

DRIVER CONCERNS OF ALCOHOL AND USE OF CONTROLLED SUBSTANCES

All drivers, training personnel, and all company employees subject to 49 CFR, Part 382 “Alcohol and Controlled Substances Testing” employed or leased to Clarinda Community School District and operating Commercial Motor Vehicles shall submit to all alcohol and controlled substances tests administered in accordance with Part 382 and Part 40. Drivers are required to be in compliance during all periods of all working days. Questions concerning Federal testing regulations, policies, procedures, educational materials, and company policy(s) should be directed to the Transportation Director.

SAFETY-SENSITIVE FUNCTIONS

Means all the time from the time a driver begins to work or is required to be in readiness to work until he/she is relieved from work and all responsibilities for performing work for the employer.

PROHIBITED DRIVER CONDUCT (Subpart B)

1. No driver shall report for duty or remain on duty while:
 - (a) Having an alcohol concentration of 0.04 or greater.
 - (b) Possessing alcohol (unless it is manifested and transported as part of a shipment).
 - (c) Using alcohol in any form (Alcohol is defined as “any beverage, mixture, or preparation, including any medication containing alcohol”).
 - (d) Using alcohol within 4 hours of reporting for duty.
 - (e) Use of alcohol for 8 hours following an accident, or until undergoes a Post-Accident test, whichever occurs first.
 - (f) Refuse to submit to any required alcohol or controlled substances testing.
 - (g) Using any controlled substances.
 - (h) After testing Positive for controlled substances.
 - (i) Company Policy is to terminate all drivers engaging in any of the above prohibited conduct.
 - (j) Drivers that are terminated for violation of the alcohol and controlled substances policy will be given a list of Substance Abuse Professionals.

(Employer must inform employees of their Policy on driver conduct and state so in their Policy: such as “Company Policy is to terminate all drivers engaging in any of the above Prohibited Conduct”).

DRUG AND ALCOHOL CLEARINGHOUSE

All drivers must consent to permit access to information in the clearinghouse as required by Part 382 Subpart G. Drivers will not be permitted to perform a safety sensitive function if the driver refuses to grant consent. The following information will be reported to the clearinghouse:

- (a) A verified positive, adulterated, or substituted controlled substances test result;
- (b) An alcohol confirmation test with a concentration of 0.04 or higher;
- (c) A refusal to submit to a test in violation of §382.211;
- (d) An employer's report of actual knowledge, as defined at §382.107, of:
 - (1) On duty alcohol use pursuant to §382.205;
 - (2) Pre-duty alcohol use pursuant to §382.207;
 - (3) Alcohol use following an accident pursuant to §382.209; and
 - (4) Controlled substance use pursuant to §382.213;

- (e) A SAP report of the successful completion of the return-to-duty process;
- (f) A negative return-to-duty test; and
- (g) An employer's report of completion of follow-up testing.

TESTING PROCEDURES UNDER GUIDELINES OF PART 40

Controlled substances testing will be performed using urine specimen with split specimen collection conducted. Alcohol screen testing may be conducted using saliva swabs or breath for detection of alcohol. All confirmation alcohol testing shall involve the collection of breath and testing by an evidential breath testing device (EBT). The EBT will provide immediate results with the driver and the employer receiving a copy of the breath test results. Analysis of urine specimens is conducted in accordance with Part 40 standards to ensure validity, accuracy and confidentiality for the driver. Only Department of Health and Human Services (DHHS) approve laboratories shall be used to test the urine specimen. All collections of urine specimen and breath samples are conducted by individuals trained according to DOT rules in 49 CFR, Part 40 regulations.

CIRCUMSTANCES UNDER WHICH A DRIVER WILL BE TESTED FOR ALCOHOL AND OR CONTROLLED SUBSTANCES

1. **PRE-EMPLOYMENT TESTING.** Prior to performing safety-sensitive functions an applicant/driver shall undergo a pre-employment controlled substances test and negative results shall be received by the employer before the driver performs any safety-sensitive functions.
2. **POST-ACCIDENT TESTING.** Any driver involved in an accident in which there is a fatality shall submit to alcohol and controlled substances testing. Any driver who receives a citation for a moving traffic violation arising from an accident and with either event of (1) the accident resulted in bodily injury requiring immediate medical treatment away from the accident and/or (2) one or more vehicles received disabling damages in the accident requiring vehicle(s) to be transported or towed from the scene shall cause the driver to be tested for alcohol and controlled substances.
3. **RANDOM TESTING.** Every driver shall submit to random alcohol and controlled substances testing when selected. A sufficient number of drivers shall be randomly selected by a scientifically valid method during a calendar year for alcohol and controlled substances testing to meet the minimum Federal requirements for testing. Each time the selection process is conducted each driver shall have an equal chance of being selected for testing. Upon notification of being selected for testing the selected individual shall proceed immediately to a collection site. Alcohol random tests will only be conducted while the driver is on duty, just before going on duty or just after having been on duty.
4. **REASONABLE SUSPICION TESTING.** A driver shall submit to alcohol and controlled substances testing when an employer has reasonable suspicion to believe that a driver has violated the prohibitions of Subpart B. The employer's determination for reasonable suspicion testing must be based on specific observations concerning the appearance, behavior, speech or body odors of the driver.

5. **RETURN TO DUTY AND FOLLOW-UP TESTING.** An employer, who has a non-retention policy, shall advise the driver of resources available for evaluation and treatment. If the employer retains positive tested driver(s) the employer and the driver shall be required to follow the prescribed procedures of CFR Part 40, Subpart O for referral, evaluation and treatment for rehabilitation. The employer shall refer the driver to a Substance Abuse Professional (SAP) for evaluation, who will prescribe treatment. The employer shall determine when the driver will undergo return-to-duty testing and the employer must receive assurance from the SAP that the driver is complying with prescribed treatment before a return-to-duty test may be conducted. A negative return-to duty test results shall be received by the employer prior to a driver any performing safety sensitive functions. The required minimum six (6) follow-up tests shall be spread over the next twelve (12) months. There may be additional testing required for the driver if the SAP determines a need.

(If the employer has a non-retention policy for positive tested drivers they must state so in their Policy and treat all drivers the same.)

ALCOHOL TESTING

- **INITIAL SCREENING TEST.** Method used to detect the presence of alcohol. If the result is less than 0.02 no further testing is required and the test will be considered a negative test.
- **CONFIRMATION TEST.** When a screen test detects the presence of alcohol between 0.02 and 0.399 a confirmation test is required. If the confirmation test confirms alcohol concentration for alcohol between 0.02 and 0.399 a driver cannot drive a Commercial Motor Vehicle for 24 hours per Federal regulations. A confirmed alcohol concentration test results of 0.04 or greater is a positive test and the driver shall be removed from safety-sensitive functions.

(What transpires next depends on employer's policy -- either termination or rehabilitation following criteria of CFR Part 40 Subpart O -- sent to a substance abuse professional for evaluation and treatment with return to duty test and follow-up testing for driver).

CONTROLLED SUBSTANCES TESTING

1. At least 45 ml. of urine specimen is collected from the driver. The urine specimen is split into two containers (Specimen A, Specimen B) which are individually sealed in the presence of the driver. The urine specimen shall only be tested for marijuana, cocaine, opiates, amphetamines and phencyclidine per Part 40 guidelines.
2. The urine specimens (both containers) are sent to a Department of Health and Human Services certified laboratory where Specimen A is tested for the presence of controlled substances. If the presence of a controlled substances is detected a confirmation test is conducted to confirm the detected controlled substances and its quantitative level(s). If the amount of confirmed controlled substances is at the quantitative cutoff levels the specimen is deemed a positive test. A Medical Review Officer (MRO) will discuss your positive test results with you. Failure on your part to discuss your test results with a MRO will lead to the MRO declaring your test a confirmed positive test result. You have the right to challenge the positive test results of your Specimen A. However, only Specimen B will be tested and will only be tested for the presence of the controlled substances confirmed positive in Specimen A.

(What transpires next depends on employer's policy --- either termination or rehabilitation following criteria of CFR Part 40 Subpart O -- sent to a substance abuse professional for evaluation and treatment with return to duty test and follow-up testing for driver).

REFUSAL TO SUBMIT TO TESTING

No driver shall refuse to submit to a required alcohol or controlled substances test administered in accordance with Part 382 and Part 40. A refusal on a driver's part to submit to testing shall be treated as a positive test and result in the driver being removed from safety-sensitive functions by the employer.

"Refusal to Submit" means a driver did one of the following:

1. Fail to appear for any test.
2. Fail to remain at testing site until the testing process is complete.
3. Fail to provide a urine specimen, saliva or adequate breath for any drug test required by DOT agency regulations.
4. Fail to permit a direct or monitored collection observation of specimen provision when directed to do so.
5. Fail to provide a sufficient amount of urine or adequate breath when directed and it has been determined, through a required medical evaluation; there is no adequate medical explanation for your failure.
6. Fail or decline to take a second test the employer or collector has directed you to take.
7. Fail to undergo a medical examination or evaluation when directed to do so by a Medical Review Officer as part of the verification process or as directed by the employer's Designated Employer Representative (DER) as part of the "Shy Bladder" procedures.
8. Fail to cooperate with any part of the testing process.
 - (a.) Refuse to empty pockets when directed
 - (b.) Behave in a manner which disrupts collection process.
 - (c.) Medical Review Officer (MRO) reports your test as a verified adulterated or substituted test results, you have refused to take a drug test.

As an employee, if you refuse to take a drug or alcohol test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations. You are subject to the requirements of CFR Part 40, Subpart O, which requires a Substance Abuse Professional (SAP) evaluation and treatment. You cannot perform safety sensitive functions (operate a commercial motor vehicle) until the SAP process is complied with on your part.

REFERRAL, EVALUATION AND TREATMENT

Each driver who has engaged in conduct prohibited by Subpart B of Part 382 and in violation Part 40 shall be advised of the resources available in evaluating and resolving problems associated with the misuse of alcohol and the use of controlled substances, including names, addresses and telephone numbers of substance abuse professionals (SAP), counseling services and treatment programs. This list may be provided by the employer, through a C/TPA (consortium/ third party administrator), or other service agent.

(If the company has a retention policy for drivers who test positive, the policy should state who is responsible for paying for evaluation, treatment and required testing).

THE EFFECTS OF ALCOHOL & DRUGS

The intent of this section is to inform you on the effects of alcohol and controlled substances use on your health, work and personal life. We will give you information on the signs and symptoms of alcohol and/or controlled substances problems. This will help you recognize problems with not only your co-workers and friends, but also will help you examine your own behaviors.

EFFECTS OF ALCOHOL

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

SIGNS AND SYMPTOMS OF USE-

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

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

HEALTH EFFECTS-

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

1. Decreased sexual functioning
2. Dependency (up to 10 percent of all people who drink alcohol become physically
3. and be mentally dependent on alcohol and can be termed ‘alcoholic’)
4. Fatal liver diseases
5. Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant
6. melanoma
7. Kidney disease
8. Pancreatitis
9. Spontaneous abortion and neonatal mortality
10. Ulcers
11. Birth defects (up to 54 percent of all birth defects are alcohol related).

PUBLIC HEALTH RECOMMENDATIONS - ALCOHOL

The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.

Women who breast-feed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.

Nine states and 18 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.

THE 9 SIGNS OF ALCOHOLISM:

1. Increase in alcohol tolerance.
"I can drink them under the table."
2. Occasional or partial memory lapses.
"Did I really do that last night?"
3. Drinking beyond one's intentions.
"Boy did I get smashed! I should have eaten something."
4. Increased dependence on alcohol.
"I can't wait...got to have a quickie."
5. Sneaking drinks.
"I needed that extra one...who's to know?"
6. Preoccupation with alcohol.
"Election day tomorrow...better pick up a bottle."
7. Resentful whenever one's drinking is discussed.
"It's none of their business.. I can handle it."
8. Futile, frustrating water-wagon attempts.
"This time I've just got to do it..Just got to!"
9. Rationalizing loss of control.
"if they had my problems, they'd drink too!"

SOCIAL ISSUES - ALCOHOL

- Two-thirds of all homicides are committed by people who drink prior to the crime
- Two to three percent of the driving population is legally drunk at any one time.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.

- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and
- 76 percent of private aircraft accidents are alcohol related.

THE ANNUAL TOLL-

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

WORKPLACE ISSUES-

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

ALCOHOL-RELATED BIRTH DEFECTS

Definitions -

Fetal Alcohol Syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation - and the only preventable cause among those three. FAS can be prevented by abstaining from alcohol consumption during pregnancy. FAS is characterized by a cluster of congenital birth defects that develop in infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as a small head circumference, flattened mid-face, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.

Fetal Alcohol Effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birth weight, subtle behavioral problems or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.

INCIDENCE AND RISK FACTORS-

Nearly 5,000 babies-one in every 750-are born with FAS every year. (FAS prevalence rates range from one in 1,000 to one in 200.) Comparatively, FAE may affect 36,000 newborns each year. One in six

women in the peak childbearing years of 18-34 may drink enough, either chronically or episodically, to present a hazard to an unborn infant. Alcoholic women are at highest risk of bearing children with FAS. Alcoholism is a primary, chronic disease often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences and distorted thinking (most notably denial).

FAS are prevalent in 9.8 of every 1,000 American Indians form a particular high-risk culture. Other American Indian populations have rates ranging from 1.3 to 10.3 for every 1,000. A daily average of one to two reported drinks is linked to decreased birth weight, growth abnormalities and behavioral problem in the newborn and infant. Increased risk of spontaneous abortion has been found at an even lower dose, of one to two drinks weekly.

The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAE and the consequences of alcohol exposure.

There is no known safe dose of alcohol during pregnancy, nor does there appear to be safe item to drink during pregnancy. Although 90 percent of the public is aware that drinking during pregnancy may damage the fetus, one study showed that one-third of women interviewed believed that drinking more than three drinks a day during pregnancy was safe.

ECONOMIC FACTORS -

Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat the 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were \$510.5 million.

Women are now heavily targeted for marketing alcoholic beverages.(Women will spend \$30 billion on alcoholic beverages in 1994, up from \$20 billion in 1984.)

ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B, , vitamin B~, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. once in the bloodstream, alcohol quickly goes every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues to oxygen. It also causes anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflates the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Glands: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive un-coordination: confusion, disorientation, stupor, anesthesia, coma, death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgement and learning ability.

EFFECTS OF DRUGS:

MARIJUANA

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception altering effects it produces. Marijuana does not depress central nervous system altering the proper interpretation of incoming messages.

DESCRIPTION -

Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces... The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.

Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.

Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found.

Smoking “bongs” (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

SIGNS AND SYMPTOMS OF USE -

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

HEALTH EFFECTS - MARIJUANA

When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.

One cigarette (joint) of marijuana contains cancer causing substances equivalent to one-half pack of cigarettes.

One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.

Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.

Marijuana smoking lowers the body's immune system response, making users more susceptible to infection.

The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Chronic smoking causes changes in brain cells and brain waves. In essence, the brain is less healthy and does not work as efficiently or effectively. Does long term brain damage occur? More research is required, but the probable answer is yes.

PREGNANCY PROBLEMS AND BIRTH DEFECTS-

The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes, decrease in the sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result can lead to temporary sterility.

Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimb and liver, and water on the brain or spine. Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are

concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.

One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.

Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

MENTAL FUNCTION - Regular use can cause the following effects:

- Delayed decision making
- Diminished concentration

- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are
- operating machinery
- Impaired tracking (the ability to follow moving objects with the eyes) and visual distance
- measurements
- Erratic cognitive function
- Distortions in time estimation
- long term negative effects on mental function known as “acute brain syndrome: which is
- characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

ACUTE/OVERDOSE EFFECTS - MARIJUANA

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

WORKPLACE ISSUES -

The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.

A 500 to 800 percent increase in THC potency in the past several years makes smoking three to five joints a week today, equivalent to 15 to 40 joints a week in 1978.

Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effects of both the depressant and marijuana.

EFFECTS OF DRUGS:

COCAINE

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are tenser, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

DESCRIPTION-

The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.

Cocaine Hydrochloride - “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per “line” (about 60 to 90 milligrams). Common paraphernalia includes a single-edge razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.

DESCRIPTION - COCAINE

Cocaine Base - “rock, crack or free base” is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a within seven seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.

SIGNS AND SYMPTOMS OF USE-

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

HEALTH EFFECTS -

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.

Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes and heart attacks.

Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.

HEALTH EFFECTS - COCAINE

Treatment success rates are lower than for other chemical dependencies.

Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are usually not reversible by medical intervention.

The number of cocaine overdose deaths has tripled in the last four years.

Cocaine overdose was the second most common drug emergency in 1986, up from 11th place in 1980.

WORKPLACE ISSUES -

Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.

Lapses in attention and ignoring warning signals greatly increase the potential for accidents.

The high cost of cocaine frequently leads to workplace theft and or dealing.

A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.

Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

EFFECTS OF DRUGS:

OPIATES

Opiates are narcotic drug that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

DESCRIPTION -

Natural and natural derivatives - opium, morphine, codeine and heroin

Synthetics - norepinephrine (Demerol), oxycodone (Nurnorphan) and oxycodone (Percodan)

May be taken in pill form, smoked or injected depending upon the type of narcotic used.

SIGNS AND SYMPTOMS OF USE -

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy

SIGNS AND SYMPTOMS OF USE - OPIATES

- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting and constipation

HEALTH EFFECTS -

IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.

Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.

Narcotics' effects are multiplied with use in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

WORKPLACE ISSUES -

Unwanted side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the legitimate user and abuser at higher risk for an accident.

Narcotics have legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental function.

EFFECTS OF DRUGS:

AMPHETAMINES

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

DESCRIPTION -

Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double scored "mini bennies". It is usually taken by mouth.

Methamphetamine ("meth," "crank," or "crystal") is nearly identical in action to amphetamine. It is often sold as a creamy, white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose.

SIGNS AND) SYMPTOMS OF USE - AMPHETAMINES

- Hyper excitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate

HEALTH EFFECTS -

Regular use produces strong psychological dependence and increasing tolerance to drug. High doses may cause toxic psychosis resembling schizophrenia.

Intoxication may induce a heart attack or stroke due to spiking of blood pressure. Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.

The euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.

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

WORKPLACE ISSUES -

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.

Low dose amphetamine use will cause a short term improvement in mental and physical functioning. With greater use or increasing fatigue the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

EFFECTS OF DRUGS:

PHENCYCLIDINE (PCP)

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma - like condition with muscle rigidity and a blank stare, with the eyelids half closed. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication

DESCRIPTION -

PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folded paper “packets.”

It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

SIGNS AND SYMPTOMS OF USE -

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

HEALTH EFFECTS -

The potential for accidents and overdoses emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.

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PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

Mis-diagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.

Use can cause irreversible memory loss, personality changes, and thought disorders.

WORKPLACE ISSUES – PHENCYCLIDINE (PCP)

PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs. There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions and coma. Distortions of size, shape and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia and agitation. The third phase is a drug induced schizophrenia that may last a month or longer. The fourth phase is PCP induced depression. Suicidal tendencies and mental dysfunction can last for months.

ALCOHOL AND DRUGS:

METHODS OF INTERVENTION

Whenever you are put into a position where you come in contact with someone who you believe is under the influence of drugs or alcohol, you must make a choice. The choice is whether you do nothing and hope for the best, or do something about the situation. You must realize that if a person is under the influence and you choose to do nothing, you also could become responsible for the acts of the person under the influence. It's kind of like being an accessory to a crime. Maybe all you did was driver the car, you didn't actually rob the bank, but you would still be held accountable for having knowledge of the violation. Therefore if you are put into a situation where you believe someone is under the influence, you must act.

There are few options on what you must do. First of all, never let the person perform any work related duties. You must confront the person. Anything they do could affect you. Get them to give you the keys and get them away from any functions. Next, you must contact your employer and report what you have witnessed to a supervisor. The employer's management will take necessary actions to ensure that the person is not risking injury to themselves or to the public.

If, at some point, you become concerned that you are using or abusing alcohol or drugs and would like to get help and counseling, you will be referred to those agencies who can assist you with your problem. You must come forward to your employer with your problem before you are found to have a positive alcohol or controlled substances test. At that time you would have to complete a rehabilitation program and agree to submit to future unannounced alcohol or controlled substances tests to assure the company that you have successfully controlled your problem.

The most important thing to remember when it comes to intervention, whether it's your coworker or yourself, is that these measures were put into place to ensure safety in your work environment for all employees and the public.

Legal Reference: 281 I.A.C. 43.10(6)

Cross Reference: 711.7 School Bus Safety Instruction

Initially Approved

Last Reviewed

Last Revised