rule went into effect on **January 1, 2018**. The Federal Motor Carrier Safety Administration's (FMCSA) rule, 49 CFR 382, provides drug and alcohol testing requirements for carriers, FTA, and commercial driver's license holders (CDL).

The purpose of this revision is to make controlled substances and alcohol testing regulations consistent with DOT's revised testing procedures and to avoid duplication. Additionally, drug and alcohol testing regulations have been amended to update obsolete provisions and to clarify certain provisions of the rules.

WHO IS AFFECTED BY THESE RULES?

The rules cover safety-sensitive employees in transportation who drive commercial motor vehicles requiring a CDL to operate. Examples of drivers and employers that are subject to these rules are:

(this is not a complete list)

Anyone who owns or leases commercial motor vehicles

Anyone who assigns drivers to operate commercial motor vehicles

Federal, State, and local governments

For-Hire Motor Carriers

Private Motor Carriers

Civic Organizations (Disabled Veteran Transport, Boy/Girl Scouts, etc.)

Churches

Indian Tribes

Farmers and Custom Harvesters

WHAT ALCOHOL USE IS PROHIBITED?

- Because alcohol is a legal substance, the rules define specific prohibited alcohol-related conduct. Performance of safety-sensitive functions is prohibited:
- While having a breath alcohol concentration of 0.04 percent or greater as indicated by an alcohol breath test.
- While using alcohol.
- Within four hours after using alcohol.
- In addition, refusing to submit to an alcohol test or using alcohol within eight hours after an accident or until tested (for drivers required to be tested) are prohibited.

WHAT ALCOHOL TESTS ARE REQUIRED?

The following alcohol tests are required:

- **Post-accident** – conducted after accidents on drivers whose performance could have contributed to the accident (as determined by a citation for a moving traffic violation) and for all fatal accidents even if the driver is not cited for a moving traffic violation.
- **Reasonable suspicion** – conducted when a trained supervisor or company official observes behavior or appearance that is characteristic of alcohol misuse.
- **Random** – conducted on a random unannounced basis just before, during or just after performance of safety-sensitive functions.

- **Return-to-duty and follow-up** – conducted when an individual who has violated the prohibited alcohol conduct standards returns to performing safety-sensitive duties. Follow-up tests are unannounced and at least 6 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.

HOW DOES RANDOM ALCOHOL TESTING WORK?

Random alcohol testing must be conducted just before, during, or just after a driver's performance of safety-sensitive duties. The driver is randomly selected for testing (usually from a "pool" of drivers subject to testing). The testing dates and times are unannounced and are with unpredictable frequency throughout the year. Each year, the number of random tests conducted by the employer must equal at least 10% of all the safety-sensitive drivers.

HOW WILL ALCOHOL TESTING BE DONE?

The rules allow for screening tests to be conducted using saliva devices or breath testing using evidential breath testing (EBT) and non-evidential breath testing devices approved by the NHTSA. The NHTSA periodically publishes a list of approved devices in the Federal Register. Two tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. Any result less than 0.02 alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02 or greater, a second confirmation test must be conducted. The driver and the individual conducting the confirmation breath test (called a breath alcohol technician (BAT) complete the alcohol testing form to ensure that the results are properly recorded. The confirmation test, if required, must be conducted using an EBT that prints out the results, date and time, a sequential test number, and the name and serial number of the EBT to ensure the reliability of the results. The confirmation test results determine any actions taken. Testing procedures that ensure accuracy, reliability and confidentiality of test results are outlined in the Part 40 rule. These procedures include training and proficiency requirements for the screening test technicians (STT), breath alcohol technicians (BAT), quality assurance plans for the breath testing devices (including calibration requirements for a suitable test location), and protection of driver test records.

WHO DOES THE TESTING?

Employers are responsible for implementing and conducting the testing programs. They may do this using their own trained employees or contract services, or by joining together in a consortium that provides services to all member companies. Law enforcement officers will not conduct the tests as part of roadside or other inspections. However, under certain circumstances, post-accident tests conducted by law enforcement personnel will be acceptable. Any individual who conducts the testing must be trained to operate the EBT and be proficient in the breath testing procedures.

WHAT ARE THE CONSEQUENCES OF ALCOHOL MISUSE?

Drivers who engage in prohibited alcohol conduct must be immediately removed from safety-sensitive functions. Drivers who have engaged in alcohol misuse cannot return to safety-sensitive duties until they have been evaluated by a substance abuse professional and complied with any

treatment recommendations to assist them with an alcohol problem. To further safeguard transportation safety, drivers who have any alcohol concentration (defined as 0.02 or greater) when tested just before, during or just after performing safety-sensitive functions must also be removed from performing such duties for 24 hours. If a driver's behavior or appearance suggests alcohol misuse, a reasonable suspicion alcohol test must be conducted. If a breath test cannot be administered, the driver must be removed from performing safety-sensitive duties for at least 24 hours. A violation of these employer-based testing rules is not placed on, nor affects, the driver's CDL record.

HOW WILL EMPLOYEES KNOW ABOUT THESE NEW RULES?

Employers must provide detailed information about alcohol misuse, the employers' policy, the testing requirements, and how and where drivers can get help for alcohol abuse. Supervisors of safety-sensitive drivers must attend at least one hour of training on alcohol misuse symptoms and indicators used in making determinations for reasonable suspicion testing.

ARE EMPLOYEES ENTITLED TO REHABILITATION?

Drivers who violate the alcohol misuse rules will be referred to a substance abuse professional for evaluation. Any treatment or rehabilitation would be provided in accordance with the employer's policy or labor/management agreements. The employer is not required under these rules to provide rehabilitation, pay for treatment, or reinstate the driver in his/her safety-sensitive position. Any employer who does decide to return a driver to safety-sensitive duties must ensure that the driver: 1) has been evaluated by a substance abuse professional; 2) has complied with any recommended treatment; 3) has taken a return-to-duty alcohol test (with a result less than 0.02); and 4) is subject to unannounced follow-up alcohol tests.

HOW WILL THE DOT KNOW IF THESE RULES ARE BEING FOLLOWED?

Employers are required to keep detailed records of their alcohol misuse prevention programs. There will be inspections and audits of employers' programs. Additionally, selected employers will have to prepare annual calendar year summary reports for their DOT Mode. These reports will be used to help monitor compliance and enforcement of the rules, as well as to provide data on the extent of alcohol misuse and the need for any future program and regulatory changes.

ARE DRIVER ALCOHOL TESTING RECORDS CONFIDENTIAL?

Yes! Test results and other confidential information may be released only to the employer and the substance abuse professional. Any other release of this information is only with the driver's written consent. If a driver initiates a grievance, hearing, lawsuit, or other action as a result of a violation of these rules, the employer may release relevant information to the decision maker.

WILL FOREIGN OPERATORS HAVE TO COMPLY WITH THESE RULES?

Yes. A final rule was issued that will subject foreign motor carriers to the alcohol misuse rules when their drivers are operating in the United States.

WHAT ABOUT DRUG TESTING?

The drug testing rules issued by FMCSA in November 2017, remain in effect. The FMCSA's new controlled substances and alcohol testing rule will take effect beginning in January 2018 for all drivers of vehicles requiring a commercial driver's license employed or used by large employers. The drug testing rules cover the same drivers as the alcohol testing rules. The types of tests required are: pre-employment; reasonable suspicion; post-accident; random; return-to-duty; and follow-up.

HOW IS DRUG TESTING DONE?

Drug testing is conducted by analyzing a driver's urine specimen. The analysis is performed at laboratories certified and monitored by the Department of Health and Human Services (DHHS). There are about 90 DHHS-certified drug testing laboratories located throughout the United States. The list of DHHS approved laboratories is published monthly in the Federal Register. The driver provides a urine specimen in a location that affords privacy and the "collector" seals and labels the split specimen, completes a chain of custody document, and prepares the specimen and accompanying paperwork for shipment to a drug-testing laboratory. The specimen collection procedures and chain of custody ensure that the specimen's security, proper identification and integrity are not compromised. Each urine specimen is subdivided into two bottles labeled as a "primary" and a "split" specimen. Both bottles are sent to a laboratory. Only the primary specimen is opened and used for the urinalysis. The split specimen bottle remains sealed and is stored at the laboratory. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the driver has 72 hours to require the split specimen be sent to another DHHS-certified laboratory for analysis. This split specimen procedure essentially provides the driver with an opportunity for a "second opinion."

WHAT DRUGS ARE TESTED FOR?

All urine specimens are analyzed for the following drugs:

- 1) Marijuana (THC metabolite) – Federally illegal
- 2) Cocaine
- 3) Amphetamines
- 4) Opiates (including heroin) and synthetic opioids (e.g. oxycodone/morphine, hydrocodone/morphine).
- 5) Phencyclidine (PCP)

The testing is a two-stage process. First, a screening test is performed. If it is positive for one or more of the drugs, then a confirmation test is performed for each identified drug using state-of-the-art gas chromatography/mass spectrometry (GC/MS) analysis. GC/MS confirmation ensures that over-the-counter medications or preparations are not reported as positive results.

WHO REVIEWS AND INTERPRETS THE LABORATORY RESULTS?

All drug test results are reviewed and interpreted by a physician (Medical Review Officer (MRO) before they are reported to the employer. If the laboratory reports a positive result to the MRO, the MRO contacts the driver (in person or by telephone) and conducts an interview to determine

if there is an alternative medical explanation for the drugs found in the driver's urine specimen. For all the drugs except PCP, there are some limited, legitimate medical uses that may explain the positive test result. If the driver provides appropriate documentation and the MRO determines that it is legitimate medical use of the prohibited drug, the drug test result is reported as negative to the employer.

WHAT DRUG USE IS PROHIBITED?

The drug rules prohibit any unauthorized use of the controlled substances. Illicit use of drugs by safety-sensitive drivers is prohibited on or off duty. Some additional rules that prohibit the use of legally prescribed controlled substances (such as barbiturates, amphetamines, morphine, etc.) by safety-sensitive drivers involved in interstate commerce. Other regulations require drivers involved in interstate commerce to report any medical use of controlled substances.

WHAT ARE THE CONSEQUENCES OF A POSITIVE DRUG TEST?

A driver must be removed from safety-sensitive duty if he/she has a positive drug test result. The removal cannot take place until the MRO has interviewed the driver and determined that the positive drug test resulted from the unauthorized use of a controlled substance. A driver cannot be returned to safety-sensitive duties until he/she has been evaluated by a substance abuse professional or MRO, has complied with recommended rehabilitation, and has a negative result on a return-to-duty drug test. Follow-up testing to monitor the driver's continued abstinence from drug use may be required.

HOW DOES RANDOM DRUG TESTING WORK?

Employers are responsible for conducting random, unannounced drug tests. The total number conducted each year must equal at least the Mandated Annual Percentage (generally 25%-50%) of the safety-sensitive drivers. Some drivers may be tested more than once each year; some may not be tested at all depending on the random selection. Random testing for drugs does not have to be conducted in immediate time proximity to performing safety-sensitive functions. Once notified of selection for testing, however, a driver must proceed to a collection site to accomplish the urine specimen collection.

ARE EMPLOYEE EDUCATION AND TRAINING REQUIRED?

Employers must provide information on drug use and treatment resources to safety-sensitive drivers. All supervisors and officials of businesses with safety-sensitive drivers must attend at least one hour of training on the signs and symptoms of drug abuse. This training is necessary to assist supervisors and company officials in making appropriate determinations for reasonable suspicion testing.

ARE DRIVER DRUG TESTING RECORDS CONFIDENTIAL?

Yes! Driver drug testing results and records are maintained under strict confidentiality by the employer, the drug-testing laboratory, and the medical review officer. They cannot be released to others without the written consent of the driver. Exceptions to these confidentiality provisions are limited to a decision maker in arbitration, litigation or administrative proceedings arising from

a positive drug test. Statistical records and reports are maintained by employers and drug testing laboratories. This information is aggregated data and is used to monitor compliance with the rules and to assess the effectiveness of the drug testing programs.

Dangers and Effects of DOT Prohibited Substances

The law also requires that you, the safety-sensitive employee, 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 for duty” 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.

Employee Education Outline

- Objectives of training
- Overview of Drug-Free Workplace Policy

- Impact of substance abuse in the workplace
- Ways that people use alcohol and other drugs
- Understanding addiction
- Signs and symptoms of substance abuse
- Family and coworker impact
- Assistance
- Confidentiality
- Specific drugs of abuse

Objectives of Training

At the end of the training, employees should be familiar with the Drug-Free Workplace Policy and aware of the dangers of alcohol and drug abuse.

Employees should understand:

- The requirements of the Drug-Free Workplace Policy.
- The prevalence of alcohol and drug abuse and its impact on the workplace
- How to recognize the link between poor performance and/or alcohol and drug abuse
- The progression of the disease of addiction
- What types of assistance may be available

Overview of Drug-Free Workplace Policy

The Drug-Free Workplace Policy accomplishes two major things:

- Sends a clear message that use of alcohol and drugs in the workplace is prohibited.
- Encourages employees who have problems with alcohol and other drugs to voluntarily seek help

The policy exists to:

- Protect the health and safety of all employees, customers and the public
- Safeguard employer assets from theft and destruction
- Protect trade secrets
- Maintain product quality and company integrity and reputation
- Comply with the Drug-Free Workplace Act of 1988 or any other applicable federal, state or local laws

The Drug-Free Workplace Policy answers the following questions:

- What is the purpose of the policy and program?
- Who is covered by the policy?
- When does the policy apply?
- What behavior is prohibited?
- Are employees required to notify supervisors of drug-related convictions?
- Does the policy include searches?
- Does the program include drug testing?
- What are the consequences for violating the policy?
- Are there Return-to-Work Agreements?
- What type of assistance is available to employees needing help?
- How is employee confidentiality protected?
- Who is responsible for enforcing the policy?
- How is the policy communicated to employees?

Impact of Substance Abuse in the Workplace

Employee Health – People who abuse alcohol or other drugs tend to neglect nutrition, sleep and other basic health needs. Substance abuse depresses the immune system.

Impact on the workplace:

- Higher use of health benefits
- Increased use of sick time
- Higher absenteeism and tardiness

Productivity – Employees who are substance abusers can be physically and mentally impaired while on the job. Substance abuse interferes with job satisfaction and the motivation to do a good job.

Impact on the workplace:

- Reduced output
- Increased errors
- Lower quality of work
- Reduced customer satisfaction

Decision Making – Individuals who abuse alcohol and/or other drugs often make poor decisions and have a distorted perception of their ability.

Impact on the workplace:

- Reduced innovation
- Reduced creativity
- Less competitiveness
- Poor decisions, both daily and strategic

Safety – Common effects of substance abuse include impaired vision, hearing and muscle coordination and low levels of attention, alertness and mental acuity.

Impact on the workplace:

- Increased accidents
- More workers' compensation claims

Employee Morale – The presence of an employee with drug and/or alcohol problems creates a strain on relationships between coworkers. Organizations that appear to condone substance abuse create the impression that they don't care.

Impact on the workplace:

- Higher turnover
- Lower quality
- Reduced team effort

Security – Employees with drug and/or alcohol problems often have financial difficulties, and employees who use illegal drugs may be engaging in illegal activities in the workplace.

Impact on the workplace:

- Theft
- Law enforcement involvement

Organizational Image and Community Relations – Accidents, lawsuits and other incidents stemming from employee substance abuse problems may receive media attention and hurt an organization's reputation in the community.

Impact on the workplace:

- Reduced trust and confidence
- Reduced ability to attract high-quality employees

Ways that People Use Alcohol and Other Drugs

Use: Alcohol and other drugs may be used in a socially accepted or medically authorized manner to modify or control mood or state of mind. Examples include having a drink with friends or taking an anti-anxiety agency as prescribed by a physician. Described below are different ways that people use alcohol and other drugs without necessarily becoming addicted.

Experimentation – Out of curiosity and/or at the urging of peers, individuals may try drinking or using drugs illegally. If the illegal drug use is not repeated, or discontinued after a short time, such experimentation may not be problematic. Likewise, deciding to drink alcoholic beverages after early experimentation is not problematic for most adults.

Social/Recreational – Drinking alcoholic beverages is permitted in American society, and some excessive use may even be condoned. If use doesn't cause problems for the user, or those around him/her, most people would consider such use to be social or recreational. Some use marijuana in a similar manner – only in certain social or recreational situations and without immediate adverse consequences. However, marijuana use is illegal, except in a few states.

As a Stress Reliever – Many people use alcohol or other drugs to help them cope with pressure or stress. If this type of use is infrequent and doesn't create more stress or difficulties for the user, or those around him/her, it may not lead to addiction, but alcoholism and drug addiction often begin with relief drinking.

Abuse: The use of a substance to modify or control mood or state of mind in a manner that is illegal or harmful to oneself or others is considered problematic use, or abuse. Examples of potential consequences of harmful use are:

- Accidents or injuries
- Blackouts
- Legal problems
- Poor job performance
- Family problems
- Sexual behavior that increases the risk of STD/HIV infection

Addiction: A number of individuals occasionally use or abuse alcohol or drugs without becoming addicted, but for many abuse continues despite repeated attempts to return to more social or controlled use and leads to addiction. Addiction is the irresistible compulsion to use alcohol and drugs despite adverse consequences. It is characterized by repeated failures to control use, increased tolerance and increased disruption in the family.

Understanding Addiction

Unfortunately, it is not possible to tell early on whose use may lead to abuse and/or addiction. For one in ten people, abuse leads to addiction.

Addiction to alcohol and other drugs is:

Chronic – Once you have developed an addiction, you will always have to deal with it. You may manage to stop using alcohol or other drugs for significant periods of time, but for most the disease doesn't disappear but rather goes into remission. Should you attempt to resume 'normal' use, you will rapidly return to addictive, out of control use and abuse.

Progressive – Addiction gets worse over time. With some drugs, the decline is rapid; with others, like alcohol, it can be more gradual, but it does get worse. Alcohol and other drugs cause

a biochemical change in the nervous system that can persist even after the substance leaves the blood. Repeated use causes progressive damage.

Primary – Addiction is not just a symptom of some underlying psychological problem, a developmental stage or a reaction to stress. Once your use of alcohol or drugs has become an addiction, the addiction itself needs to be medically treated as a primary illness.

Terminal – Addiction to alcohol and/or other drugs often leads to disease and possibly death.

Characterized by Denial – One of the most disturbing and confusing aspects of addiction is that it is characterized by denial. The user denies that his/her use is out of control or that it is causing any problems at home or work. The user often seems to be the last to know that his/her life is out of control. There are effective strategies employed by professionals for helping to break through this denial, which must be overcome before treatment can take place.

Risk of Addiction:

Addiction is a family disease:

Some people with a history of substance abuse in their family are more susceptible to developing problems with addiction. Children of alcoholics or addicts are three times as likely to develop problems. If both parents are addicts or alcoholics, the risk increases to five times as great. This is due to heredity as well as learned behavior. It is important for parents to realize that children learn much more from watching their behavior than listening to their advice.

Prior abuse of alcohol and other drugs has a great impact on developing future problems:

A pattern of abuse develops and can lead to addiction and psychological reliance on drugs and/or alcohol. This can be a slow progression for some and a rapid decline for others. Research demonstrates that the later in life an individual first drinks alcohol or uses other drugs, the less likely he or she will be to progress to problem use.

Other contributing factors:

Some people abuse alcohol and drugs as part of a self-destructive lifestyle. Other people start to use substances to seek relief from depression or crisis in their lives. Although some fortunate individuals never develop serious problems and use diminishes or ceases once the precipitating events change, others develop a serious problem before they even realize it.

Signs and Symptoms of Substance Abuse

Abuse of alcohol and other drugs affects people emotionally, behaviorally and physically.

Emotional Effects:

- Aggression
- Burnout
- Anxiety
- Depression
- Paranoia
- Denial

Behavioral Effects:

- Slow reaction time
- Impaired coordination
- Slowed or slurred speech
- Irritability
- Excessive talking
- Inability to sit still
- Limited attention span
- Poor motivation and lack of energy

Physical Effects:

- Weight loss
- Sweating
- Chills
- Smell of alcohol

Family and Coworker Impact

Enabling: Action that someone takes to protect the person with the problem from the consequences of his or her actions. Unfortunately, enabling actually helps the person to NOT deal with his or her problem.

Examples of enabling include:

Covering Up – Providing alibis, making excuses or even doing an impaired worker’s work rather than confronting the issue that he/she is not meeting his/her expectations.

Rationalizing – Developing reasons why the person’s continued substance abuse or behavior is understandable or acceptable.

Withdrawing/Avoiding – Avoiding contact with the person with the problem.

Blaming – Blaming yourself for the person’s continued substance abuse or getting angry at the individual for not trying hard enough to control his/her use or to get help.

Controlling – Trying to take responsibility for the person by throwing out his/her drugs, cutting off the supply or trying to minimize the impact by moving him/her to a less important job.

Threatening – Saying that you will take action (ceasing to cover up, taking formal disciplinary action) if the employee doesn’t control his/her use, but not following through.

Examples of traps that family members and coworkers may fall into:

Sympathy – Trying to get you involved in his/her personal problems.

Excuses – Having increasingly improbable explanations for everything that happens.

Apology – Being very sorry and promising to change. (“It won’t happen again.”)

Diversions – Trying to get you to talk about other issues in life or in the workplace.

Innocence – Claiming he/she is not the cause of the problems you observe, but rather the victim. (“It isn’t true.” “I didn’t know.” “Everyone is against me.”)

Anger – Showing physically intimidating behavior, blaming others. (“It’s your fault.”)

Pity – Using emotional blackmail to elicit your sympathy and guilt. (“You know what I’m going through. How can you do this to me now?”)

Tears – Falling apart and expressing remorse upon confrontation.

Assistance

Things to remember:

- Difficulty performing on the job can sometimes be caused by unrecognized personal problems – including addiction to alcohol and other drugs
- Help is available
- Although a supervisor may suspect that an employee’s performance is poor because of underlying personal problems, it is up to employee to decide whether or not that is the case
- It is an employee’s responsibility to decide whether or not to seek help
- Addiction is treatable and reversible
- An employee’s decision to seek help is a private one and will not be made public

If Employee Assistance Program (EAP) services are available:

- An EAP can help employees decide what to do if they have a problem with alcohol or other drugs
- An EAP also can help an employee decide what to do if someone in his/her family or workgroup has a problem
- Conversations with an EAP are confidential

If EAP services are not available, help may be available from:

- Community hotlines
- Self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, etc.
- Community mental health centers
- Private therapists or counselors
- Addiction treatment centers

Confidentiality

Employees need to know that:

- Problems will not be made public
- Conversations with an EAP professional – or other referral agent – are private and will be protected
- All information related to performance issues will be maintained in his/her personnel file
- Information about any referral to treatment, however, will be kept separately
- Information about treatment for addiction or mental illness is not a matter of public record and cannot be shared without a release signed by the employee
- If an employee chooses to tell coworkers about his/her private concerns, that is his/her decision
- When an employee tells his/her supervisor something in confidence, supervisors are obligated to protect that disclosure

If EAP services are available, employees are also assured that:

- EAP records are separate from personnel records and can be accessed only with a signed release from the employee
- EAP professionals are bound by a code of ethics to protect the confidentiality of the employees and family members that they serve
- There are clear limits on when and what information an EAP professional can share and with whom

However, there are some limits on confidentiality that may require:

- Disclosure of child abuse, elder abuse and serious threats of homicide or suicide as dictated by state law
- Reporting participation in an EAP to the referring supervisor
- Reporting the results of assessment and evaluation following a positive drug test
- Verifying medical information to authorize release time or satisfy fitness-for-duty concerns as specified in company policy
- Revealing medical information to the insurance company in order to qualify for coverage under a benefits plan

Specific Drugs of Abuse

Alcohol

In American society alcohol is a legal drug. Nonetheless, it is a depressant and is the leading drug of abuse. Use of alcohol affects judgment and decision-making abilities, slows down the central nervous system and brain function, and reduces coordination and reflex actions.

Signs and symptoms of abuse:

- Dulled mental processes
- Lack of coordination
- Slowed reaction time
- Poor judgement
- Reduced inhibitions

Health effects:

- Decreased sexual functioning
- Liver disease
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and skin

- Kidney disease
- Ulcers
- Spontaneous abortion
- Birth defects – leading cause of preventable retardation

Workplace issues:

- Many employers now test for the presence of alcohol along with other drug testing.
- Consuming alcohol increases the likelihood that a driver or equipment operator will be involved in an accident.
- Low doses of alcohol reduce inhibitions and affect decision making.
- People who would not ordinarily behave in inappropriate ways can be persuaded to change their behavior when they are drinking.
- Often employees are under the influence of alcohol when they make the decision to use drugs.

Marijuana

Marijuana is a derivative of the hemp plant and is illegally used for its intoxicating effects and dreamy state of relaxation and euphoria. All forms of marijuana have negative physical and mental effects. The active ingredient in marijuana is Delta-9-Tetrahydrocannabinol, or THC, and is present in all forms of the drug.

Signs and symptoms of use:

Physical

- Substantial increase in heart rate
- Bloodshot eyes
- Dry mouth and throat
- Increased appetite
- Chronic sore throat

Mental

- Impaired or reduced short-term memory and comprehension
- Altered sense of time
- Changed sensory perception--sight, smell, hearing, touch
- Reduced ability to perform tasks requiring concentration and coordination, such as driving a car

Health effects:

- Emphysema-like symptoms
- Respiratory track and sinus infections
- Lowered immune system response

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using marijuana in any form.
- THC is stored in the body fat and is slowly released over time. Since it is retained in the fat, an employee can test positive many days after use.
- Many employers also have work rules requiring the employee to disclose if he or she is taking any sedating medications that could impact his or her ability to work safely. This rule would apply even in states that have approved the medicinal use of marijuana.
- The use of marijuana definitely would cause fitness-for-duty concerns.

Inhalants

Inhalants are mood-altering substances that are voluntarily inhaled. Most substances used are commercial and household products, such as solvents and aerosols, which are easily obtained and not harmful, if used for the purpose intended and as directed. Because they are common products, inhalants often are a young person's first attempt at "getting high."

Signs and symptoms of abuse:

Inhaling solvents allows the substance to reach the bloodstream very quickly. Immediate negative effects of include:

- Nausea
- Sneezing
- Coughing
- Nosebleeds
- Fatigue
- Poor coordination
- Loss of appetite

Health effects:

- Hepatitis
- Brain damage

- Debilitating effects on the central nervous system
- Weight loss
- Fatigue
- Electrolyte imbalance
- Muscle fatigue
- Permanent damage to the nervous system

Workplace issues:

- Inhalants can severely impair judgment and driving ability.
- They also cause severe disorientation, visual distortion and confusion.
- Some such products may be available in the workplace.

Cocaine

Cocaine is the most potent stimulant of organic origin and the most widely used of the stimulants. Although cocaine has been used in the past as a topical anesthetic, its therapeutic uses have almost been eliminated due to the development of safer anesthetics. Cocaine is a powerfully addictive drug leading to physical and psychological dependence.

Signs and symptoms of abuse:

- Dilated pupils
- Increased pulse rate
- Elevated blood pressure
- Insomnia
- Loss of appetite
- Tactile hallucinations
- Paranoia
- Seizures
- Anxiety, agitation
- Periods of increased activity followed by fatigue and depression
- Wide mood swings
- Difficulty in concentration

Health effects:

- Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature. Cocaine use can lead to death by cardiac arrest or respiratory failure.

- Cocaine powder is sniffed or snorted. The euphoric high lasts for approximately 30 minutes. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Cocaine powder can also be injected into the bloodstream when it is mixed with water. Using contaminated equipment to inject cocaine, or any other substance, can transmit HIV and cause HIV/AIDS, hepatitis and other infection diseases.
- Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Inhalation of cocaine fumes from freebasing produces effects that are very fast in onset, very intense and momentary in duration.
- Crack is cocaine that is processed into tiny chips having the appearance of slivers of soap. Crack has become a very popular form of cocaine, since it is inexpensive and relatively easy to use. It is smoked in a pipe or rolled with tobacco in a cigarette. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. Many users become extremely depressed when not using the drug, and the craving for the drug is intense. In addition, tolerance develops rapidly.

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using cocaine in any form.
- The addictive nature and cost can lead to workplace theft and/or dealing.
- Work performance is erratic with periods of high performance and periods characterized by forgetfulness, absenteeism and missed assignments.

Stimulants

Stimulants are drugs that stimulate the central nervous system and excite bodily activity. Methamphetamine or crank is one of the fastest growing drugs of abuse. These drugs create less intense and less expensive cocaine-like effects in the body.

Signs and symptoms of abuse:

- Mood changes
- Impaired concentration
- Impaired mental functioning
- Swings between apathy and alertness

Health effects:

- Increased heart and respiratory rates
- Elevated blood pressure
- Sweating
- Headaches
- Blurred vision
- Dizziness
- Sleeplessness and anxiety
- Rapid or irregular heartbeat
- Tremors
- Poor coordination
- Physical collapse

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using amphetamines without a current prescription.
- The addictive nature and cost can lead to workplace theft and/or dealing.
- Work performance is erratic with periods of high performance and periods characterized by forgetfulness, absenteeism and missed assignments.

Depressants

A depressant is a drug that depresses the central nervous system, resulting in sedation and a decrease in bodily activity. Depressants, taken as prescribed by physicians, can be beneficial for the relief of anxiety, irritability, stress and tension.

Signs and symptoms of use:

- Slurred speech
- Staggered walk
- Altered perception
- Respiratory depression
- Coma and death

Health effects:

- The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed.
- The main classes of medical depressants are barbiturates and benzodiazepines. When regular users suddenly stop taking large doses, they can develop withdrawal symptoms ranging from restlessness, insomnia and anxiety to convulsions and death.
- Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Workplace issues:

- Mental clouding and drowsiness pose a fitness-for-duty concern.
- Many employers also have work rules requiring the employee to disclose if they are taking any sedating medications that could impact their ability to work safely.

Hallucinogens

Hallucinogenic drugs distort the senses and often produce hallucinations--experiences that depart from reality. Phencyclidine (PCP) interrupts the function of the neurocortex, the section of the brain that controls the intellect and keeps instincts in check, because the drug blocks pain receptors. Violent PCP episodes may result in self-inflicted injuries.

Signs and symptoms of use:

- Impaired concentration
- Confusion and agitation
- Muscle rigidity
- Profuse sweating

Health effects:

- Chronic users of PCP report persistent memory problems and speech difficulties.
- Some of these effects may last six months to a year following prolonged daily use.

- Mood disorders, such as depression, anxiety and violent behavior, also occur.
- In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.
- Large doses may produce convulsions and coma, as well as heart and lung failure.

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using PCP.
- Use causes severe disorientation.

Narcotics

Narcotic analgesics are the most effective compounds used for pain relief. Narcotic analgesics include Opium, Opiates (morphine, codeine, Percodan, heroin and dilaudid) and Opioids (synthetic substitutes such as Vicodin, Darvon, Demerol and methadone).

Signs and symptoms of use:

Narcotics initially produce a feeling of euphoria that is often followed by:

- Drowsiness
- Nausea and vomiting
- Constricted pupils
- Watery eyes and itching
- Low and shallow breathing
- Clammy skin
- Impaired respiration
- Convulsions
- Coma
- Possible death

Health effects:

- Tolerance to narcotics develops rapidly and addiction is likely.
- The use of contaminated syringes may result in diseases such as HIV/AIDS, endocarditis and hepatitis.
- Addiction in pregnant women can lead to premature, stillborn or addicted infants who experience severe withdrawal symptoms.

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using opiates without a current medical prescription.
- Many employers also have work rules requiring the employee to disclose if they are taking any sedating medications that could impact their ability to work safely.
- The addictive nature and cost can lead to workplace theft and/or dealing.
- Mental clouding and drowsiness pose a fitness-for-duty concern.

Designer Drugs

Illegal drugs are defined in terms of their chemical formulas, but underground chemists can modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs, which do not meet these definitions. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphoricants. They can produce severe neurochemical damage to the brain. The narcotic analogs can cause symptoms such as those seen in Parkinson's disease, including uncontrollable tremors, drooling, impaired speech, paralysis and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating and faintness.

Psychological effects include anxiety, depression and paranoia. As little as one dose can cause brain damage, and the designer drugs still cause illusions, hallucinations and impaired perception.

Some designer drugs are: Synthetic Heroin White, MPTP (New Heroin), analogs of MDMA (Ecstasy, XTC, Essence), hallucinogens (STP, PMA, EVE) and analogs of PCP.

REFERRALS

<p>Adult Children of Alcoholics (ACA/ACoA) P.O. Box 3216 Torrance, CA 90510 310-534-1815</p> <p>Alanon/Alateen Family Group Headquarters, Inc. P.O. Box 862 Midtown Station New York, NY 10018-0862 1-800-356-9996 (Literature) 1-800-344-2666 (Meeting Referral)</p> <p>Alcoholics Anonymous World Services, Inc. 475 Riverside Drive New York, NY 10115 212-870-3400 (Literature) 212-647-1680 (Meeting Referral)</p> <p>CDC National AIDS Hotline 1-800-342-AIDS 1-800-344-SIDA – Spanish 1-800-AIDS-TTY – TDD</p> <p>Center for Substance Abuse Treatment National Drug and Alcohol Treatment Referral Service 1-800-662-HELP Referrals To:</p> <ul style="list-style-type: none">• 1-800-ALCOHOL• 1-800-COCAINE• 1-800-448-3000 BOYSTOWN <p>Children of Alcoholics Foundation, Inc. 555 Madison Avenue, 20th Floor New York, NY 10022 212-754-0656 or 800-359-COAF</p> <p>Cocaine Anonymous World Service Office</p>	<p>NAFARE Alcohol, Drug & Pregnancy Hotline 200 N. Michigan Avenue Chicago, IL 60601 1-800-638-BABY</p> <p>Nar-Anon Family Group Headquarters, Inc. P.O. Box 2562 Palos Verdes, Peninsula, CA 90274 310-547-5800</p> <p>Narcotics Anonymous (NA) World Service Office P.O. Box 9999 Van Nuys, CA 91409 818-773-9999</p> <p>National Association for Children of Alcoholics 11426 Rockville Pike, Suite 301 Rockville, MD 20852 301-468-0985</p> <p>National Clearinghouse for Alcohol and Drug Information P.O. Box 2345 Rockville, MD 20847-2345 301-468-2600 1-800-729-6686</p> <p>National Council on Alcoholism and Drug Dependence 12 West 21st Street, 7th Floor New York, NY 10010 1-800-NCA-CALL (will refer you to your local treatment information center)</p> <p>National Families in Action 2296 Henderson Mill Road, Suite 204 Atlanta, GA 30345 770-934-6364</p> <p>National Highway Traffic Safety Information 400 7th Street, SW</p>
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3740 Overland Avenue, Ste. C Los Angeles, CA 90034 1-800-347-8998	Washington, DC 20590 202-366-9550 Auto Safety Hotline: 1-800-424-9393
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<p>Families Anonymous P.O. Box 35475 Culver City, CA 90231 1-800-736-9805</p> <p>Hazelden Educational Materials Pleasant Valley Road P.O. Box 176 Center City, MN 55012-0176 1-800-328-9000</p> <p>Marijuana Anonymous World Services P.O. Box 2912 Van Nuys, CA 91404 1-800-766-6779</p> <p>Mothers Against Drunk Driving (MADD) 511 E. John Carpenter Freeway Suite 700 Irving, TX 75062 214-744-6233 Victim Hotline: 800-438-6233 (GET MADD)</p>	<p>National Women’s Health Network 514 10th Street, NW, Ste. 400 Washington, DC 20004 202-682-7814</p> <p>Rational Recovery Systems P.O. Box 800 Lotus, CA 95651 1-800-303-CURE</p> <p>Secular Organizations for Sobriety (SOS) P.O. Box 5 Buffalo, NY 14215 310-821-8430</p> <p>Women for Sobriety P.O. Box 618 Quakertown, PA 18951 1-800-333-1606</p>
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***Contact your DER or TPA (Third Party Admin) for a complete list of providers**

*SUBSTANCE ABUSE PROFESSIONAL (SAP) REQUIRED WHEN A DOT EMPLOYEE TESTS POSITIVE OR REFUSES A TEST	
<p>American Substance Abuse Professionals, Inc. 711 West 40th Street-Ste 235 Baltimore, MD 21211 phone 888-792-2727 fax 410-889-6234 e mail reedm@go2asap.com</p>	<p>NMS Management Services 2901 South Congress Avenue Palm Springs, FL 33461 phone 561-967-8884 fax 561-967-9729 e mail nms123@nms123.com 8:30-5:00 m-f</p>

DOT Alcohol & Drug Testing Rules Training Handbook Receipt

I hereby acknowledge that I have received a copy of the DOT Alcohol & Drug Testing Rules Training Handbook for DOT Regulated Safety-Sensitive Employees.

COMPANY NAME _____

Date Received

Employee Signature

Employee Print Name

Date

Witness/Employee Representative Signature

File Copy